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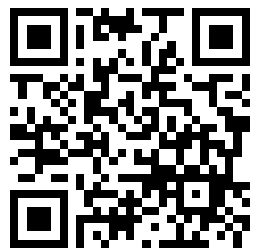
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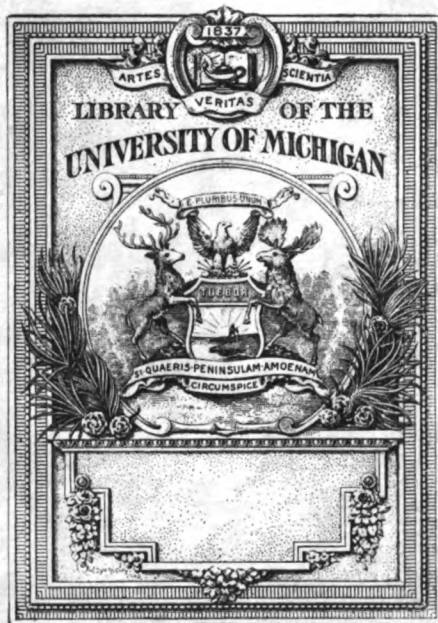
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Original Communications.

ON SYPHILIS. (a)

By JONATHAN HUTCHINSON, LL.D., F.R.C.S.,
F.R.S.

It is now well recognised that syphilis stands side by side with the exanthemata, that it is a febrile disease, having quite definite stages, and that it must have necessarily from that fact a particular virus which breeds in the blood and produces the various phenomena associated with the disease. The stages have been classified, as all know, into primary, secondary, and tertiary. That classification will never be set aside, although it must be fully recognised that it is not one which can be applied with very great strictness. We know what is meant by the primary stage of syphilis, namely, the stage of inoculation or introduction of the virus, characterised usually by the formation of what is known as a primary sore, a chancre. The secondary stage is the febrile stage, during which an eruption comes out on the skin of the patient and on the mucous membranes, and during which there is a certain amount of febrile reaction. So the primary or first stage is a local one, and the second is a blood stage, in which the virus is in every portion of the blood. The secondary eruption will be accurately symmetrical, proving clearly that it is a blood disease. In the third stage, to which the name tertiary is given, the symptoms are no longer symmetrical, they no longer imply blood disease, and the patient is no longer capable of communicating the virus to anyone else. The symptoms of the tertiary stage concern the solid tissues and not the blood.

We will now consider the peculiarities which attend the inoculation, or, in other words, the primary sore. We all know that what are called chancres differ very much in their features. In book descriptions of chancres it is sometimes implied that the primary sore of syphilis is always indurated and sclerosed. There are very many exceptions to this. Syphilis does tend to produce very remarkable sclerosis in some cases, but it does not do it in all, nor does it do it in all parts. For practical purposes the most definite examples of sclerosis in connection with a primary sore may be said to be met with only on the genitals. It is said that on the female genitals you scarcely ever meet with indurated sores. That is a mistake. They are frequently overlooked and they are seldom so characteristic as those met with on the genitals of the male. On the genitals of the male we often

meet with a form of induration, especially just above the corona, as hard as cartilage, which is quite specific, and which, to those who have become acquainted with it, is pathognomonic. Fifty years or so ago, the distinction between the hard and the soft chancre was strongly drawn—that is to say, the distinction between what I prefer to call the infective and the non-infective chancre. We do not nowadays hear anybody talking about dualism in syphilis, we recognise that there are sores which are non-infective as well as those which are infective, but that there are two kinds of syphilis and that the word dualism is in any way applicable no one nowadays dreams of. In investigating syphilis we are not dealing with the introduction of a pure virus; there is no such thing as a pure culture in the case of syphilis. It is introduced in a mixed state in the great majority of instances, and it is owing to that mixture of pus and other secretions, and to the accidental way in which syphilis is conveyed, that we owe the multiplicity of appearances in the primary sores. The incubation stage, prior to the appearance of any sore, before the place which has been inoculated will inflame in any degree whatever, will be at least three weeks, probably a month, and possibly five weeks. The sore on its first appearance will be simply a little papule or red patch or spot which may be observed for a few days. It will take a week before anything in the nature of specific induration, which you can estimate with the finger, will be produced. If no sore has appeared until the end of nearly four weeks, it is probable that it will indurate within a week of its beginning to such a degree that it may be recognised as an infective chancre. In some cases other sores due to the introduction of the products of inflammation, pus and other poisons are present, and the elements which the pus may contain may produce a sore which may take precedence of a true chancre. A patient may have a non-indurating chancre which was never at any stage "hard." The absence of induration is all that we should take cognisance of; "softness" is not in itself a positive feature, not anything pathognomonic, to which we can trust. For practical purposes I warn everyone most strongly never to tell a patient who has got a sore which may possibly have been contracted by a venereal source that he has not got syphilis until a month has elapsed, because it is not till then that you can judge; the syphilis may be absolutely latent, or it may be entirely concealed by the presence of something else, such as an inflamed, sore until that period has elapsed. Hence my idea of the relationship between the non-indurated sore and the indurated. The sores

(a) Abstract of a Lecture delivered at the Medical Graduates' College and Polyclinic, October 21st, 1902.

which are not indurated are the result of various forms of pus contagion, and they may very often carry with them the virus of syphilis.

The peculiarities presented by the sores called "soft" vary very much indeed. Multiplicity is one of the features in which the non-indurated sore differs from the indurated. The secretion of pus is another. But an indurated sore may also be multiple, and four or five up to fifteen indurated sores have been noticed together. On the other hand, non-indurating sores may be single. But in proportion to the shortness of the period intervening between the contagion and the appearance of the sore so may you feel sure that the sore is not as yet syphilitic. This does not exclude syphilis afterwards, but it makes it pretty clear that that sore, as at present seen is not due to the syphilitic virus, that virus producing nothing until at least three weeks have elapsed. In the true indurated Hunterian chancre it is usual for the glands in the groin to be enlarged and to become very hard. The expression "bullet bubo" is a very proper one. The chancre may be as hard as cartilage, and the swelling in the glands of the groin may be as hard as bullets, quite movable, that is, not becoming glued together. Here again the tendency of the syphilitic virus is to cause an adhesive inflammation with fibrinous exudation, a tendency to organisation and not to suppuration, whereas in the other form there is a tendency to suppuration. But just as the sore itself is inflamed and ulcerated, so the bubo which results from it is inflamed and tends to suppurate. But none of these features of distinction must be pushed too far. The bubo of true syphilis may also suppurate, and this we witness not very infrequently. There is a chance also, of course, that the other form may not suppurate; indeed, it is only exceptional that it does so.

A useful point in diagnosis is to examine the glands. If you find hard glands in the groin the inference is there has been a chancre at the anus, on the perineum, or on the genitals, and if you find a hard bubo in the armpit that the hand has been the seat of infection. Whilst I believe that there is such a thing as syphilis without any obvious chancre, I have no doubt there is in most of these cases some trivial sore, and it must in some be trivial to a minute degree, because observant patients and surgeons often fail to identify it. In the cases of surgeons who get syphilis after having their hands exposed in midwifery practice, and who yet never recognised a chancre, I suppose the virus has probably been lodged by the side of the nail. Surgeons have become the subjects of syphilis from rather deep pricks with needles which were poisoned. In one case a surgeon had pricked himself in the thumb with a needle when operating on a syphilitic patient. The site of the prick was a little tender for some time, and then there was just the slightest brown discoloration around it, and that was all he had in the way of chancre. In a great many cases the sore is not a characteristic one; we are far too much in the habit of insisting that the primary sore of syphilis should always be a well characterised, indurated chancre. If we can have syphilis without a chancre in the case of pricks it is possible it may follow sores on the genitals which never indurate. In the diagnosis of primary syphilis we, of course, pay great attention to induration, for when it is present, it is a symptom which is beyond appeal. If there is

no induration whatever in the glands, that is another reason for doubting specific inoculation, but the omission of induration of glands is not infrequent in syphilis, and we must not, therefore, trust too much to it.

Anyone who has any doubt as to the influence of mercury upon syphilis, or upon the sclerosis produced by it, may easily convince himself. Give a patient with an indurated sore mercury and it softens in a few days, then melts away. Stop the mercury and it indurates again, resume the mercury and it again softens. As to the question whether the chancre will disappear without treatment, I believe that a primary chancre will usually disappear spontaneously in a month or six weeks, but it is difficult in the present day to get facts which help in this direction, because everybody gives mercury as soon as the disease is recognised. The induration will certainly go away except in the rarest cases after a period of induration of a few months. The secondary stage of syphilis will often begin while the primary one is still existent. It is a rule if the patient be not treated, for the symptoms of blood poisoning to begin to manifest themselves long before the primary induration has disappeared. The peculiar feature of indurated chancres is recrudescence. By recrudescence of the chancre I mean its spontaneous reappearance after a considerable period in the precise locality in which the first appeared without any fresh inoculation whatever. The induration induced is exactly like that of the original one, so that anyone who is not familiar with the fact that a recrudescence is possible would certainly be inclined to doubt his patient's statement, and to believe that he had contracted a fresh sore. There are two or three other peculiarities which the primary sore may assume; one is that it may cause not a hard ulcer but a fungating growth. This is important, because it has been this kind of sore which has been claimed as peculiar in a case of yaws. Whilst a primary chancre may sometimes never ulcerate at all, it is sometimes nothing but an ulceration. Primary chancres have been cut out in mistake for tumours because they were not ulcerating, the skin around remaining perfectly sound and soft.

It has been customary to say that the soft chancre never occurs anywhere but on the genitals, but as a matter of fact almost all sores which occur on the tongue, lips, skin, or other parts are infective. These are not all indurated. I have seen on the fingers definite induration, but in the majority of cases you must not expect to recognise specific induration in an erratic chancre.

As regards the secondary symptoms and the period of their appearance in round figures, we will say that two months must elapse before the secondary symptoms begin. The patient at that time will become a little feverish and will probably have an eruption on the skin, and that eruption will perhaps be in the first instance roseolous, an eruption which very probably may be overlooked by the patient. That eruption is quite transitory and is usually followed in the course of two or three weeks by a papular or mixed one.

With regard to treatment, I entertain no doubt that mercury may be regarded as a specific against the syphilitic virus. It removes the indurated chancre and prevents the secondary symptoms. Of the latter fact I make no question whatever. The symptom which it least constantly prevents

is the sore throat; indeed, mercury often causes sore throat, but there will be no skin phenomena whatever. The inconveniences attending the use of mercury are the salivation and diarrhoea. If a patient is dieted while he is taking the mercury he will not have diarrhoea. Every kind of fruit and all green vegetables should be forbidden, and the patient should live simply upon beef, mutton, fish, and potatoes and bread, and an opium pill can be given if necessary to prevent diarrhoea.

SOME CASES OF TUBAL DISEASE TREATED BY OPERATION.

By E. H. TWEEDY, F.R.C.P.I.,
Gynaecologist to Steevens' Hospital, Dublin.

THE following cases of grave tubal disease which have comparatively recently been under my care and operated on by me in Steevens' Hospital I consider worthy of publication. They each present features of interest, more especially from a diagnostic standpoint; and demonstrate some few of the conditions liable to be encountered when operating for the relief of symptoms induced by diseases of the uterine adnexa.

CASE I. is an instance of tubal mole. The patient from whom it was removed was last unwell on March 17th, 1902. On April 14th she suffered from a flooding, and supposed herself to have miscarried. From that time on irregular hæmorrhages occurred until she came under my care five weeks later. On bimanual examination a large, retroverted uterus with softened cervix was felt, and an egg-shaped tumour lying to the left of this was palpated.

On June 2nd the tube was removed, the uterus being at the same time stitched by its posterior wall to the peritoneum of the anterior abdominal wall.

A section, kindly prepared for me by Dr. Earl, shows clearly the nature of the tumour. The tube had not ruptured. Neither did it contain any active elements of growth.

A case such as this demonstrates how very important it is to discover some means whereby we could distinguish between a dead and a living fetus in tubal pregnancy. I am convinced that the cervix and lower uterine segment lose much of their characteristic feel in the presence of a dead ovum in utero, but as to whether a similar change occurs with a tubal mole my experience does not permit me to say.

CASE II.—Pyosalpinx of tuberculous origin, chiefly interesting because of its accidental discovery. The patient from whom it was removed was a pale-faced, emaciated woman, æt. 27, married three years, sterile, who had suffered on three different occasions since marriage from peritonitis. She stated that the last attack—a very severe one—had occurred a few weeks before coming under my care in the early part of last September.

On bimanual examination a cystic tumour, somewhat larger than the normal uterus, was felt in her right iliac region. The left tube was palpated, but neither it nor its corresponding ovary gave me the impression of being diseased.

On September 10th I operated for the removal of the tumour, which I had fully made up my mind was the cause of all her suffering.

This, however, proved to be a simple broad ligament cyst free from adhesions, or any other sign of

inflammation. The thin and much-drawn-out tube lying on the top of the tumour was at the same time removed.

On examining the other tube I found it thickened, bent on itself, and occluded at its abdominal mouth. This was unfolded, and then a probe was forced through its lumen, with a hope of correcting the sterility. Pus, however, welled up by the side of the probe, which necessitated the prompt excision of the tube. The microscopic specimen shows clearly its tuberculous origin.

Baldy states that normal tubes cannot, as a rule, be palpated, and with the experience of this case before us I am inclined to subscribe to the truth of this statement.

CASE III.—The third case on my list came under my care in Steevens' Hospital last September.

She suffered from a tumour situate in the left iliac region, very tender to the touch, and easily palpated above Poupart's ligament.

She was married for some years, sterile, and gave a history of two previous attacks similar to this one.

She had a hectic temperature for the first week after admission, rising in the evening to 102° F. It fell each morning to normal. During the second week it gradually subsided, and became normal at the end of fourteen days.

The swelling in her side progressively decreased, and on October 9th, the day before operation, was felt by bimanual manipulation to be about the size of a small orange.

The operation was undertaken only at the patient's urgent request, as she had shortly to sail for India, and feared a repetition of the inflammation.

On opening the abdomen a thickened and much bent tube was removed, which, when examined, showed no trace of purulent contents. A microscopic section of this demonstrated a small-celled infiltration, the origin of which could not be determined.

It is, I think, reasonable to conclude that this tube contained a considerable quantity of pus a short time before operation. There was no history of vaginal discharge, and the absence of adhesions between tube and intestine excluded the view that pus might have made its escape into the latter. It is, I think, difficult to account for the changed conditions here present in a manner other than that a rapid absorption of an acute abscess took place. In consequence of the fat condition of her abdomen I was much exercised in my mind as to whether I should select the vaginal or abdominal routes for operation. I am pleased to say that the latter was finally selected.

CASE IV.—Mrs. R—, æt. 29, married four years. Had twice suffered from peritonitis. The first attack six months after marriage. The second—a very severe one—occurred eighteen months ago. Her uterus was enlarged and firmly adherent in a retroverted position. The tubes did not appear enlarged, but their unelastic and brawny feel gave clear indication of disease. The woman suffered from a constant severe abdominal pain which a former curettage and free purging failed to alleviate.

Operation, November 20th.—On opening the abdomen the omentum appeared firmly fixed to the anterior abdominal wall and bladder. On its under side the small intestines were adherent to it. Its separation was most difficult, and was finally

accomplished by cutting it across. This enabled the intestines to be disentangled and the uterus to be reached. Before the latter could be brought forward it was necessary to drag the much-diseased left tube from its bed of adhesion tissue and remove it. The ovary seemed fairly normal, and my first intention was to spare it. The free oozing, however, which took place from the adhesion bed necessitated its removal.

The other ovary and tube were left behind, and the uterus fixed to the peritoneum of the anterior abdominal wall by one buried silkworm-gut suture.

This case demonstrates how much superior the abdominal route is to all others when dealing with a fixed retroversion.

The adherent omentum and intestines situate in front of the uterus would have rendered any other route abortive.

In conclusion, I have only to add that all these patients made a febrile and uneventful recovery.

THE TREATMENT OF STRABISMUS. (a)

By EDGAR A. BROWNE, F.R.C.S.

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On every side in examining the progress of the mixed art and science we call Medicine, we see the two separate lines derived from empirical and scientific starting points. When the empirical observations lead to a sufficiently successful line of treatment, a false sense of satisfaction is engendered which prevents a more profound investigation. It is always more easy to accept the obvious than to search for the hidden. In the history of squint are two eras—the era of Diefenbach, who, with his followers, recognised the obvious misplacement of the eye in relation to the palpebral aperture, and remedied the deformity by cutting the (supposed) offending muscle. Subsequent improvements in technique have rendered it possible for anyone with a moderate degree of skill in ophthalmic surgery to turn an eye in any desired direction. Indeed, so successful in appearance are operations on the muscle that squint is regarded as a muscular affection, and innovations in treatment are regarded with suspicion. There is no probability that the operations for squint will be discarded in any reasonable length of time (indeed they must always remain useful in neglected cases), but they are purely empirical proceedings and are sure to give way before a rational knowledge of causation. The era of Donders is that of the slow co-ordination of exact observation of actual facts and their relative importance that constitutes science. Donders' "theory" is often spoken of, as other "theories" are, as if it were something outside the range of practice. From Donders will proceed the rational treatment of the future. He bequeathed two legacies, one a generalisation, that hypermetropic eyes squinted towards the mesial line and myopic eyes squinted out. This remains true, and the measurements afforded by the Maddox-rod of small degrees of latent squint (or heterophoria) tend to show that the rule has a wide application. But his explanation of why hypermetropic eyes squint is probably only partially true. He accurately noted the relation between accommodation and convergence, and surmised that a patient making undue con-

vergence was afflicted with diplopia, and therefore looked straight with one eye, and squinted double with the other. The second image, therefore, falling in a comparatively insensitive part of the retina, was easily suppressed. So far from this being true, one of the difficulties in treatment is to provoke diplopia, and from that basis restore binocular vision. But Donders effectually threw attention on to the optical nature of squint. The muscles are not at fault. Their contraction is due to their motor centres causing them to perform their natural functions, and we have to search for the cause that sets the centres in action. Squint is not a disease. Its onset is regular—always at the same period of life, always on the same lines, and in the same stages. It is an accident of development. The stages are (1) potentiality—a period which every child whose ocular development is not proceeding regularly may pass into; (2) periodicity—when squint takes place occasionally under excitement or strong desire to see; (3) habitual—when fixation with one eye only is the rule, but when parallelism is likely to be restored in sleep, under chloroform, &c., from this two separate developments may occur; (4) a secondary periodic stage not mentioned in books, ending in recovery; or (5) stage of permanent deformity, involving distortions of capsule of Tenon, &c., and demanding operation for cosmetic considerations. Attention had been too strongly fixed on convergence as the essential fact of squint, but it is the last link in the chain of events. An intimate relationship is found to exist between amblyopia and squint. In the vast majority of cases in the permanent stage, a pronounced amblyopia is found, affecting chiefly the central retina. There are grounds for believing that this may be wholly a faulty development; its regularity excludes disease. The hypermetropic eye is an incomplete eye, and its nervous elements may in certain cases be reasonably supposed to be that of a slow development. The sense of vision requires practice as well as natural endowment, and if from a higher hypermetropia or astigmatism one eye was more deficient in clearly-formed images than the other, it was likely to lose its instinctive desire for sharp focussing, and become poorly developed from want of exercise—like any other function. There is no sense of diplopia when there is a clear image in one eye and a blurred image in the other. The intimate relationship of squint with amblyopia is sometimes shown when central choroiditis, corneal ulcers, or even a pad on one eye will provoke a squint in a child. There is no particular reason why both eyes should be directed to the same point except for stereoscopic vision and the desire to avoid images on incongruous tracts of the retina. So when the desire is latent, the natural action of the muscles is likely to assert itself and we see an unnecessary convergence taking place. What we really see is a primary position of convergence on to the mesial line at a useless near point and conjugate deviation to the side of the better eye.

Hypermetropia is not the cause of squint, but exhibits the most favourable conditions, especially in the matter of exercising the muscles of convergence. Therefore squint may equally occur in young myopic eyes, before the internal recti have lost their preponderating power, if the other conditions are fulfilled. Squint, therefore, is a failure in a peripheral sense-organ to acquire its

(a) Read before the Liverpool Medical Institution, December 18th, 1902.

complete function leading to independent and uncontrolled action of the motor centres of the internal (and in part superior) recti. Initially nothing takes place but what is natural, but in later stages deformities and secondary changes become developed. Treatment has for objects restoration of desire for (1) distinct vision, and (2) binocular vision, and (3) diminution of accommodation effort. The obstacles to success are numerous and difficult to overcome. Prevention of squint can hardly be expected till the general practitioner co-operates with the specialist, and superintends the treatment in the homes, and supervises the ocular hygiene of children in schools.

A CASE OF PAROXYSMAL TACHYCARDIA. (a)

By JOSEPH O'CARROLL M.D., F.R.C.P.I.
Visiting Physician to the Richmond, Whitworth, and Hardwicke Hospital.

TACHYCARDIA is well known as a symptom of many organic diseases or functional disorders. Its pathology in these cases is closely bound up with the original or causative disease, and may be almost as various. But in certain cases, in which no organic disease can be detected, and in which no constant functional derangement seems to be present, tachycardia, paroxysmal in character, and alone or accompanied by symptoms which are largely subjective, may come under observation. Of these cases there is no satisfactory explanation, no ascertained causation, and no morbid anatomy to record. They do not lend themselves readily to any label such as gout, or hysteria, or neurasthenia; nor can they be referred decidedly to one sex or the other (though no doubt women suffer most), nor to the disturbances of any critical period, whether adolescence, the menopause, or senility. If there be any group of circumstances to which any considerable proportion of such cases is to be referred, it will perhaps be that which embraces fright, anxiety, overwork, or, generally speaking, acute or prolonged overstrain, whether of body or mind. But how these act in producing a liability, extending perhaps over many years, to attacks of very rapid pulsation of the heart interjected into the normal cardiac life we are quite at a loss to explain. It is just in such questions that theory runs riot; yet we can only cease to theorise when we cease to think. In such obscure conditions as idiopathic or paroxysmal tachycardia it is permissible to base theories of causation on the results of physiological experiment in animals, on the clinical observation of concomitant symptoms, and on the results of treatment.

Of tachycardia physiology can offer no reasonable explanation; it has little knowledge of any mechanism or agent by which the normal heart rate can be multiplied four times for hours or days together, without any apparent damage to the organism or the organ. We are thus thrown back upon clinical and therapeutic observation, and it is because the case I am about to relate seems to give some hints as to causation derivable from both its symptomatology and its therapeutics that I venture to bring it under your notice.

A governess, æt. 34, unmarried, was put under my care in hospital by my colleague, Dr. Harvey, on July 15th, 1901. She was a tall, healthy-look-

ing lady, highly intelligent and well educated, who had supported herself for some years by teaching. She lives alone; moves about much every day from tuition to tuition; and occupies her evenings either with literary work or with night classes. Her father is alive; her mother is stated to have died some years ago of bronchitis; and a sister died also, but my patient does not know of what disease.

The patient states that she enjoyed excellent health until June, 1887, when she first got attacks of pain in the chest. Later on in the autumn she had two further attacks, and then she had freedom from them till August, 1892. A further period of good health followed until 1898, but in that and the two following years she had several returns of the pain. In February, 1900, the attacks began to be much more frequent than previously, coming on during the first six months of the year about five times a week. She has a tendency to constipation; menstruation has been pretty normal.

On admission it is seen that she is by no means anæmic; is muscular, but not fat; there is undue gastric tympany. She is of a cheerful, non-anxious, non-introspective disposition. Lungs apparently normal. Urine normal. Heart sounds normal; area perhaps slightly increased, but her thorax is spare; pulse 44 beats in the minute, regular, and of medium tension. She describes the attacks from which she suffers as follows:— They come on with dimness, which sometimes reaches complete loss of vision; then great pain in lower sternal region, with rapid action of the heart. The pain may last from ten minutes to ten or twenty hours, the shorter period being much the more usual. These attacks bear no constant relation to meals, nor to abdominal flatulence, nor to muscular exertion. In fact, they occur usually when she is in bed, at muscular rest, and are not likely to be caused by running to catch a tramcar or train. Breathing is not interfered with, and there is no fear whatever of impending death. Involuntary micturition has never occurred in the attacks, but once or twice she has lost consciousness, from, she says, the intensity of the pain.

On July 25th, her case-sheet records that she had fifteen short attacks. "It appears," says the note, "that in a typical attack there is noticed at the outset a dazed expression with pallor of the face, some agitation and trembling. She sits up in bed, and grasps the sides of it. Respiration is quickened. The attack lasts about a minute, and terminates by flushing of the skin and copious perspiration."

Other attacks are described during her stay in hospital, some of them lasting four or five minutes, sometimes (that is, the pain) several hours. She cannot lie down while the pain is present, but on the contrary has to get up and walk about when it is very acute. When the retro-sternal pain has lasted for a considerable period it usually ends by becoming unbearably acute for a few seconds and then disappearing suddenly. At the moment of its disappearance she has the impression of some mass or organ behind the sternum suddenly shifting from left to right. During these attacks tachycardia was constantly noticed, but strangely enough I do not find exact figures recorded till December 25th last. The note says:—"Patient has had an attack this morning. The apex beat is felt and seen in the fifth space and nipple line. By auscultation the pulse rate is made out to be 260 in the minute. Patient states that during the attack

(a) Paper read before the Medical Section of the Royal Academy of Medicine, Ireland, on December 19th, 1902.

she feels her left arm to have lost sensation and power, and to be as if tightly bound up. This arm is at present colder than the right."

In subsequent attacks the pulse is noted at 240 and 230 a minute, always having to be counted from the heart beats as heard through the stethoscope.

Finally she left hospital in January of this year quite unrelieved. Digitalis, nitro-glycerine, nitrate of amyl, chloroform, purgatives, careful dieting, and many other measures had been tried in vain. It is stated that on one occasion Faradism, one pole being applied over the spine of the first dorsal vertebra and the other just below the left mastoid process, cut short an attack of pain in ten minutes. But as that attack had begun at 10 a.m., and the experiment was not tried till 5.30 p.m., and as the interrupted current failed to do any good on subsequent occasions, I am fain to believe that the application of the current almost coincided with the natural end of an attack.

Since she left hospital she has come to see me at my house, for I was anxious to follow such an interesting case, and I could not find time to interview her at her extern visits to the hospital. Before she left hospital I had put her on a mixture containing the bromides of potassium, sodium, and ammonium; but she had not seemed to derive any marked benefit from it. About May last, however, I determined to try their effect afresh, and put her on a mixture containing about fifteen grains of the mixed bromides in the dose. This quantity was taken at first three times a day, then four times, then five times, six times, and seven times; and then I lost sight of her. But about a fortnight ago she called on me to tell me that she had had no attack since June, was as well as ever, and could now work hard, and lie down on a low pillow at night instead of being propped in the half-sitting position which she has been compelled to assume for years.

I shall offer very little criticism on the preceding history. Told in this compressed form it cannot fail to suggest what was by no means evident from day to day, namely, that the attacks had an epileptiform character, and the improvement whilst taking the bromides seems to confirm that view. But the word epilepsy is no more an explanation of morbid phenomena than is "hysteria" or "nervous debility." I am still unable to decide as to the cause or origin or even the true site of the pain which my patient complained of, and which, it must be remembered, presents itself to her as the chief and original element in her trouble. I have no evidence that she suffers from any symptoms suggestive of major or minor epilepsy at any time except during the cardiac pain and racing; and I remain quite in the dark as to whether this is to be set down as a case of visceral epilepsy with very occasional cerebral extension, or as a case of central epilepsy, with cardiac convulsions as its peripheral manifestation, and cardiac pain analogous to the soreness and weariness left in the muscles after a severe fit of the ordinary type.

If we accept at all the theory of a visceral epilepsy, it must, of course, be in a very different sense from that which epilepsy usually connotes. We must take note of the more or less constant, and no doubt more or less rhythmical, functioning of most of the viscera; and the conception of epilepsy of such organs must allow of the con-

vulsion being much more slowly established, much longer sustained, and attended by far different cerebral phenomena from those associated with the ordinary *petit* or *grand mal*. Whether it is at all profitable to add *visceral epilepsy* to our swollen catalogue of diseases is no doubt open to question. If, however, it should turn out that there are cases of recurring pain and spasm referable to certain of the viscera, and not to be accounted for by other explanations, and if a certain proportion of these are benefited by the treatment which suits ordinary epilepsy, the doubt will be answered. For the present, conditions such as paroxysmal tachycardia remain inexplicable, and any hint towards an effective treatment must be welcome.

NOTE.—The patient has called to see me at the beginning of the year, and reports that she has had no recurrence of her trouble, and remains quite well.

Clinical Records.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

An Obscure Form of Anasarca of the Lower Extremities.

Under the care of W. WILLIAMS, M.D., M.R.C.P.,
Hon. Physician to the Hospital.

DURING the twenty-three or twenty-four years I have been honorary physician to this hospital, some half-dozen cases have been admitted into my beds suffering from an obscure form of anasarca of the lower extremities.

Of these cases two were women, and all of them adults under forty. In all, the dropsy had come on rapidly; it was confined to the lower extremities, there was no invasion of a serous sac. In all the cases the abdominal walls were involved, and the scrotum, in the males, distended. In one case the fluid gravitated into the left arm while it was hanging out of bed during sleep. In all the cases there was some distinct enlargement of the liver, and some, but slight, tenderness over this organ. In all other respects the patients appeared to be quite well. There was no dyspnoea or other lung trouble, and the recumbent posture was easily maintained. The heart's action in each case was that of a healthy person at rest, perfectly quiet and unembarrassed, and the valves were sound. The urine was free from albumin, and seemed to ordinary tests to be quite normal. Under these circumstances, the presence of an extreme degree of anasarca of the lower extremities in young and vigorous individuals was very unaccountable.

The histories were all the same in one respect: all the cases had for some time indulged freely in mild ale, and none of the cases had, so far as I could ascertain, accustomed themselves to spirits. I saw my first case in 1876. This was a private patient, a publican, *æt.* 45, I found him up, but with both his legs enormously distended with fluid, the skin smooth and shining; there was oedema of the abdominal walls, the scrotum was full and so was the left arm, the latter having become so while hanging out of bed the previous night. The symptoms had all of them come on during four or five days; he did not feel specially ill; he could lie down quite comfortably.

I examined the heart and lungs and found these organs quite healthy; the urine was quite normal. The liver dulness was increased and extended below the costal margin, but not much, and there was some tenderness. There was no jaundice.

In considering the case and its treatment, I came to the conclusion that the liver enlargement produced the symptoms. This enlargement was not due to any inflammatory change, but to over-distension of the organ with nutritive material derived from the grain, in which mild ale is so rich, that the enlarged liver pressed upon, or in some other way interfered with,

the circulation of the inferior cava. Yet, the fact remains, that other forms of liver enlargement fail to produce similar symptoms. Still the obstruction here affected the inferior cava alone.

He was given half a grain of calomel every night a week, followed by a saline purgative each morning. Stimulants were stopped.

The recovery was as rapid as had been the incidence of the symptoms, and this man never had a second attack. He continued to take stimulants, and soon passed from beer to spirits. He died of pulmonary tuberculosis on January 9th, 1884. There never was any cirrhosis of the liver, or any of the symptoms of this disease.

I have never known a case of cirrhosis of the liver to occur from beer drinking.

I may mention that there was no peripheral nerve trouble in this case nor in any of the others.

Transactions of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD DECEMBER 18TH, 1902.

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

DR. GROSSMANN showed a case of CONGENITAL MALFORMATION OF IRIS IN BOTH EYES.

In this case the patient, an undeveloped boy, æt. 14, is subject to nervous twitchings of the head, and horizontal nystagmus and microcornea in both eyes. The right iris is represented by a narrow band, stretching across the base of the lower quadrant. In the left eye only the lower quadrant is missing. From the presence of choroido-retinitis, changes in the nasal bones and the teeth, the diagnosis must be specific intra-uterine uveitis. Dr. Grossmann also demonstrated a case of peculiar choroidal traumatism. The right eye showed two choroidal ruptures which surrounded the optic nerve on its temporal side in two concentric semicircles. Vision was lost in the corresponding portion of the field. He thought these lines of rupture clearly demonstrated the existence of lines of weakness, and pointed out the analogy between this occurrence and that of staphyloma.

LIGATURE OF AXILLARY ANEURYSM.

Mr. F. T. PAUL showed a gardener, æt. 59, whose right subclavian he had ligatured in the second part for an aneurysm of the axillary artery, extending up to and involving the third part of the subclavian. The patient had suffered from syphilis, and had been subjected to local strain of the artery. There was evidence of extensive endo-arteritis, and the vessel where ligatured was considerably diseased. Catgut sterilised in xylol was used, and was not drawn tight. The wound healed by first intention, the aneurysm filled with firm clot, and was now, two months after operation, shrinking satisfactorily.

Sir WILLIAM BANKS had seen three cases of traumatic axillary aneurysm, a disease of by no means frequent occurrence. The first case occurred in a sailmaker, and distinctly followed a strain, but the vessel might quite well have been atheromatous. Two years after successful ligature of the subclavian it was impossible to know there had been any aneurysm. In the second case degeneration of the artery was unlikely, as the patient was a young healthy man; the condition was due to a railway crush. The aneurysm had spread into the neck, and was as much subclavian as axillary. With the aid of his colleague, Mr. Paul, Sir William Banks made a strenuous attempt to ligature the first part of the left subclavian in the thorax; the pleura was a good deal injured, and the patient died from pleurisy. In the third case the aneurysm resulted from injury, produced by an attempt to reduce a dislocated shoulder. At the operation, in which he assisted Dr. Nathan Raw, the pectorals were divided and a temporary ligature placed at the highest point of the

axillary artery, the aneurysmal sac was opened, and the vessel tied above and below. Complete recovery followed. He adverted to the splendid case mentioned in the *British Medical Journal* for December 17th, 1902, by Professor Annandale, as one of the great achievements of Syme, who laid open the aneurysm, while Lister controlled the subclavian through an incision in the neck. Dr. Molyneux had discovered the aneurysm in Mr. Paul's case quite casually; it had caused no discomfort whatever. The patient had for years suffered from gout, and he thought the gouty diathesis had more to do with the case than syphilis.

The PRESIDENT had seen three cases, and in all a traumatic factor was present. Dr. PUTNAM also spoke, and Mr. PAUL replied.

Dr. BOUVERIE MACDONALD described a case of MULTIPLE RODENT ULCER.

There was no history of syphilis in the patient, a woman, æt. 45, and no history of cancer in the family. The ulcers were seven in number, situated in the left mammary region and above the left clavicle. The condition had existed untreated for two years. He had been unable to trace a record of any similar case. The case showed all stages from the initial node to the final typical crater-like ulcer. The diagnosis of rodent was based on (1) the slow growth, (2) the good health of the patient, (3) the marked tendency to heal, (4) the non-implication of the axillary glands, (5) the evidence of the microscopical sections prepared by Dr. William Anderson and others.

Mr. PAUL said the histological characters were those of glandular carcinoma, and if it was certain the disease had originated in the skin they might have been consistent with the appearances presented by some varieties of rodent ulcer. On seeing the patient, however, he had no hesitation in deciding that it was a rare form of ulcerating cancer of the breast.

Sir WM. BANKS and Dr. ANDERSON spoke, and Dr. MACDONALD replied.

Mr. EDGAR BROWNE read the conclusion of a paper on

STRABISMUS.

(continued from previous meeting) which will be found in another column.

In the discussion that followed, Mr. R. J. HAMILTON urged the earliest discovery of, and, therefore, treatment of children with an unusual degree of hypermetropia. Full correction by glasses, and operation at an early age was recommended. Stereoscopic exercises, though scientifically sound, could not in practice be carried out.

Dr. GROSSMANN said there was not the slightest doubt that Donder's explanation was perfectly correct for some cases, but for some only; hypermetropia exists, it is true, in the majority of squint cases; but also in the majority of non-squinting eyes. Squint also occurs in myopia (converging concomitant squint). It is true a new-born child does not converge correctly, but it is still more important to note that a new-born child is highly amblyopic. Vision is developed after birth, and thereupon depends the importance of the educational treatment. The relationship between accommodation and convergence is completely an acquired one in man; so also is binocular fixation. The treatment of convergent squint should be threefold: by glasses, by educational methods, and by operation. The value of the educational treatment is great only in the very young. In older patients the importance of operation for cosmetic reasons, makes the severe criticisms of Stromeyer and Dieffenbach unjustified.

Mr. RICHARD WILLIAMS could only accept Donder's theory of squint causation in a very partial degree. To him squint was essentially the result of deranged nerve impulses, and hypermetropia played only a minor part. As to the educative treatment, he thought the result nothing like commensurate with the trouble involved, and patients were mainly interested in getting their eyes "put straight."

Mr. EDGAR STEVENSON said he first became acquainted with Mr. Edgar Browne's ideas when his

house surgeon, and regarded them as heterodox. But he had lately had opportunity of studying this subject, and had been struck especially by the practical results attained. He instanced the case of a girl, *æt.* 15, whose treatment had been begun at eleven months of age, in whom the cosmetic results were perfect, besides advantages not obtainable by operation. He was convinced the views were in the main correct and the treatment the most advantageous, to the patient, however tedious and difficult it might seem.

Mr. HUGH E. JONES drew attention to the danger of operating in cases of squint when the nervous system had not become stable, or had become unstable, as in hysteria. He believed there were many cases of true amblyopia, due to imperfect development of some part of the nerve apparatus of one eye, and that no amount of training could bring the vision of such an eye to more than about six thirty-sixths.

Mr. C. S. SHEARS thought the ideal aim in the treatment of hypermetropic squint was the restoration of binocular vision; stereoscopic exercises were almost impracticable, and especially so in hospital out-patients. He always followed the teaching of his old master, Mr. Edgar Browne, and corrected the refraction at the earliest possible age. He believed the great majority of squinting eyes lost their sight because they squinted, and that great improvement in vision could be obtained by regular exercise. When the eye was amblyopic from birth no exercises would do good. Where glasses were producing no improvement an operation should be performed about the age of six or seven. In extreme cases, where advancement of the external rectus was required, there was no operation to compare with that devised by Mr. Richard Williams.

Dr. J. J. O'HAGAN, as a general practitioner, thought more attention ought to be given to eye muscle exercises, and prolonged wearing of glasses. He was opposed to early and indiscriminate operation, as he had seen some very bad results therefrom.

Mr. BICKERTON and Dr. ABRAM spoke, and Mr. BROWNE replied.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 4th, 1903.

TREATMENT OF SYPHILITIC CHANCRES

PROF. THIBERGE, in introducing the subject of syphilitic chancres, said he would divide them into genital, perigenital, and extra-genital chancres. The first needed no special remarks from him; he would confine himself to the two latter, which, although frequently observed, present sometimes a certain amount of difficulty in their diagnosis. The perigenital chancres were those to be found around the anus, the abdomen, and the inner portions of the thighs. These chancres were generally about the size of a shilling, of a rounded or elongated form. They resembled in every way those of the genital organ. The chancre of the anus was somewhat different; when it penetrated to the sphincter it took the form of a fissure, and was very difficult to examine, because it was accompanied with pain which resembled very much the ordinary fissure. Induration was always present but difficult to feel with the finger on account of the sphincter.

The chancre of the pubes was generally small and covered more or less with a crust.

The extra-genital chancres were very frequent and occupied any and every portion of the body; that of the lips was the most common. It occupied the upper or lower lip, was slightly ulcerated, and was always to be found at either side. One important characteristic of those sores was the tendency of the patient to project the swelled lip considerably. It was hardly necessary for him to allude to the existence of gan-

glions in the sub-maxillary regions, and which were pathognomonic of the malady.

The chancre of the buccal cavity was of considerable importance by reason of the difficulty of diagnosis and the errors to which one was exposed. It was not, as might be supposed, the result of abnormal coitus; but was due, on the contrary, very frequently to the ejection of saliva mixed with purulent liquid either in conversation or osculation.

Chancre of the tonsil presented a variable aspect, slightly eroded with red coloration in the centre and, the surface sprinkled with red or grey points. The sore was indurated, or rather the erosion rested on an indurated tonsil. The chancre was accompanied by a certain difficulty in deglutition, pain, and general malaise which could lead one to suppose it was a case of ordinary sore throat. The diagnosis was not consequently very easy, and many deemed it prudent to wait for the appearance of the general phenomena before giving their opinion.

Chancre of the nose and eye were rare. In women the commonest seat of the disease was the mammary region and was almost the exclusive appanage of nursing women. The sore was seated at the base of the nipple, of rounded form and of red aspect. In order to arrive at a satisfactory diagnosis it was necessary to examine the infant for hereditary syphilis and seek for initial manifestations of the infection on the nurse.

Chancre of the fingers was especially to be seen in medical men, and resulted from inoculation. That sore was frequently ignored as to its nature on account of the variety of aspects it presented. Although it could be characteristic—round, red, indurated at the base, &c., it often presented the type of a whitlow, but was particularly persisting and accompanied by considerable swelling of the ganglions in the axilla.

The prognosis was not very favourable in the case of extra-genital chancre, as the syphilis which followed had a deservedly bad reputation. It presented particular gravity, either in the immediate effects of the chancre, which had a tendency to develop and to suppurate, or in later specific manifestations. For one or other of those reasons such cases of syphilis were always grave.

As to the treatment, it was necessarily local and general. Certain authors believed that the specific treatment should not be ordered at the outset, but he was not of that opinion; on the contrary, he considered that the mercurial treatment should be instituted as soon as the nature of the affection was understood.

The local treatment should be of the simplest and least irritating kind; boric acid and vaseline or some inert powder as bismuth or dermatol. Calomel should not be used, in his opinion, under any pretence.

NO SMOKING.

The new Dean of the Faculty of Medicine has marked his assumption of the reins of office by forbidding smoking on the school premises. He points out that no other students enjoy such liberty, and he believes that in addition to being an excellent item in the cultivation of the art of self-control, it will assist students in concentrating their attention on work. The ukase, however, created such marked and noisy discontent that the restriction has so far been relaxed that smoking will still be permitted in the dissecting rooms and in the *salles* devoted to operative surgery on the dead bodies.

DR. WILLIAM SAVAGE, of Cardiff, has been appointed Medical Officer of Health of the Borough of Colchester, out of seventy applicants.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 4, 1903.

At the Laryngological Society Hr. Davidsohn showed a man who had

BILATERAL PARALYSIS OF THE POSTICUS NERVE.

as sign of commencing tabes. He had become infected four years previously. There were no disturbances of sensibility, both pupils were contracted, the left more dilated than the right; the right did not react to light, the left did so slowly. The pulse was accelerated. Oppenheim's symptom was present, viz., pain on pressure on the inner side of the sterno-cleido muscle at the level of the annular cartilage. The left vocal cord was almost immovable near the middle line, the motility of the right was diminished outwards. The speaker remarked that this form of paralysis was not rare as an early symptom of tabes; in a case reported by Sernou it had been for three years the only symptom.

The *Deutsch Med. Zeitung*, December 18th, has a reference to

TWO CASES OF PRIMARY CARCINOMA OF THE LIVER, reported by Dr. Weiss. Primary carcinoma of the liver was a rare disease, as Hausmann only met with it six times in 258 cases of cancer of the liver. Pleitner met with it ten times in 216 cases, and Eggel had only been able to collect 168 cases in all. In one of Weiss's cases there was extensive diffuse cirrhosis; the other showed no inflammatory thickening of connective tissue. As regarded the connection between the cirrhosis and the carcinoma in the first case, the writer concluded that the form was to be looked upon as the primary affection. Cancer and liver tissue were both sharply differentiated. Even in parts where hypertrophic and hyperplastic processes were extensive there was no transition stage between these and the carcinoma.

At the Society for innere Medizin, Hr. Lassan showed patients suffering from

TUBERCULOSIS OF THE SKIN.

The first case was one of severe tuberculosis varrucosa of the left arm that had existed five or six years. The patient was a worker in a light factory in Spandau, but previous to that he had been engaged in a dairy in the country, and had to look after cattle, where he had the opportunity of contracting the disease from tuberculous animals. Another case was reported where a butcher had been infected from animals suffering from *perlsucht*.

The second patient, a female, had miliary tuberculosis of the skin. At the commencement of treatment she was very much reduced, as she could take so little food owing to extensive tuberculosis of the tongue. Bacilli were present in the sputum. The tuberculous patches in the tongue were painted with balsam of Peru, which gave great relief. A visible diminution in the size of the tongue and great improvement in the general condition were brought about by injections of helol. Injections of tuberculin were not employed as it was feared that accidents might arise from oedema of the diseased tongue.

The third case was that of a woman, æt. 19, who had extensive ulcers of the leg without varices. Her husband was healthy. The painful serpiginous ulcer was at first taken for syphilitic and was treated accordingly, but without result. It was then surmised to be tuberculous, and injection of tuberculin proved successful.

The fourth case was that of a young lady with extensive deep cicatrices from former fungous tuberculosis

of the skin of the leg. She had now been cured for twelve years by injection of tuberculin.

Hr. Bohne related a case of

TRAUMATIC LATE APOPLEXY.

The patient was a man, æt. 45, who in November, 1900, had been pulled from a ladder and fallen with his head on the ground, another man falling on to him. The man did not lose consciousness, and complained only of headache. Sixty days after the injury speech became difficult, diplopia came on, and weakness of the right leg. Examination revealed no traces of former syphilis, sound heart and kidneys, and the man was not a drinker. There was blepharo-clonus of the right eye from paresis of the superior rectus muscle. Seven weeks later there was general improvement. Then came an apoplectic attack with right-sided paresis. Then there was further improvement, again followed by five apoplectic attacks. Optic retinitis then came on, with subsequent atrophy. He was then placed in an infirmary, where he remained a considerable time, and where the paralytic symptom improved. The intelligence had suffered. A connection was assumed between the accident and the disease. All conditions for assuming such a connection as recently given by Stadelmann were fulfilled in the case—a healthy man, of middle age, shock, development of the disease under the eye of the medical attendant.

At the Frei Society of Surgeons Hr. Casper spoke on what he called

KIDNEY DEATH AND KIDNEY INSUFFICIENCY.

He defined his idea of kidney death as that after extirpation of kidneys; he was of opinion that these causes of death could be avoided by giving sufficient attention to the actual functional power of the kidney. He was opposed to Israel, who had stated that in his last eighty cases he had not lost one, although he had neglected examination of the remaining kidney. He cited some cases from Israel's surgical clinique that had died from kidney insufficiency, and also a further series that had died from this cause, although Israel had attributed the deaths to other causes.

Hr. Israel observed emphatically that he had spoken only of his last eighty cases, not of earlier ones from which both himself and others had learned. Since January 1st, 1901, he had performed 104 kidney operations; he had used the phloridzine method only rarely, and had operated without regard to the results it gave. In spite of this, not one had died of renal insufficiency, although he had repeatedly operated with success in cases when testing of the renal function would have forbidden it.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 3rd, 1903.

POST-INITIAL SCLEROSIS.

At the Gesellschaft der Aerzte Lang showed a man, æt. 37, with a post-initial chancre on the chin, occurring fourteen days after the primary sore on the frenulum preputii, having been produced by himself or perhaps by a new contact. Lang thought this case amply proved his theory that there is an intermediate period between the initial sore and the general constitutional symptoms, such as the syphilitic florides on the trunk, when a new sore can be produced, having all the characteristics of the primary sore.

Shiff asked if the secondary sore in this initial period had all the manifestations of the primary sore, as he had some doubt about this.

Lang replied that he had no doubt about the case being a post-initial sore.

AORTIC STENOSIS.

Schlesinger next showed a man, *æ.t.* 44, with aortic stenosis of the isthmus and great widening of the collateral arteries from the body of the organ, particularly those towards the spine, which were distended to an enormous size. The arteries of the upper half of the body were well filled, and the left ventricle hypertrophied. Over all the valves there was a slight systolic murmur as well as in the *arcus aortæ* and along the left side of the spine posteriorly. The *aorta abdominalis* was tender, but no pulsation could be found in it; the femoral artery was slightly filled and gave a feeble wave, while the radial artery could be found distinctly but somewhat later in impulse. The development of the body was good, and from the general history the patient was able to perform heavy work without any inconvenience. There was no history of injury or inflammation, neither could any aneurysm be discovered with the Röntgen Rays.

The diagnosis was a congenital stenosis of the isthmus, or, in other words, a stenosis at the opening of the *ductus arteriosus Botalli*. This is now the fourth case of the same kind recorded by Schlesinger.

GUMMA IN THE MUSCLES.

Ehrmann next brought forward a patient, *æ.t.* 50, with a gumma in the right *latissimus dorsi* which was about the size of a man's fist. It was situated over the junction of the true and false ribs and had existed or over twenty years. Below the level of the gumma on the left side there were the remains of a pustular syphilitic in the form of an ulcer about the size of a gulden.

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

SUPPURATION OF THE KNEE-JOINT.—Mr. PEYTON BEALE operated on a woman, *æ.t.* 25, who had been admitted with an inflamed pre-patellar bursa, together with intense pain in the knee-joint. She had suffered from an enlargement of the bursa for some weeks, but a few days prior to admission it had become acutely tender and had evidently suppurated. The day before admission the intense pain in the knee-joint had come on. The whole of the skin round the joint was acutely inflamed and œdematous, and the least attempt at movement in the joint caused very great pain. It was supposed that the suppurated bursa had opened into the knee-joint, probably through a small opening. The articulation was freely incised on either side of the patella, a good deal of pus being evacuated; it was then proved that the pus had found its way from the bursa into the joint by means of a small communication. The bursa itself was next freely opened in the middle line, and its cavity, together with the whole cavity of the knee-joint, was well flushed out with 1 in 40 carbolic lotion. A gauze drain was inserted into the joint through each incision, and the wounds dressed with boracic fomentations. Mr. Beale pointed out the patient was in a very bad state of health, and not in a condition to bear any prolonged operation or even lengthy anaesthesia. He said that these cases were fortunately not very common, and when they did occur they were difficult to deal with, because the knee-joint was one which could not be opened as freely as many others, excepting by dividing the *ligamentum patellæ*, and even when that was done it was still very difficult to drain the posterior part of the joint. He thought that on the whole continuous irrigation of the joint

was the best method of treatment, the limb being kept at rest on a splint or between sandbags. He had recently been trying lysoform, a preparation of formalin, in such cases. If used in a strength of 1 in 20, it was found to check suppuration very rapidly. The solution, being alkaline, forms with the pus a rather thick, tenacious,ropy fluid, so that in using it it was necessary to wash out an abscess alternately with lysoform solution and with sterilised water; the solution appears to exert no deleterious effect locally or generally.

During the next few days the patient developed a very high temperature, and the suppuration increased in spite of very free irrigation of the knee-joint; about a week after the operation the joint was very freely washed out with a 1 in 20 solution of lysoform. The effect of this was very marked, for the suppuration ceased, and the wounds were healed within a fortnight. In this case Mr. Beale said he could not use it earlier because he only received a sample about a week after the woman had been operated upon. Since then he had used it frequently for washing out acute abscesses, and found that it always checked suppuration at once.

With regard to the subsequent treatment of the case it was necessary to break down adhesions in the articulation under anaesthesia more than once. Treatment of the joint by hot air and steam after breaking down adhesions was of the greatest benefit, and in several cases of acute suppuration of the knee-joint Mr. Beale had been able to get a very fairly movable joint, so freely movable indeed as to produce no noticeable deformity in walking. He pointed out that it used to be said that in such cases amputation through the thigh should always be performed, but in these days one might be sure of obtaining some movement at any rate by means of careful after-treatment, that is, forcible movement alternating with hot air and steam during several weeks. Lysoform, he said, is a German product, and seems to be a most valuable antiseptic, its greatest value appears to be in its efficacy for sterilising skin, for it can be used pure, and as it contains glycerine and soap in addition to formalin, lather is formed when the skin is washed with it, thus removing fat and allowing the antiseptic to act upon the skin; even when used pure it produces very little, if any, roughening of the skin, much less in fact than 1 in 40 carbolic. He quoted a paper written by Professors Hewlett and Tunnicliffe (*MEDICAL PRESS*, October 29th, 1902), in which the value of lysoform as a germicide was well shown by various experiments conducted in the King's College bacteriological laboratory. Clinically Mr. Beale had found it very valuable in rapidly checking suppuration, as a skin and instrument steriliser, and as a deodorant in such cases as foul appendix abscesses and moist gangrene, in the latter cases a solution of 1 in 40 is found to annihilate the smell of moist gangrene almost instantly.

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

CASES FROM THE DERMATOLOGICAL CLINIC, UNDER THE CARE OF Y. NORMAN MEACHEN, M.D., M.R.C.P. LOND. AND ED.

1.—**TINEA TONSURANS, WITH ARTIFICIALLY PRODUCED KERION.**—The patient was a boy, *æ.t.* 13, who had been suffering from ringworm of the scalp for six weeks. During the latter part of this period he had been applying a "brownish" ointment obtained from a chemist, which produced considerable irritation. When seen, there were numerous boggy, crusted patches

scattered irregularly over the scalp, pressure upon which caused a sero-purulent oozing. Some "stumpy" hairs were present in the vicinity. Dr. Meachen remarked that such a condition not infrequently resulted from the application of very strong ointments, especially when prescribed by unskilled and unqualified persons, and that the remedy, as in this case, was in consequence worse than the disease. It was doubtful whether the hair would grow again upon many of the patches, as some follicular destruction was almost inevitable in kerion, particularly when produced by irritating applications. A lotion of boracic acid was ordered with which to foment the inflamed areas, together with boracic ointment. Three weeks afterwards, the scalp presented numerous bald, smooth, atrophic places, corresponding to the previous areas of suppuration, upon which a few scattered, normal hairs were growing, but some diseased hairs were still observable in other situations, for which an ointment was ordered to be rubbed in containing 10 grs. of mercuric nitrate to the ounce of vaseline.

2.—OCCUPATION-DERMATITIS OF MIXED ORIGIN.—

The patient, a single woman, *æt.* 24, was employed in a sweet-factory, her special duty being to mix together certain proportions of chlorodyne, linseed, and liquorice into a paste with her fingers, and mould it into "cough-lozenges" of oval shape. For three weeks she had been suffering from a "breaking-out" on the hands, and when seen there were marked eczema of the squamous and cracked variety upon the palmar aspect of the fingers of both hands, the thumbs and first two fingers being most affected. Washing was very painful and contact with the lozenge mass was well-nigh unbearable. Dr. Meachen said that the origin of the dermatitis in this case was very complex, but in all probability the chief irritating factors were the morphine and the capsicum contained in the chlorodyne, especially the former, the linseed also having some share in the process. The patient said that others in the same room as herself had also had "bad hands." She was strongly advised to get different work in the factory, to use bran-water for washing the hands, and to avoid soap of any kind. A very weak lotion of creolin was prescribed, together with an ointment of equal parts of ung. zinci and ung. plumbi subacet. of the B.P., with which the hands were to be thickly anointed at night an immediately covered with thin cotton gloves. One week after this treatment the patient returned expressing herself as much benefited, and although she was not in a position to give up her work at the factory, she had been given a change of duty in mixing chocolate-creams instead of cough-lozenges.

THE officials at the Herbert Military Hospital, Woolwich, are expecting a visit from the Queen at an early date to open the new quarters for women nurses. These buildings are the outcome of the new scheme for the reorganisation of the Army Nursing Staff, under the auspices of Queen Alexandra's Imperial Military Nursing Service. Accommodation is being provided for forty additional women nurses, who will supersede male nurses, and the organisation will be on similar lines to those obtaining in large civil hospitals.

THE death is announced of Mr. Paul Quick Karbeck, M.R.C.S., L.S.A., Medical Officer of Health for Torquay, consequent upon an attack of apoplexy, which seized him when engaged in preparing a lecture a month since. Mr. Karbeck's tenure of office was marked by the most strenuous efforts to secure a pure water supply, efforts which were attended by a considerable measure of success. Mr. Karbeck, moreover, did not restrict his interests to purely professional topics, and his literary attainments gained for him great distinction. He was one of the past presidents of the Torquay Medical Society.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX,"

WEDNESDAY, JANUARY 7, 1903.

THE PRIZE ESSAY CONSUMPTION SANATORIUM.

In these days scientific medicine travels fast, so that no human malady can be regarded as beyond its ultimate reach. In the case of tuberculosis its patient labours have been attended by success that may be compared favourably with any triumph hitherto gained by intellectual man over the evils of his bodily environment. Its progress in that particular case presents a history that is familiar enough in the annals of medicine. First of all, tuberculosis was regarded as an incurable disease, a position which was maintained, broadly speaking, until the beginning of the nineteenth century. In the United Kingdom Carswell was one of the first to insist upon the curability of phthisis, a point which he emphatically advanced in the year 1836 on the evidence afforded by pathological anatomy. Special hospitals for consumption, established in our own country, served to confirm that view. It was not until 1882, however, that the study of tuberculosis was placed on an exact scientific basis by the announcement of Professor Koch that the disease was due to a specific pathogenic bacillus. That discovery naturally gave an immense impetus to the study of the treatment of tuberculosis from both the curative and the preventive points of view. The most successful modern therapeutic methods in dealing with this disease depend upon placing the patient in the best possible hygienic environment as regards air, food, clothing, exercise and other details of his daily life. The open-air treatment of the malady, however, was advocated by George Eodington, of Sutton Coldfield, more than forty years before Koch's discovery of the *Bacillus tuberculosis*. He shared the contumely that is commonly bestowed upon genius in advance of the age. But time has brought its meed of recognition, and the principles of Bodington are now among the commonplaces of medical

teaching. The main question nowadays is how best to carry out their administration. With the view of solving that problem, in January, 1902, a prize essay was announced for competition by his Majesty the King. The subject was the erection of a sanatorium in England for tuberculosis, to be competed for by medical men with or without the assistance of architects. Substantial prizes were offered for the three best essays, and the object of the competition was to furnish data for the erection of a sanatorium to be built by the King from a sum of money generously placed at his disposal by Sir Ernest Cassel. The first prize was subsequently awarded by an advisory committee to Dr. William Latham, in conjunction with an architect, Mr. William West. The second fell to Dr. F. J. Wethered, working with Messrs. Law and Allen, and the third to Dr. E. C. Morland, with Mr. G. Morland as architect. Honourable mention was made of Dr. P. S. Hichens, Dr. Turbon, Dr. Jane Walker, and Dr. J. P. Wills. The mass of material thus brought together is enormous, and suggestions of great value will be found in all of the essays. At the same time the main interest naturally centres in the three leading essays, which have been reproduced in their entirety in the columns of a contemporary journal. The essay that secured the first prize, namely, that of Latham and West, has been published in book form by Messrs. Baillière, Tindall and Cox. The appearance of this volume within a few days of the publication of the essay speaks well for the enterprise of modern medical publishers. In an article like the present it would clearly be out of the question to attempt anything like a detailed criticism of so important a work. The ground that is covered includes a discussion of the principles involved and their application in the erection of a sanatorium for tuberculosis. A vast number of pertinent facts are also supplied in the form of appendices. Altogether, the matter set forth in Dr. Latham's essay may be said to afford a kind of latter-day compendium of preventive medicine in relation to infectious disease. To master a book of this nature in itself constitutes, so to speak, the acquirement of a groundwork of a liberal education. There could be no more fitting monument of the humane and scientific tendencies of the age than the production of these essays in the early days of the reign of his Majesty King Edward VII. It may be confidently anticipated that the event will form a happy augury of fresh conquest over preventable disease by scientific medicine in a not distant future.

BUBONIC PLAGUE.

THOUGH it is much to be feared that we have not by any means done with the pandemic of bubonic plague which has spread over the world during the last few years, and therefore it is too early to draw a complete lesson from its manifestations, yet there are certain points which may be insisted on, that are not only of practical interest in the present, but should have bearing on our further study of the subject. In this respect the voluminous yellow book recently issued by the Local Government

Board, consisting of reports and papers by Dr. Bruce Low on the Course and Distribution of Plague during the three years 1898-1901, is particularly valuable, and all the more so, as Dr. Low is careful to refrain from theorising, while at the same time he emphasises facts which appear to be of importance as to the origin, mode of infection, and best means of checking the disease. The difficulty in collecting the mass of information here placed at our disposal must have been very great, for in spite of the Venice Convention, foreign governments are often somewhat reticent in communicating facts as to plague, while its very existence has sometimes been strenuously denied by local authorities, even when dozens of patients were dying per week. The origin of the present outbreak of plague may be dated from its appearance in Hong Kong in 1894, whither it had been conveyed from the mainland, the probability being that it has always been more or less endemic in various districts in China. In 1896 it was carried from Hong Kong to Bombay, which may be taken as the focus for its distribution, not only through India, but to the whole of the western world and the near east. Since that date plague has been epidemic in Bombay, and is so still, although since 1899 there has been a considerable decline in the number of cases. It is noteworthy that, great as has been the mortality in India from plague (403,671 in the five years 1896-1900), it has by no means vied with cholera, which has accounted for 2,148,149 deaths during the same period. In spite of this the dread of plague, probably on account of its comparative strangeness, has been out of all proportion to that of cholera. In consequence of the enormous trade between Bombay and other infected ports of India, such as Karachi, and the various home ports, it was to be expected that from time to time various cases of plague should reach England, and this in fact took place. Nevertheless it was not till the autumn of 1900 that any genuine outbreak of plague occurred in Great Britain, and in this, the so-called "Glasgow epidemic," the original infection was never discovered. It is well known that many animals, notably rats, suffer from plague, and at the time of its appearance for the first time in any centre it has usually been remarked that many rats are found to have died. That they are the common agents in carrying plague on ship-board may almost be assumed, and it is probable that the infection is carried to man by the intermediation of fleas. At the same time it is to be remembered that plague has usually been present for weeks, and often for months, before its diagnosis, and it seems in many cases to have, as if by mimicry, taken on the features of some disease, more or less endemic, in the locality. Thus it has for considerable periods been mistaken for such common diseases as influenza, enteric and malaria. For two years previous to the recognition of plague in Oporto, in 1899, it appears that medical men in that city were treating several cases of a peculiar type of typhoid fever with glandular swellings. When these same medical

men were afterwards shown cases of undoubted plague, they maintained that they were identical in nature with the disease they had been familiar with for two years, and the opinion was probably right. On account of this insidious method of gaining a foothold, which contrasts strangely with that of the other great epidemic disease cholera, medical men should exercise great caution in dealing with any peculiar disease accompanied by glandular swellings or pneumonic symptoms without obvious cause, for when plague has established itself, unless very rigorous measures are adopted, an epidemic soon passes beyond control. We are unable from Dr. Low's report to discover any facts bearing on the relative value of the different prophylactic sera, though he quotes the conclusion of the Royal Commission on Plague in India in favour of Hankine's fluid, while Yersin's serum is stated to have been of use in Oporto.

AN INTERNATIONAL PHARMACOPEIA.

THE movement in favour of an international pharmacopœia is steadily progressing, and although it cannot be said that we are as yet within measurable distance of its accomplishment, there are signs of a willingness to take the project into consideration on the part of the authorities of most important countries. The International Conference for the Unification of the Pharmacopœial Formulæ of Patent Drugs and Preparations, which was held in September last in Brussels, a report on which was laid before the General Medical Council during the recent session by Dr. MacAlister, discussed the matter in a spirit which justifies the hope that we shall ultimately come to a common agreement, at any rate in respect of the composition and strength of dangerous medicines as defined in the various national pharmacopœias. The credit of having taken the initiative belongs to the Royal Academy of Medicine of Brussels, on whose recommendation the Belgian Government drew up a scheme for the discussion. The questions at issue are unlikely to give rise to any dissensions of a political or economic order; the programme indeed is simple enough and presents no insuperable difficulties if approached in a scientific and humane spirit. It is hardly necessary to produce an array of facts to prove the inconvenience and danger which are unavoidable under the present heterogeneous system. In these days of rapid travel and close international communications it would be absurd to maintain the mediæval peculiarities which have come down to us from a past age. We have a common interest in deciding upon the best methods of preparing the more important preparations, in their standardisation and in their dosage, and we have much to gain from an interchange of views on this subject between those best qualified to criticise and suggest. The object of the Congress, it is true, did not comprise the realisation of an international pharmacopœia, its deliberations being restricted to the desirability of bringing about uniformity in respect of "heroic" medicaments, by which we understand drugs and

preparations possessed of active physiological properties. The importance of the subject is derived not only from the immense convenience to travellers and residents abroad of being able to obtain medicines anywhere and everywhere with the assurance that they correspond exactly to the original prescription but also that it would render more intelligible descriptions of new methods of treatment. There are, moreover, a number of countries which do not possess a national pharmacopœia or even a school of medicine, and it must be admitted that the pharmacists in such countries have a difficult task in deciding what particular preparations are intended. The first step is to select the drugs and preparations which urgently call for international standardisation; secondly, to determine the best forms in which they should be prepared and administered; and, lastly, to fix the proportion of active principles which they should contain. An international committee has been formed, with correspondents in each country represented at the Congress, so as to ensure the means of intercommunication. It is satisfactory to record that the conclusions reached were agreed to unanimously, and they are to be recommended to the respective Governments for adoption and incorporation at the next revision of their respective pharmacopœias.

Notes on Current Topics.

An Important Decision.

IT may be within the recollection of our readers that some months since a disagreement arose between the Ballachulish Slate Quarries Company and Dr. Lachlan Grant, their medical officer, consequent upon which the latter was dismissed. The men, however, strongly resented the action of the directors, and as the latter declined to yield to their wishes they formed a medical committee, and reserved to themselves the right of appointing their own medical officer, giving due notice of their intention. The company, however, took action against Dr. Grant under their agreement to restrain him from continuing to practise in the neighbourhood, and Lord Kyllachy has now delivered judgment in the company's favour, with costs against Dr. Grant. This judgment ought not to be allowed to pass unchallenged, for it would create a very unfortunate precedent. It is monstrous that a manufacturing company should have it in their power to force a contract on a registered medical practitioner obliging him to cease practising in a district at the discretion of the company, that is to say, as soon as the company think fit to determine his engagement. In this instance the arrangement between the employers and the workmen in respect of medical attendance had actually fallen through, and the men had appointed Dr. Grant to be their medical officer in virtue of the powers which they had formally resumed. His Lordship held, however, that the company were justified in making and enforcing the contract although it had virtually

become *ultra vires*, but we venture to think that this view is one which would not be upheld on appeal, and for this reason it is much to be desired that a movement should be started to enable Dr. Grant to carry the matter into a higher court.

The New Local Government Act.

THERE are some clauses in the New Local Government Act which should do much to facilitate the working of the Medical Charities Act, and as we read them we cannot avoid regretting that the Government did not see their way to making pensions to Union medical officers compulsory. The fear that a clause embodying this act of simple justice to a hard-worked body of educated men was disputatious and might possibly wreck the Bill in the Commons was groundless. All the members would bear testimony to the way in which the arduous and dangerous duties of the Poor-law medical officer are performed; and we believe their support would have been cheerfully given to such a measure of justice. The new Act has, however, improved the position of the medical officer in that during his vacation, which is taken for granted, the L.G. Board will pay half the salary of his substitute, and it allows of a superannuation being granted to the medical officer of health of an urban district. Clause 5, dealing with vacation, removes all excuse for restricting the salaries of substitutes to less than £4 4s., a sum which is generally recognised as fair; and the few pounds extra received under Clause 10 will be a welcome addition to an allowance which was never large. The very fact that Mr. Wyndham embodies the clauses is pleasant evidence that he is alive to the more glaring hardships of the conditions under which the Union medical officers work. In the public interest the removal of the injustices that press on the medical officers is advisable. When the service is made popular the local bodies will have candidates for Union appointments from the picked men of the medical profession. When it is possible to secure a competence at home, with the certainty of a decent superannuation allowance when incapacitated by sickness or old age, few men will care to go afield for employment.

What is an Accident?

UNEXPECTED difficulties have cropped up in the application of the Workmen's Compensation Act, especially in regard to the definition of what constitutes an accident. County Court judges have construed the liability of employers very liberally; so liberally indeed that it was fast becoming almost impossible to establish any line of demarcation between an accident and an illness coming on while at work. In a case recently adjudicated upon at Newcastle-on-Tyne the "accident" alleged was rupture of the aortic valves attributed to exertion in the manipulation of a heavy hammer. It was not disputed that the rupture took place while the man was engaged in this work, and his previous health appears to have been good, apart from some

trouble arising in connection with a perineal abscess. It is obvious, however, that there must have been some pre-existing weakness of the valves, or they would not have given way under a strain which was not in excess of that to which the man was accustomed. The judge, therefore, found that the necessary "fortuitous and unexpected" element was wanting and dismissed the application. In a sense this is fortunate, since, had it been otherwise, hæmatemesis or hæmoptysis occurring at work would also establish a claim to compensation, and a wholly unjustifiable scope would have been given to a highly beneficent Act. The recognition of the difference between an accident, properly so called, and mere physical depreciation is by no means to the disadvantage of workmen, for it renders it possible for employers to continue to give employment to men who are suffering from disease not severe enough to disable them for work, but from one rendering them more susceptible than others to the effects of hard work or sudden effort. There are many moot points in this connection which still await solution, and this, unfortunately, can only be arrived at by the cumbersome and costly method of judicial decision.

Out-Patient Clinics.

THE out-patient departments of hospitals provide a rich field of clinical observation, the more valuable because the nature of the ailments dealt with there differs in many respects from that of in-patients. We propose in future to devote space to observations culled from out-patient clinics, with special attention to the remedial measures adopted, and we shall welcome contributions from such of our readers as are in a position to provide us with material from this source. Out-patient practice more nearly approximates the conditions of general practice than does the treatment of in-patients. The observer meets there the thousand and one ailments which do not lend themselves to any particular morbid classification, but the treatment whereof constitutes a very important part of general practice. We publish the first instalment in the present issue, and we shall do our best to restrict this department to matter likely to prove interesting and instructive to practitioners generally.

Professor Lorenz and the Daily Press.

IN taking leave of Professor Lorenz the *Journal of the American Medical Association* deprecates any blame being placed on his shoulders for the doings of the "ubiquitous and pestiferous newspaper reporter." Our contemporary describes the Professor as "a charming character and gentlemanly scholar," who leaves behind him "many pleasant memories of a genial gentleman and a master," so that there really remains nothing for us to add, our vocabulary of eulogy not enabling us to soar above these giddy heights. Moreover, we shall shortly have an opportunity of forming an opinion for ourselves, since the Professor is now on his way to England. In discussing the advantages

and drawbacks of the bloodless operation with which Professor Lorenz' name is connected, it is pointed out that this operation is by no means "safe and harmless," as has been asserted by its partisans. Fractures of the femur and separation of the upper epiphysis have occurred repeatedly, as well as laceration of the sciatic nerves and vessels, giving rise to paralysis and gangrene. In one case, in which Professor Lorenz himself operated, complete laceration of the perineum, extending from the vagina into the rectum, was caused. These, however, may fairly be classed as accidents unavoidable in a small proportion of cases whenever a method of treatment entailing the direct application of violence is resorted to.

Coroners and Post-Mortems.

WE can quite believe, as suggested by Mr. Troutbeck, the coroner for Westminster, that the knowledge of there being an official pathologist has had the effect of bringing about an improvement in the manner of carrying out post-mortem examinations. The criticisms which we have thought necessary to make concerning the appointment of Dr. Freyberger were not directed against the principle, since it is one for which we have contended for many years. They were, in fact, directed only against the irregular way in which the appointment was made and against the exclusion of candidates of British nationality. The post is one of such importance, and involves such weighty responsibilities, that every inducement should have been offered to men of the highest repute in this department to undertake the duties of the post. Had this course been adopted no ill-feeling would have arisen, but the matter is not likely to be allowed to rest where it is, and possibly when the attention of the London County Council is called to the feeling in the profession the grievance complained of may be righted.

Medical Education in Poland.

JUDGING from the details which have come to light concerning the early career of Klosowski, *alias* Chapman, who stands charged with three murders by means of tartar emetic, the practice of medicine in Poland is not yet completely dissevered from the calling of the barber. It is stated that he obtained the diploma of barber-surgeon, and, later, applied to be raised to a higher status, apparently without success. This fact gives a fair idea of the progress of civilisation in Poland, although in all probability the status of barber-surgeon there stood on much the same footing as the *officier de santé* in France, a grade which was to a great extent abolished some years ago. Its persistence even at the present time is due simply to the fact that great difficulty is experienced in recruiting the ranks of the country doctor in the French provinces, and on the principle that half a loaf is better than none, *officiers de santé* are still permitted to practise in certain districts. A knowledge of toxicology is apt to be dangerous, unless associated with the

responsibility which comes of a recognised social status.

American Anti-Kissing Leagues.

ALL sensible people will endorse the protest uttered by some of our contemporaries across the ocean against the ridicule likely to be brought upon sanitary legislation by the foolish anti-kissing campaign upon which several States have entered. In Virginia the proposal is to enact that kissing be permitted only on the certificate of the family physician, and unauthorised kissing by any one with weak lungs or any contagious disease is to be made a misdemeanour punishable by fine. The practice may be unsanitary, though this is by [no means well established, and the current number of the *Polyclinic* contains, as if in anticipation, a very peremptory note on the subject. Discussing the assertion contained in the "Twentieth Century of Medicine" that kissing represents one of the commonest modes of specific contagion, the Editor remarks that lesions on the lips are not only extremely rare, in English practice at any rate, but that in all probability a very infinitesimal proportion of such lesions result from kissing. Advantage is taken of the opportunity to point out that leprosy cannot be so transmitted. Melancholia and broken heart seem to be really the only disorder, likely to accrue from the time-honoured practice. Sanitary or not, punishable or not, the custom is unlikely to die out, and will certainly die hard. A little risk may only give additional zest thereto. As one contemporary observes, such legislation, if proposed in good faith, is unwise because futile, and if not in good faith it is unworthy trifling.

Ethyl Chloride Narcosis.

IN recent years the well-known trinity of anæsthetics—ether, chloroform, nitrous oxide—is becoming considerably extended, and among the strongest claimants for a place in the anæsthetist's favour is ethyl chloride. It is easily administered, requiring no cumbersome apparatus, and the time required for getting a patient "under" is short, varying from a few seconds in infants to three minutes in adults. During narcosis the colour is natural and there is fair relaxation of the muscles. Awakening is rapid and complete, and there are rarely any unpleasant after-effects. The only danger is from interference with respiration, and this is due either to falling back of the tongue or to carelessness in not administering enough air. In either case untoward symptoms are easily relieved. The fatalities are very few, standing relatively in a scale between those due to gas and those to ether. It is not suitable for prolonged operations. Consequently for comfort and safety ethyl chloride is a strong rival to gas, while for convenience in ambulatory practice it is easily ahead, not requiring the heavy and cumbersome apparatus required by the other. One serious drawback however, remains to be mentioned. Dr. Ware, of New York, who has published a

record of 1,000 personally-conducted cases of its use (*Journal of the American Medical Association*, November 8th), and is warm in its praise, states that he estimates that in ninety-five per cent. of his cases an absolutely satisfactory anæsthesia was obtained. In other words, in something under five per cent. the anæsthetic failed. There are few incidents more unpleasant to an anæsthetist than to have to change his anæsthetic after starting, and unless ethyl chloride can show a somewhat better record than this, we are afraid it will not yet win popular favour. It should be added that it is very necessary to insist on getting the pure drug, as some of the impurities commonly associated with it are directly poisonous.

Tuberculosis in Lunatic Asylums.

ALTHOUGH it cannot cause surprise that the inmates of asylums for the insane should prove very amenable to tuberculous infection, it may fairly be asked whether everything possible is done to protect these unhappy sufferers from the disease. The statutory requirements in the matter of ventilation and air space fall far short of the teachings of present-day therapeutics in regard to tuberculosis. The first precaution would be the isolation of all patients recognised to be suffering from pulmonary tuberculosis, and the next step would be to give these sufferers the advantage of the open-air treatment. When this has been done we may be asked to consider the propriety of introducing the open-air mode of life for the general body of the insane as a prophylactic measure. The depraved vitality and unhygienic habits of the insane are additional reasons for taking extraordinary precautions, since they entail unusual proclivity to infection. Prisons, it is to be feared, also offer very favourable conditions for the development of tuberculous disease, and in this connection it is interesting to note that a practical demonstration of the remarkable results that may be achieved by the rational treatment of consumptive insane convicts has recently been afforded in the New York State prisons. Consequent on the removal of all prisoners afflicted with consumption to the mountains, a reduction of the tuberculous mortality, estimated at upwards of 70 per cent., has been observed during the last five years.

Operation for Perforated Typhoid Ulcer.

It is but a few years ago since a case in which a perforated typhoid ulcer was regarded as necessarily hopeless. As abdominal surgery advanced, suggestions were made that an attempt should be made to reach the ulcer by laparotomy and suture, but for some time the procedure was by many regarded as futile. However, we have now come to see that it is the duty of the surgeon in all such cases to operate immediately, since such operation gives the patient his only chance of life. As much of the success of the procedure depends on the earliness of operation after perforation, it is natural that in a few cases mistakes have been made and the operation done without discovering

the presence of a perforation; but it is unusual for any harm to result to the patient. In opening the abdomen the lateral incision is preferable, since the perforation is usually situated near the ilio-cæcal junction, and it can thus be reached with less disturbance of the intestines, and consequently less chance of general infection than from the median line. Mr. Shepherd, of Montreal, who has recently published three successful cases (*Edinburgh Medical Journal*, December), advises that it is always well to see that there are no other ulcers about to perforate. If any such are found, the covering peritoneum should be turned in over them. The other points emphasised by Mr. Shepherd are earliness and rapidity in operation.

Knighthood for Mr. C. B. Ball, F.R.C.S.

HIS Excellency the Lord Lieutenant has been pleased to intimate his intention of conferring a knighthood upon Mr. C. B. Ball. Mr. Ball is well known for his writings on diseases of the rectum, and other contributions to medical literature. He is Regius Professor of Surgery in the University of Dublin, and is attached to Sir P. Duns' Hospital. During the past year he delivered the Lane Lectures at San Francisco. It is probable that the immediate cause of Mr. Ball's honour is to be found in the extremely successful operation he performed upon Lady Dudley during the course of her recent serious illness, but apart from that his professional attainments and high reputation make him a worthy recipient of such a distinction.

The University of London and Endowment Appeals.

A TIMELY letter of remonstrance and warning has been recently issued by Mr. H. T. Butlin, Dean of the University of London, with regard to the appeals for endowment that are being made by various constituent colleges of the new University. There appear to be abundant grounds for his contention that such appeals will weaken the hands of the University when their time comes to ask the public for support. When is a university not a university? is a question that suggests itself in this connection. The answer would clearly be, When it is made up of constituent colleges which regard their individual interests as paramount. Most candid persons acquainted with the facts of the case will agree with Mr. Butlin that if the colleges pursue their present policy it will be impossible for the public to differentiate between the university appeal and the appeals of its separate colleges. In the latter case, he remarks, the University of London might just as well have remained what it was three years ago—an examining body. It certainly looks as if the constituent colleges had not grasped the central principle of community of interests and of action that must be at the root of success in the formation and the administration of a great university. Experience has shown in matters other than educational that Londoners are apt to deal parochially with many things of great importance to the community.

Smallpox in the Provinces.

So far smallpox has shown no sign of resuming its onslaught on London, but numerous more or less circumscribed outbreaks are reported from various parts of the country. In Liverpool there are upwards of two hundred cases, in Sheffield about thirty, while Rotherham, Leeds, Salford, Bradford, Stockport, Oldham, Wigan, Bolton, Birmingham, and their respective districts each contain patients suffering from the disease. The difficulty of securing immediate diagnosis and prompt isolation of the sufferers is necessarily much greater in the provinces than in the metropolis; hence it is extremely probable that these local outbreaks will extend during the winter, constituting in the aggregate a widespread epidemic. This will be a useful object lesson for our legislators when they are called upon to discuss future preventive measures.

Intra-Cardiac Injections.

THE daring procedures of the modern surgeon are well illustrated by the growing familiarity of the title, "surgery of the heart," a special branch of his work that now stands on a well-recognised footing. Tapping the pericardial cavity and suture of the muscular walls of the heart have nowadays become mere commonplace operations. It has even been proposed to undertake surgical means of remedying some of the more marked valvular defects, but the matter has not hitherto been brought within the domain of practical surgery. A new method of stimulating the heart's action has been recently introduced by a medical man in Chicago. In cases of heart failure his plan is to inject a saline solution into the cardiac cavity by means of a hollow gold needle, which is introduced through the walls of the chest. In some cases it would clearly be rational to assume on *a priori* grounds that direct cardiac stimulation produced in this way might have a beneficial effect in tiding a patient over a dangerous period of heart failure. It seems likely that fluid injected in this way would be more efficacious than when passed into the circulation by way of the veins. Moreover, in some conditions it is possible that fluids from the veins might not reach the heart quickly enough or in sufficient bulk to be of service. The plan appears to be a distinct advance upon the old-fashioned and sometimes valuable method of stimulating a failing heart by puncture with a simple needle.

The Danger of Artificial Teeth.

DURING the past few weeks there has been quite an epidemic of deaths due to the swallowing of artificial teeth. This accident almost invariably takes place during the night, while the unfortunate wearer is asleep. The obvious remedy is prevention by adopting the simple rule that artificial teeth be removed every night on going to bed. There is the further consideration that it is only by such removal that thorough cleansing and disinfection of the plates can be secured. With regard to the surgical treatment of cases of accidental swallowing of this class of foreign bodies, invaluable aid has been afforded by the Röntgen ray methods of diagnosis. In this way the surgeon

is not only led to the exact localisation of the missing teeth in gullet or stomach, but he may also sometimes be enabled by means of the fluorescent screen to direct the movements of his pharyngeal snares during actual operation.

Popular Fallacies about the Oyster.

THE maxim which teaches us that a little knowledge is a dangerous thing certainly applies somewhat forcibly to the popular view of the prevention of oyster typhoid. A correspondent to a London newspaper last week, commenting upon the recent outbreak of oyster-typhoid on the South Coast, said that oysters could be fattened up and at the same time purified of noxious germs by keeping them for a few days in oatmeal and fresh water. The so-called "fattening," as most of our readers know, is simply a form of dropsy resulting from imbibition of the fresh water. The oatmeal has probably not the remotest action in nourishing the oyster; at any rate, it is absolutely unlike any form of nutrient material furnished by Nature to that bivalve in its natural haunts. As regards the destruction of typhoid bacilli, it has been shown that such organisms will live in the tissues of the oyster after many weeks' exposure in pure fresh water. The only efficient method of prevention of oyster typhoid lies in the purification of the oyster beds and ponds from sewage matter.

The Health of the Bench.

LAST year the State Legislature of Pennsylvania passed a law authorising the appointment of medical commissioners to inquire into the mental and physical health of the judges, and it is stated that several commissions have already been appointed with this object in view. The entire judicial list will be gone through, and the fact that a judge has not been able to perform his judicial functions for twelve months or more on account of ill-health will be held to justify the issue of a commission. Everyone can probably call to mind instances in which such a commission would have rendered signal service in our own courts, and it is a lapsus in our judicial organisation that it should be possible for an aged judge to outlive his acumen and perpetrate scandals which in the long run determine his enforced retirement. The public form their opinion of the physical health of a judge by the frequency of his absence from the bench, and his mental health by his utterances and decisions when he is present. This simple rule-of-thumb method is open to the objection that a judge, who is physically or intellectually infirm, may retain his judicial functions long after his retirement has become desirable in view of the onerous and responsible nature of his duties. An automatic rule which would provide for a medical report under certain specified conditions would save a lot of trouble, and would tend to maintain the standard of judicial work. We cannot flatter ourselves that any such reform is likely to be introduced in the near future, because various weighty constitutional points would have to be solved before it could take effect. Even in Pennsylvania it is asserted by

eminent legal authorities that compulsory retirement for reasons of health could not be enforced under the constitution, but we are concerned only with the medical aspects of the question and not with the constitutional problems which are beyond our competence.

The Revival of the "Index Medicus."

We learn from our contemporary, *American Medicine*, that the invaluable work of reference, the "Index Medicus," which had ceased to exist, owing to lack of sufficient pecuniary support, is to be revived, thanks to the fact that two of its representative men are members of the Board of Trustees of the Carnegie Institution. Ten thousand dollars a year has been voted for the work, and the subscription price has been placed at five dollars. The work will be under the literary charge of Dr. Fletcher, of the Army Medical Museum. We note that no provision has been made for filling up the gap left by the interregnum, but we cannot believe that this magnificent work will be allowed to be spoiled for want of the proverbial half-pennyworth of tar, or rather ink. We are all interested in maintaining the continuity of the compilation, and we hope to hear soon that some way has been devised of remedying the lapsus.

PERSONAL.

MAJOR HEUSTON, C.M.C., has been appointed medical officer to the Royal Hibernian School, Dublin.

DR. CHARLES PORTER, of the Public Health Hospital, Leith, has been appointed Demonstrator in Bacteriology at the Sheffield University College.

DR. LORENZ, of Vienna, whose name is well-known in connection with the bloodless orthopædic method, sailed from New York on December 31st for England.

SIR JOHN WILLIAMS, Bart., has been invested by the King with the insignia of Knight Commander of the Royal Victorian Order in connection with the recent birth of a son to the Princess of Wales.

DR. S. W. FOSTER, of Barrow, was thrown from his horse on Christmas Day and sustained serious injury. Dr. Foster was trying to accustom a new horse to a motor car, but he lost control over the animal and fell upon his head. He is still in a very precarious state.

DR. W. A. MURRAY, Colonial Surgeon of the Gold Coast, has been appointed Deputy Principal Medical Officer of that colony, while Dr. Derwent H. R. Waldron and Dr. P. J. Garland, who formerly occupied the offices of senior assistant colonial surgeons, will in future be designated Senior Medical Officers of the Gold Coast Colony.

THE gold medal founded by the late Sir Gilbert Blane, Bart., to be given biennially, has been awarded by the Medical Director-General of the Navy and the Presidents of the Royal College of Physicians and the Royal College of Surgeons to Surgeon C. W. L. Bunton, M.B., R.N.; for his *Journal of H.M.S. Forle*, 1901, and to Staff-Surgeon J. Falconer Hall, M.B.

R.N., for his *Journal of H.M. Naval Brigade in North China*, 1900.

SIR WILLIAM WILSON, who has been commissioned to prepare a report on the medical services during the late campaign in South Africa, was Principal Medical Officer in the Transvaal for two years during the war. He is an Irishman, and has been over thirty years in the Army Medical Service. He served through the Afghan War, and afterwards did good work in Egypt in the 1882-84 campaign, getting special mention for his heroism at El Teb and Tamai. He has been under the hottest fires on several occasions, but has always escaped untouched.

In the list of honours conferred in connection with the Coronation Durbar at Delhi on New Year's Day we find the names of numerous members of the medical profession, viz., Surgeon-General William Roe Hooper, C.S.I., Indian Medical Service (Retired), who succeeded Sir Joseph Fayrer as President of the Medical Board at the India Office in 1895, has been created K.C.S.I. Surgeon-General Benjamin Franklin, C.I.E., Director-General of the Indian Medical Service and Sanitary Commissioner with the Government of India has been created K.C.I.E. Lieutenant-Colonel Gerald Bomford, M.D., Indian Medical Service, Principal of the Medical College, Calcutta, and Major Alfred William Alcock, M.B., F.R.S., Indian Medical Service, Superintendent of the Indian Museum, have been created C.I.E. The Kaisar-i-Hind medal for public service in India of the First Class, has been conferred on Lieutenant-Colonel Robert William Steele-Lyons, M.D., Indian Medical Service, Civil Surgeon and Superintendent of the Lunatic Asylum, Dharwar, Bombay Presidency, and upon Major David Semple, M.D., R.A.M.C., Director of the Pasteur Institute, Kasauli. The honour of knighthood has been conferred on George Watt, M.B., C.M.Glasg., C.I.E., Reporter on Economic Products to the Government of India and Officer in Charge of the Economic and Art Section of the Indian Museum, Calcutta, to whose work at the Exhibition of Indian Art at Delhi Lord Curzon referred in his speech at the opening of the exhibition. Sir George Watt, was appointed Professor of Botany in the Calcutta University in 1873, and in 1884 was made Scientific Assistant Secretary to the Supreme Government of India, and was elected President of the Pharmacological Section of the Indian Medical Congress in 1894.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

MEDICAL AND DENTAL DEFENCE UNION OF SCOTLAND.—In late years a considerable number of charges of malpraxis or negligence in treatment have been brought against both medical men and dentists in Scotland, and although, speaking from memory, the pursuer has almost invariably failed to prove his case, and the judge and jury have in not a few instances clearly shown on which side their sympathies lay, still these actions, taken, as many of them are, to the Court of Session, involve the practitioner concerned in no little expense (seeing that the pursuers are rarely able to bear the costs), in much mental worry, and, unfortunately and almost inevitably, in a certain loss of reputation. The protection which membership of the Medical Defence Union of England affords to practitioners, and the deterring effect which the knowledge that a suit will be defended by the Union exerts on persons disposed to put forward baseless and

even unscrupulous claims, are sufficient to justify the existence of such bodies, while the fundamental differences between Scottish and English law and judicial procedures seem an adequate reason for the foundation of a purely Scotch Union. If any further justification were required it will be found in the list of office bearers, many of whom are men holding the highest positions in Scotland, and who, themselves practically immune from any such risks as have been indicated, are yet willing to assist their less fortunately placed brethren.

The presidents are Professors Simpson, Edinburgh; Stephenson, Aberdeen; Kynoch, Dundee; and Dr. Finlayson, Glasgow. Among the vice-presidents are Drs. Afflick, Berry Hart, and Murdoch Brown, Edinburgh; McCall Anderson, Gemmel, Lindsay Stephen, and Renton, Glasgow; Gordon, Aberdeen; Greig Dundee, as well as representatives of most of the more important provincial towns.

It is proposed to divide Scotland into four districts, each presided over by a council not exceeding twelve members. The Union will defend actions and claims against members, in approved cases, will institute proceedings on behalf of members for vindication of character, &c.; will advise in all legal difficulties arising in the practice of their professions; will act as arbitrators in disputes between members; and will consider legislative proposals affecting the interests of the profession. The subscription is 10s. per annum, and the utmost liability of any member for subscriptions, or in the event of winding-up, is £1. The Union may be heartily commended to all practising medicine or dentistry in Scotland.

Correspondence.

THE NEW SYDENHAM SOCIETY'S CLINICAL ATLAS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You have repeatedly accorded to the Society which I represent the valuable privilege of addressing its members and others in your pages, and I am emboldened by past favours to solicit another.

The Council of the New Sydenham Society is desirous to place before the profession a statement as to what has been done and what is in progress in respect to its great undertaking to publish a Clinical Atlas of Medicine, Surgery, and Pathology, and all allied branches of professional knowledge. The decision to undertake such an Atlas was arrived at, after much deliberation, more than two years ago, and as the first year of its issue is about to be completed, we are now in a position which enables us to report as to what is likely to be accomplished.

In the first place the Council has had reason to congratulate itself in three separate directions. The number of subscribers, although much below what it is hoped may be obtained, is yet adequate; the cost of the work proves to be much less than was expected; and the supply of material is abundant. In the next place the Council feels that it is due to the Society's members to offer some explanation of what may appear like unpunctuality. We are only just about to conclude the issue of the series for 1901, and to commence that for 1902. Thus it may be said that we are a twelvemonth behindhand. No one, however, who will give the slightest thought to what the production of such a work as this means will feel any surprise at this. Our plates take a long time in passing through the artist's hands, and to hurry is to spoil. Many months also were consumed in inquiries as to whether the work would receive the support of the profession, and it was, of course, impossible to make preparation until a decision was arrived at. We are engaged not on the reproduction of any existing work, but in the publication of an original work of very large dimensions, and involving the collection of an immense amount of material, a large part of which now sees the light for the first time.

The fact just alluded to must stand as the explanation not only of a certain amount of delay in issue, but also of some want of systematic arrangement which will become apparent. Any attempt at finality in such arrangement would be to the injury of our work. New illustrations may be supplied late which it would be a great pity to exclude, and unforeseen impediments may be encountered in the production of any one fasciculus. There is but little room for automatism in the compilation of such a work as ours, and as the foremost aim of those engaged upon it will be to make it useful as a clinical record of all that is susceptible of pictorial illustration in reference to disease, some latitude must be asked for in the matter of arrangement. We shall do our utmost to study the convenience of the reader, but shall not sacrifice his real interests by a too rigid endeavour to adhere to a cut-and-dried programme. He may now and then encounter supplementary plates, or find a topic he had thought concluded again referred to. It must be remembered also, in reference to the selection of subjects, that our Atlas is an international one, and is not intended exclusively for the home profession.

The issue of works for the year 1901 will be completed in a few days by the publication of a double fasciculus, illustrating "Xanthelasma and Xanthoma as symptoms of functional or Organic Disease of the Liver." When our members for that year receive this fasciculus they will have had for their guinea a printed volume (Von Limbeck's "Treatise on the Clinical Pathology of the Blood," translated by Dr. Arthur Latham) and four fasciculi of the Atlas, which contain a total of twenty-two coloured and twenty-one uncoloured plates. Thus considerably more than was promised has been accomplished, for the Council's undertaking did not go beyond the issue of four fasciculi of eight plates each, and the addition of a printed volume was only conditional on financial success. What makes this result satisfactory is the fact that it has been attained with a comparatively small list of members. Now that our year's work is before the profession we may legitimately hope that our list will rapidly increase, and if it does so we shall be able to afford much more. Without making any sort of promise I may say that I am sanguine that instead of four we may be able to afford eight fasciculi a year, or their equivalent in an increased number of plates in each. If this can be done the Atlas will rapidly develop, and will be likely to attract still further additions to our members' list. However this may be, it is certain to become by far the largest and most comprehensive work of its class ever attempted.

In order to attain the results just alluded to, all that is necessary is that our members generally should bestir themselves. They have their own interests in their own hands. In the hope of giving a fillip to zeal in this matter the Council has decided to accord a small privilege in compensation for trouble taken. It will issue to all who pay in one sum the subscriptions of five members for any one year six copies of the fasciculi issued for that year, with also any printed volume which may have been added. This privilege will be accorded not only to local secretaries but to all members of the profession. As the stones from which the plates are printed will have to be cleaned off very shortly, and no new edition is in the least degree probable, it is desirable that those who wish to secure the work should apply early.

In conclusion, I have but to state that the issue of the Atlas (in its clinical form) began with the year 1901, and that new subscribers should at once forward their subscriptions for that year and for 1902. If it is wished to save trouble the subscriptions for 1903 may also be added. Our agent is Mr. H. K. Lewis 136, Gower Street, W.C.

I am, Sir, yours truly,

JONATHAN HUTCHINSON

General Secretary (Hon.) to the
New Sydenham Society,

15, Old Cavendish Square, London, W.,
January 1st, 1903.

OBSTRUCTIVE DYSMENORRHOEA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—Some points in Dr. Duke's letter call for comment. I have not published a paper in the *British Medical Journal*. An abstract of a paper has appeared there, but the paper is not yet published. I gave Dr. Duke volume and page of my authority for the statement that many deaths have occurred from intra-uterine stems

Dr. Duke says that his stem is flexible, hollow, self-retaining, and shorter than the uterus. Some thirty years ago the late Dr. Greenhalgh recommended an intra-uterine stem having all these properties, and I know of a case (not, I am happy to say, in my own practice) in which this stem caused death.

I think that Dr. Duke and I cannot mean the same thing when we speak of endometritis. What I call endometritis is exceedingly rare in young women with dysmenorrhœa. I am, Sir, yours truly,

London, W., January 5th, 1903. G. E. HERMAN.

Literature.

GARRIGUES ON MIDWIFERY. (a)

WE confess that we lay down Dr. Garrigues' work with a feeling of disappointment. It is a large book of close on 900 pages, but the subject is not viewed from the standpoint from which we consider it ought to be. If anyone takes up the book in the hope that he is going to ransack the very latest work on obstetrics, his disillusionment will start from the very first pages—from the preface, in fact. "During the last twenty-five years only four really great improvements have been made—antiseptics, with its off-spring asepsis, the axis traction forceps, the improved Cæsarean section, and the revival of symphyseotomy." Is this really the case, and have not more important advances been made in modern midwifery than the two last on the list—more important in that they have conferred a greater benefit on a larger number of women? The improved Cæsarean section is a most valuable operation, but how frequently is it required? The revival of symphyseotomy may save us from having to test the advantages of the improved Cæsarean section, but, again, how often is it required? Surely there are other improvements which are, so to speak, of every-day value. The last twenty-five years have served to show the importance and the possibility of replacing internal manipulations by external manipulations. Abdominal palpation has to a considerable extent replaced vaginal examination; external version has in many cases replaced internal version; and the third stage of labour is managed entirely by external manipulations. Again, the treatment of the hæmorrhages of pregnancy has been placed on a rational basis, and the mortalities of by-gone days of 50 to 60 per cent. in ante-partum hæmorrhages have been reduced to from 3 to 5 per cent. Further, the necessity for ante- and post-partum vaginal douching has been disproved, and its danger, when carelessly administered, demonstrated. Are not any of these advantages greater than the last two on Dr. Garrigues' list?

A little further on in the preface we read that the book is intended to be a text-book and not a work of reference, and that for this reason all names of authorities are omitted as being matters which "only show the reading of the author, and embarrass the student." The author's own writings are, it is true, referred to but "only as vouchers of his right to take the magisterial tone used in the text." The exclusion of authorities and the use of an authoritative tone are to be commended in a small hand-book. Where, however, a

(a) "A Text-Book on the Science and Art of Obstetrics." By H. J. Garrigues, A.M., M.D., Consulting Surgeon to the New York Maternity Hospital; Professor of Obstetrics in the Post Graduate School (retired), Professor of Gynecology and Obstetrics in the School for Clinical Medicine (retired), etc., etc. Pp. xxx, and 844. With 504 illustrations. Philadelphia and London: Lippincott and Co., 1902. Price 25s. net.

work reaches the proportions of 900 pages, a little more is expected of it.

We now come to the book itself, prejudiced, we confess—by the preface. The fifth chapter of Dr. Garrigues' work treats in an unnecessary manner of the subject of copulation. We consider the book would be improved by its omission. The chapter on hæmorrhages is poor, and the treatment recommended does not appear to be modern in tone. We are told that, in placenta prævia, when the fœtus is dead, and even after hæmorrhages have occurred, we should try to continue pregnancy until term is reached in the hope that "the placenta will atrophy, and the danger of bleeding during and after labour be much lessened." Is Dr. Garrigues the inventor of this remarkable treatment? He gives no reference to any other authority who may have recommended it, and so we presume he is responsible for it. Again, is it generally accepted that the placenta sometimes extends through the inner os in placenta prævia, reaching "as far as the vaginal surface of the vaginal portion"? Surely such a condition, if ever found, is very rare, and the authority for its occurrence should be mentioned. The treatment recommended in cases of placenta prævia, where atrophy of the placenta cannot be awaited, is distinctly composite, and consists in first dilating the cervix, then detaching the placenta, and then turning. The treatment recommended in accidental hæmorrhage is to rupture the membranes—and then, if necessary, *accouchement forcé*. In post-partum hæmorrhage, a clean rag or pocket handkerchief soaked in vinegar is often the best available method of treatment. "This sounds antiquated in our days, when we hear only of aseptic gauze, sterilised fluids, and disinfected hands," says the author, but surely it would have been better if he had told his students what they must carry with them in order to be able to treat post-partum hæmorrhage, rather than imply, as he does, that proper treatment can only be carried out in hospital and wealthy private practice, and that in the common run of practice it is a case of a clean rag and a bottle of vinegar. It is no wonder that Dr. Garrigues does not include advance in the treatment of hæmorrhage in the four really great improvements in modern midwifery.

Dr. Garrigues' work, however, presents many good points. The illustrations are, as a rule, admirable, with a few exceptions. There is a curious picture on p. 389, which represents an attempt to break the femur of a fœtus while extracting it as a breech presentation by means of a file. Doubtless, however, the words "improper application of" have been omitted.

The publisher's part of the work before us is good; printing, paper and binding are alike excellent.

BLAND-SUTTON ON LIGAMENTS: THEIR NATURE AND MORPHOLOGY. (a)

THE avowed object of this little book is to render more interesting to the mind of the student the ordinary dry anatomical facts which must be learnt concerning the ligaments and fasciæ of the body, by placing before him in a concise and easy manner the morphology and genetic development of these structures, and that it has largely succeeded in its object is proved by the fact that it has now reached a third edition.

Its general plan is admirably adapted to show the manner in which structures become modified in correspondence with an altering function, the result of changes of habit or environment, and to explain the occasional anomalies which often prove so puzzling to a first-year student. It is, however, more suited to be placed in the hands of advanced students who have already mastered the elements of human anatomy and embryology than in the hands of those who have only entered upon these subjects. From the nature and size of the book it is necessarily somewhat fragmentary and dogmatic, but its principal conclusions will be found to coincide with general present-day anatomical teaching.

"Ligaments—Their Nature and Morphology." By J. Bland-Sutton. Third Edition.

Among minor points we may mention that the use of the term "calcaneo-metatarsal ligament" in connection with the long and short plantar ligaments (pp. 28 and 29) is liable to cause some confusion, as that term is now applied to the slip of the plantar fascia which extends from the os calcis to the fifth metatarsal bone. Gimbernat's ligament (p. 75) is stated to be one of the representatives in man of the epi-pubic bone, but those who have dissected the part carefully, and have found the above-mentioned ligament to be derived from some of the fibres of Poupert's ligaments, reflected backwards to the ilio-pectineal line will have some difficulty in accepting this conclusion. Again, many will fail to recognise in the description of the anterior annular ligament of the foot on p. 46 the structure ordinarily seen in the dissecting room; and we believe that the fibrous band (p. 14) described as taking the place of the crico-brachialis brevis in man is not so constantly present as the author states.

An inference is drawn from the fact that the posterior interosseous nerve of the fore-arm ends on the dorsum of the hand in a mass of fibrous tissue, but no reference is made to the fact that the outer branch of the anterior tibial nerve of the leg ends in a similar manner in the dorsum of the foot. On the other hand, a very careful description is given of the parts derived from the subclavius muscle, and also of the relation of the ligamentum teres to Garrod's musculus ambunus; while the chapters on the migration of muscles and on the derivation of the ligaments of the knee-joint are most interesting.

The figures are for the most part poor, especially that on p. 49, but as they seem only intended to be diagrammatic the fact can hardly be regarded as a fault.

The book is nicely bound, is printed in a clear type on good paper, and is provided with an index.

CHAPIN ON INFANT FEEDING. (a) ¶

This volume is an excellent and concise description of the various matters which concern the feeding of infants. In contradistinction to those works which devote themselves especially to describing the various methods of obtaining a suitable infant food that chemically approaches the composition of milk, in the book before us the author lays special stress upon the function of milk in developing the digestive tract of the young animal. The work is divided into four parts. The first of these deals with the underlying principle of nutrition, the second with raw food materials, the third with the practical feeding of infants, and the fourth with the growth and development of infants.

The information given is practical and useful, and is laid before its readers in a clear manner. In the last part there are some admirable photographs of infants at different ages, and various important statistical tables of infant development. There is also a table of reference to other works of a similar nature to, or connected with, the subject of the book. We can recommend Dr. Chapin's work to all who are interested in the feeding of infants, and in the improvement of the present system of milk supply.

AN ATLAS OF ABDOMINAL HERNIAS (b)

THE work before us is one of the important series of German Medical Hand Atlases which have been introduced to English-speaking readers by the American publishers, Messrs. Saunders and Co. It was written by its author, Dr. Sultan, with the object of imparting a thorough knowledge of the subject of abdominal hernias, and of the various details which influence the

(a) *The Theory and Practice of Infant Feeding, with Notes on Development.* By Henry Dwight Chapin, A.M., M.D., Professor of Diseases of Children at the Post-Graduate School and Hospital, etc., etc. London: Bailliere, Tindall, & Cox, 1902. Demy 8vo. Pp. XII. and 326. With numerous illustrations. Price 10/6.

(b) *Atlas and Epitome of Abdominal Hernias.* By Dr. George Sultan, First Assistant in the Surgical Clinic in Göttingen, Prussia. Translated from the German by William B. Coley, M.D., Clinical Lecturer on Surgery, the Columbia University. Philadelphia and London: Saunders & Co., 1902. Pp. 277, with 119 illustrations, 36 of them in colours.

treatment of these conditions—conditions which so often threaten the life of those who suffer from them. In order to facilitate the preparation of correct illustrations, Professors Braun, Orth, and Merkel have placed at the disposal of the author the large amount of surgical material of the Surgical Clinic at Göttingen, as well as that of the Institute of Anatomy and Pathology. The result is that the author is able to lay before his readers a most comprehensive series of coloured drawings made from actual specimens, and of diagrams.

The text of the Atlas is divided into two parts. The first of these deals with the subject of hernia in general—its origin, diagnosis, and treatment. The second part deals with special hernias. The remarks of the author on the subject of the employment of taxis, in cases of strangulated hernia may be strongly endorsed, and commended to the attention of those who are disposed to look lightly on the risks which attend this procedure. An interesting account of the mechanism of strangulation and of the various experiments which have been made by Busch and others with the object of demonstrating that mechanism is worthy of careful study. The Atlas constitutes an excellent guide to the subject of which it treats, and may be strongly recommended to those who require a knowledge of this often vitally important subject.

LEWERS ON CANCER OF THE UTERUS. (a)

THIS volume is an interesting and important addition to the literature of cancer of the uterus. It treats its subject from a purely clinical standpoint and furnishes the after-results of seventy-three cases in which a radical operation was performed. That these after-results have been to some extent favourable may be judged from the statement in the preface that the intention of the author is to bring into prominence the fact that if the condition be operated upon at a reasonably early stage there is a very good prospect that permanent relief will be secured.

The keynote of the book so far as diagnosis is concerned is to be found in attention to clinical phenomena, and we cannot help thinking that perhaps this point is a little unduly dwelt upon. Clinical phenomena are most interesting and of considerable practical importance, but they differ to a very marked extent in different cases, and even when all is said about them that can be said, they will still leave the observer in some cases in a condition of uncertainty. Dr. Lewers, with his large experience of the different aspects of malignant disease, can describe all, or nearly all, those aspects, and can make, with tolerable certainty, a diagnosis from the appearance of a particular growth; but is it possible for a general practitioner with small experience to do so? Dr. Lewers doubtless says that he can be made to do so by being taught. We doubt it, and even if it is possible to teach him is the general practitioner in a better position than one who recognises that any atypical growth may be cancer, and that it is wiser to remove a fragment of it and examine it microscopically, or are the patients of the former safer than those of the latter? Clinical phenomena are excellent things to make the examining physician think, but, in the early cases—on the recognition of which Dr. Lewers so rightly lays stress, they are bad things on which to base a diagnosis. The point must be insisted upon that, for early diagnosis of malignant disease, microscopical examination of a fragment of the growth is essential, and for this reason we must condemn Dr. Lewers' depreciation of the value of, or the necessity for, that form of examination.

The statistics of the cases whose after-history has been followed afford some most interesting information

(a) *Cancer of the Uterus, A Clinical Monograph on its Diagnosis and Treatment, with the After Results in Seventy-three Cases Treated by the Radical Operation.* By Arthur H. N. Lewers, M.D., Lond., P.R.C.P., Obstetrical Physician to the London Hospital, etc., etc. London: H. K. Lewis, 1902. Pp. XIV. and 328, with 51 original illustrations and 3 coloured plates.

on the subject of the value of supra-vaginal amputation of the cervix in cases of malignant disease of that part. Modern opinion would, we fancy, unhesitatingly condemn—as does Dr. Lewers himself—the adoption of such a line of treatment at the present day, and yet we find from the statistics before us that of thirty-three cases in which supra-vaginal amputation of the cervix was performed, eight remained free from recurrence four or more years after operation; while of twenty-eight vaginal hysterectomies, only six remained free from recurrence at the end of a like period. There is, of course, an obvious answer to these figures, that in the nature of things the cases in which supra-vaginal amputation was performed were less advanced than those in which hysterectomy was performed. Still, the figures show that it is possible in certain cases to remove the entire growth by amputation, and so furnish a considerable justification for the adoption of that operation at a time when the mortality of hysterectomy was high. Now, when that mortality has been so greatly reduced, the revival of amputation could not be justified, and in saying that we merely re-echo the opinion of Dr. Lewers, who has abandoned the operation for some years.

The book before us might perhaps be improved in various ways. Personally, we should like the exclusion of long histories of cases and unduly drawn out descriptions of clinical phenomena, and the addition of some chapters on pathology. Then, the work might rank as a monograph of the first rank—a rank which in its present form it is too purely clinical to attain. At the same time it can be strongly recommended, and if it does nothing but direct attention afresh to the vital importance of recognising the existence of malignant diseases in their early stages, it will have done much good.

HERTER ON CHEMICAL PATHOLOGY (a).

THE lectures gathered together in this volume were delivered at the University and Bellevue Hospital Medical College during the seasons of 1899-1900 and 1900-1901. They aim at indicating the leading characteristics of the more important physiological and pathological processes which the student is supposed to study. Unfortunately the slow progress of pathological chemistry has for long stayed advance in practical medicine. Hitherto the medical student has only too frequently looked upon chemistry and pathology as examination barriers to be crossed as early as possible in his course. But Professor Herter, in his luminous and most attractive lectures, conclusively shows the fallacy, and worse, of such an attitude.

The volume is rich in suggestions, and every page indicates the true scientific spirit. It is only possible to indicate in barest outline somewhat of the scope of these valuable lectures. Opening with a discussion of the chemical defences of the organism against disease, the chief food stuffs and their fate in the body, both in health, and disease, are considered at length. A particularly interesting section is that which deals with the fate of iron in the body. Much attention is devoted to the important questions connected with fermentative and putrefactive changes in the digestive tract. The chemical pathology of gastric digestion is also well expressed. Two lectures are devoted to the chemical considerations of hepatic disease, while another deals with diabetes, the concluding one being on starvation, under-nutrition and obesity.

Both in style and matter the work is excellent, and should be well known to English students. At the end of each lecture is a judiciously selected list of the more important works treating on the subject dealt with.

(a) "Lectures on Chemical Pathology in its Relation to Practical Medicine," by C. A. Herter, M.D., Professor of Pathological Chemistry, University and Bellevue Medical School, New York, etc. Pp. 461. London: Smith Elder and Co. 1902.

Medical News.

Dublin University Election and Poor-law Reform.

It is most important that medical graduates of Dublin University who are entitled to vote at the coming election should endeavour to return a candidate who will pledge himself to further by all means in his power the cause of reform in the Poor-law Medical Service. The following letter has been sent to us for publication by Dr. Kinkead, of Galway, and shows that at any rate one of the candidates is determined to endeavour to obtain reform if elected. We shall be glad to give space to the statements of any of the other candidates as to their attitude on this important matter.

30, Merrion Square, Dublin, December 30th, 1902.

Dear Dr. Kinkead,—I shall if returned to Parliament use every effort to obtain redress of the very serious grievances under which the Poor-law medical officers in Ireland suffer.

I think that a reasonable scale of salary should be fixed as a minimum, and an allowance made for expenses, and a fair vacation provided for annually; that a proper scale of remuneration for extra services and for consultations should be fixed; and that adequate payment should be made for discharging temporary duty. It is a scandal that no proper system of superannuation exists, and there ought to be legislation to provide for adequate retiring pensions.

In the case of medical men holding Government appointments which do not require "whole time" services (in the Treasury parlance) there is no sound reason why superannuation allowance should not be made to these officers.

I am aware from discussion with many eminent medical men of various other grievances which affect Poor-law medical men, and I believe that with proper understanding among the members of the profession, and by pressure in Parliament, much could be done to place the service on a reasonable and proper footing.—I am very faithfully yours,

ARTHUR W. SAMUELS.

Conviction for Illegal Use of the Title of M.D.

A person called Martin, a Roumanian, was prosecuted by the Medical Defence Union at Nottingham last week for using the name and title of "doctor," he not being a registered medical practitioner. It appeared that the defendant had been repeatedly warned by the Union but had nevertheless continued to carry on his practice. The defendant stated his intention of abandoning the practice forthwith, and a fine of £5, including costs, was inflicted.

Deaths under Chloroform.

A death under chloroform occurred on the 31st ult. at the Wolverhampton General Hospital, the victim being a lad who was undergoing an operation. A death under chloroform took place at University College Hospital last week, the victim being an elderly man who had sustained a severe compound fracture of the leg, having been knocked down by a van. In this case it is highly probable that death was due to the shock of the accident rather than to the chloroform, but no details were forthcoming as to the method of administration. A verdict of death from misadventure was returned at the inquest.

Sudden Death of a St. Leonard's Practitioner.

An inquest was held on the 27th ult. on the body of Dr. Robert Donald Campbell, of St. Leonard's, who was found dead in his bed. The appearances (?) being in favour of death from heart disease, a verdict to that effect was returned. The deceased was only 35 years of age.

The Annual Increment.

ACCORDING to the 1903 edition of the "Medical Directory," there were 503 additions to the ranks of the profession during last year, the total number now on the Register being 37,291. Of these 6,309 are in the metropolis, 16,422 in the provinces, 3,680 in Scotland, 2,641 in Ireland, and 1,186 in Wales.

Royal Chocolate.

MESSRS. ROWNTREE have once again come to the front in connection with the Queen's Dinner to the poor of London, each of the guests receiving a box of chocolate bearing a medallion of her Majesty in colours. The boxes, which are very daintily decorated, were manufactured by Messrs. Barringer Wallis and Manners, of Mansfield, and, we can quite believe, were highly appreciated by the recipients.

A Royal Food.

It is claimed for Robinson's Patent Barley that it has been used in the Royal nurseries of this country and the Continent form any years, though it is perhaps hardly fair to assert that the Royal children owe any of their stamina to the preparation. An appointment which dates back to the reign of William IV. is nevertheless one to be envied.

The Treatment of Tuberculosis.

The text of the three essays, and the accompanying drawings and plans, which gained the prizes of £500, £200, and £100 respectively, offered by the King for the three best essays on this subject, were published in the *Lancet* of January 3. The total number of essays sent in for competition was one hundred and eighty.

Lemon Juice for Typhoid.

THE experiments of the Chicago Board of Health tend to confirm the recent announcement of Dr. Ferguson, of London, that lemon-juice is inimical to the life of the typhoid fever bacillus. The use of lemon-juice on oysters is consequently recommended as a preventive of typhoid fever infection.

The Registrar-General for Ireland.

THE annual report for 1901 of the Registrar General (Ireland) has just been issued, and it is difficult to say whether we are more surprised at the immense mass of statistics given, or the skill with which they are classified for the reader's convenience. As medical journalists, our principal concern is with the rates of morbidity and mortality. The areas having the lowest registered mortality are Mayo, 12.3; Kerry, 13.5; Leitrim, 13.8; and Galway, 14.6; The rate was highest in Dublin County Borough, 26.8. The diagram on page 8 illustrates forcibly the terrible mortality from tuberculous disease, which caused the death of 12,323 persons during the year; bronchitis, which stood next in lethal properties, caused 8,200 deaths. There were 6,945 deaths referred to zymotic diseases, of which 459 deaths were from measles, 245 from scarlatina, 92 from typhus, 1,381 from influenza, 1,123 from whooping-cough, 370 from diphtheria, 88 from cerebrospinal fever, 86 from simple continued fever, and 829 from typhoid fever. The constitutional diseases, including rheumatism, cancer, and tuberculosis, caused deaths to the number of 16,504. There were 2,893 deaths from cancer, 12,323 deaths from tuberculosis, 190 deaths from rheumatic fever, 477 deaths from rheumatism, 20 deaths from gout, and 57 deaths from rickets. Diseases of the respiratory system caused 13,370 deaths, diseases of the circulatory system caused 7,077 deaths, diseases of the nervous system caused 7,355 deaths, and diseases of the urinary system caused 1,818 deaths. Of infants, 10,101 died under one year old, being equal to 10.1 per cent. of the number of deaths registered. Among the deaths registered 109 were returned as having been 100 years or upwards.

Sir E. Cassel's Munificence.

It is stated that Sir Ernest Cassel, whose munificent gift of £200,000 to the King for consumption sanatoria

will be remembered, has offered to give £40,000 towards the study and investigation of ophthalmia in Egypt.

Pass Lists.

University of London.

**M.B. EXAMINATION FOR HONOURS,
MEDICINE.**

First Class.—Alex Cameron (Gold Medal), James Alane Coupland, Charles Seymour Parker, Robt. Pugh Rowlands (Scholarship and Gold Medal).

Second Class.—Ernest Rock Carling, Lucian A. E. De Zilwa, B.Sc., Charles Ernest Lakin, Wilfred George Mumford, Christopher Thackray.

Third Class.—Hanway Richard Beale, Henry Tregelles Gillett, Andrew Ferguson Horn, Gerald Stephen Hughes, Mabel Halden Naylor, Cecil William Rowntree, Ernest Wethered.

OBSTETRIC MEDICINE.

First Class.—Ernest Rock Carling (Scholarship and Gold Medal), Lucian A. E. De Zilwa, B.Sc., (Gold Medal), Reginald Cheyne Elmslie, Charles Seymour Parker.

Second Class.—Michael Abdy Collins, Friedrich Gröne, Harold Edward Ridewood.

Third Class.—Ethel Florence Iredell, B.A., Charles Ernest Lakin, Winifred Thorp.

M.D. EXAMINATION IN MEDICINE.

Pass List.—Wm. Fielding Addey, B.S., William Blair Bell, Arthur Bevan, Albert Henry Bygott, Arthur Ernest Clarke, David Leighton Davies, B.S., Adèle Isabella De Steiger, Thomas Henry Bourne Dobson, Arthur Eastwood, Henry Percival Ferraby, Edward Alfred Gates, Dudley George Greenfield, Harold Hartley, William Liversidge, Geo. Norman Meachen, B.S., William Tayler Milton, M.S., Adeline Mary Roberts, B.S., Wm. Trethowan Rowe, B.S. (Gold Medal), Henry William Rowland, Alfred Bertram Soltau, Cuthbert Allan Sprawson, B.S., James Ernest Stratton, Hackworth Stuart, Lewis Augustus Walker, Ralph Paul Williams, B.S., William Henry Wynn, B.Sc.

STATE MEDICINE.

Wm. Willoughby Kennedy, Thomas Hy. Craig Stevenson, B.S., Wilfred Watkins Pitchford.

B.S. EXAMINATION PASS LIST.

First Division.—Walter Fedde Fedden, Mary Hannah Frances Ivens, Lawrence Jones, Cyril Alfred R. Nitch, Sydney Richard Scott.

Second Division.—Edward Walter Bain, Ernest Gilbert Bark, Frank Barnes, William Henry Bowen Sidney Herbert Bown, Harold Burrows, Percy Wm. Leopold Camps, Olive Claydon, Michael Abdy Collins, Harold Collinson, David Ellis, Reginald Cheyne Elmslie, Harold Arthur Thos. Fairbank, John Grimshaw, M.D., Stanley Hodgson, Andrew Ferguson Horn, Alfred Ernest Jones, Thomas Lister Llewellyn, Herbert W. Lyle, M.D., Edward Lister Martin, Mabel Halden Naylor, William Paynter Noall, Alfred Gelsthorpe Osborn, Herbert Dean Pollard, Robert Pugh Rowlands, Chas. Cecil Connock Shaw, Christopher Thackray, Winifred Thorp, William Howard Union, Frederick Edward Walker, Charles Wynn Wirgman.

M.S. EXAMINATION PASS LIST.

Felix Bolton Carter, M.D., Herbert Sherwell Clogg, (Gold Medal), Herbert Lightfoot Eason, M.D., Russell Henry Jocelyn Swan.

B.S. EXAMINATION FOR HONOURS, 1902.

First Class.—Lawrence Jones, Cyril Alfred R. Nitch (Scholarship and Gold Medal), Sydney Richard Scott (Gold Medal).

Second Class.—Walter Fedde Fedden, Mary Hannah Frances Ivens.

Notices to Correspondents, Short Letters, &c.

✍ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, 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.

F. B. Y.—Nothing could be more calculated to cause estrangement between the parties than following the course which our correspondent proposes to adopt.

Dr. G.—Our correspondent is advised to leave the matter alone.

Dr. H. B. (St. Etienne).—Glad of the information.

Mr. M. W. C.—Your letter surprises us; we thought the matter had been arranged satisfactorily to both. Our advice still is, keep out of the hands of lawyers. The point is not worth fighting over, with the attendant costs and anxiety.

T. F. C. (London).—Most medical journals are accessible in the libraries of the Royal College of Physicians and the Royal College of Surgeons.

A LABEL ON SURGERY.

"Various canny underwriters grew fat on the proceeds of the small-pox insurance. And now we are all solemnly insuring against appendicitis, not so much because we are afraid of getting it, but because we feel quite sure that sooner or later our medical advisers will operate upon us for it.—*The Outlook*."

SENEX.—Cannot do better than submit to the decision of the committee.

AN OPENING FOR PRACTICE

The West Indian island of Nevis has 13,000 inhabitants, and there is only one resident medical man to attend to them all. There is an excellent opening for an enthusiastic young practitioner. No premium!

Dr. MYTHE.—The full report has not reached us. When it does we will deal with the incident editorially.

XERES.—No such communication has been received or refused by the Editor.

CRYOSCOPY.

Cryoscopy is the term applied to the process of differentiating between various fluids and solutions by determining their freezing point. This varies within wide limits, and certain deductions have been drawn from the results thus obtained.

VERAX.—Legal measure are not to be recommended under the circumstances because it would be a costly and difficult matter to obtain reliable evidence.

R.S.O.—We are unable to publish your letter by reason of the defamatory nature of many of the allegations. If correct the matter is one to be threshed out in the Law Courts but the expediency of so doing must be decided by your solicitor.

THE SYMPTOMS AND DIAGNOSIS OF TUBERCULOUS PERITONITIS.

Referring to a paper on this subject, which appeared in our issue for Dec. 25th, the Hon. Secretary, Dr. Sydney Stephenson, writes:—"It is only right to state that the original paper was read at a special meeting of the Society for the Study of Disease in Children on December 12th, 1902. I am confident that the author would wish this fact to be acknowledged, and it is almost certainly by a pure oversight that it has not already been done."

Meetings of the Societies, &c.

WEDNESDAY, JANUARY 7TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Discussion on Puerperal Insanity opened by a paper by Dr. R. Jones (Claybury) (introduced by Dr. W. S. A. Griffith) and continued by Sir J. Williams, Bart., Dr. W. L. Andriezen, Dr. G. F. Blandford, Dr. F. H. Champneys, Dr. W. S. A. Griffith, Dr. G. E. Herman, Dr. T. B. Hyslop, Dr. C. Mercier, Dr. W. D. Moore, Dr. F. W. Mott, Dr. G. H. Savage, Dr. P. Smith, Dr. S. Tuke, and Dr. E. White.

THURSDAY, JANUARY 8TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Annual General Meeting. Election of Officers. President's Address. Annual Conversazione.

FRIDAY, JANUARY 9TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, Strand, W. C.).—7.30 p.m. Dr. A. Hillier: The Prospect of Extinguishing Tuberculosis.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—4.15 p.m. Annual Meeting, 5 p.m. Ordinary Meeting. Cases, Specimens and Instruments will be shown by Mr. W. H. R. Stewart, Sir Felix Semon, Dr. Bronner, Dr. W. Williams, Dr. Lack, Mr. Lake, Dr. Tilley, Dr. B. Baron, Dr. Donelan, and others. 7.45 p.m. The Annual Dinner of the Society will take place at the Café Royal.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. T. H. Openshaw: The Morbid Anatomy and Treatment of Congenital Dislocation of the Hip-Joint. Dr. E. W. Goodall: A Case of Haemorrhagic Typhoid Fever. Dr. H. D. Rolleston: Generalised Tuberculosis with Arthritis.

Appointments.

DEWDNEY, Mr., Medical Officer for the Kingstonswell District by the Newton Abbot (Devon) Board of Guardians.

HAY, JOHN, M.D. Vicar, Honorary Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

SHARP, H. C., M.B., B.C. Camb., Medical Officer of the Kenwyn District of the Truro Union.

STACK, E. H. EDWARDS, M.B., B.C. Cantab., F.R.C. Seng., House Surgeon to the Bristol Royal Infirmary.

Vacancies.

Borough Hospital, Birkenhead.—Senior Resident Male House Surgeon. Salary £100 per annum, with board. Applications to Chairman, Weekly Board.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Physician to the Out-patients. Applications immediately to the Secretary at the Hospital.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £150, furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Nottingham General Hospital.—Assistant House Surgeon. Salary £100 with board, lodging, and washing in the Hospital. Application: immediately to the Secretary.

Royal Dental Hospital of London and London School of Dental Surgery Leicester Square, W. C.—Demonstrator. Salary £200 per annum Applications to Morton Smale, Dean.

Royal City of Dublin Hospital, Resident Medical Officer. Applications to G. Jameson-Johnston, F.R.C.S. (See advt.)

Royal Victoria Hospital, Bournemouth.—House Surgeon. Salary £10 per annum, with board and lodging. Applications to the Chairman of Committee.

Sheffield Royal Hospital.—Junior Assistant House Surgeon. Salary £50 per annum, with board, washing and lodging. Applications to the Secretary to the Honorary Staff, Dr. Stanley Riseley, 38, Glossop Road, Sheffield.

Surrey Dispensary, Southwark, S.E.—Resident Medical Officer. Salary £140 per annum, with furnished apartments, coals, gas, and attendance. Applications to W. R. Millar, Secretary, 53, Borough High Street, Southwark.

The General Infirmary at Gloucester and the Gloucestershire Eye Institution.—Senior House Surgeon. Salary £100 per annum, with board, residence and washing. Applications to the Secretary.

Wandsworth and Clapham Union Infirmary, St. John's Hill, S.W. (near Clapham Junction).—Junior Assistant Medical Officer. Salary £100 per annum, board, lodging and washing provided. Applications to the Medical Superintendent.

Marriages.

WINGATE—BURNETT.—On Dec. 31st, at St. Mary Abbot's Church Kensington, Major Harold Fenton Wingate, the Royal Scots, 1 Ethel Mary, eldest daughter of Surgeon General W. F. Barnett A.M.S., P.M.O., Bengal command, and granddaughter of the late Thomas E. Herrick, of Shippool, co. Cork.

Deaths.

REID.—On Jan. 4th, at 12, Lower Bridge-street, Canterbury, Ellen wife of James Reid, F.R.C.S., in her 81st year.

SHILLITO.—On Jan. 5th, at 6, Burston-road, Putney, after two days illness, William Shillito, F.R.C.S.E., late Bengal Army, in his 87th year.

OPERATIONS.

METROPOLITAN HOSPITALS.

WEDNESDAY (7th).—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 Orthopaedic (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.), Throgden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY (8th).—St. Bartholomew's (1.30 p.m.), St. Thomas (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.), Gt. Northern Central (Gynaecological, 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 (9th).—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.33 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.), Gt. 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 Orthopaedic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY (10th).—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 (12th).—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 (Gynaecological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopaedic (2 p.m.), City Orthopaedic (4 p.m.), Gt. 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 (13th).—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 (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.)

At the Royal Eye Hospital (2 p.m.), the Royal London Ophthalmic (10 a.m.), the Royal Westminster Ophthalmic (1.30 p.m.), and the Central London Ophthalmic Hospitals operations are performed daily.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI. WEDNESDAY, JANUARY 14, 1903.

No. 2.

Original Communications.

A CASE OF HÆMORRHAGIC TYPHOID FEVER (a)

By E. W. GOODALL, M.D.

THE patient in this case was Mary C., æt. 26, an assistant nurse at the Eastern Fever Hospital, Homerton. She entered the service of the hospital in November, 1898; since that date she suffered at different times from scarlet fever, diphtheria, and rubella. At the commencement of her fatal illness she was employed on night-duty. She made no complaint till the evening of January 20th, 1902, when she said she felt too unwell to get up and go on duty. She was seen by one of the assistant medical officers, who found her temperature raised, some purpuric spots on the legs, and an erythematous rash diffused over the trunk, which led him to suspect scarlet fever. The young woman was complaining of headache; she stated that she first noticed the spots on the legs when she was going to bed that morning, and that she had been suffering from headache and pains in the limbs and back since January 12th. There was no shivering and no vomiting.

January 21st.—At 2 a.m. the patient's temperature was 104° F.; pulse, 130, compressible; heart normal; lungs normal; skin yellowish, but not bile-stained; expression of face anxious; mind quite clear. On the front of the legs below the knees were a number of purpuric spots; there were also similar spots on the upper parts of the chest and arms, the lower part of the neck, and about the axillæ. Most of these spots were about the size of a large pin's head, though some of those on the shins were petechial. In addition to these cutaneous hæmorrhages was one blue subcutaneous hæmorrhage on the lower and outer part of the right upper arm. Blood was oozing from the gums and lips, and there were hæmorrhages in the mucous membrane of the mouth. Although it was not due for a fortnight, menstruation had commenced. The urine was of natural appearance. The erythema disappeared before morning.

22nd.—Some more purpuric spots have appeared on the arms, and there is a subconjunctival hæmorrhage on the right side. The menses are more copious and contain more blood than is usual for the patient. At 2 p.m. a pint of opaque urine, of the colour of burnt sugar, was passed. It gave the reactions for blood. Yesterday morning the patient was put on a mixture containing calcium

chloride, 15 grs. every four hours; this evening 10 minims of a 1-1,000 solution of adrenalin chloride was ordered instead, every four hours.

23rd.—There is a large, fresh hæmorrhage into the buccal mucosa on the right side, and some more blue subcutaneous hæmorrhages on the right hand and forearm. There is less bleeding from the gums and much less menstrual flow; but the condition of the urine is about the same. Pulse small; patient put on champagne. In the afternoon she was prostrate; she was anxious; and as she was also unable to sleep, she was given a $\frac{1}{2}$ gr. opium pill, which had the desired effect.

24th.—Has vomited two or three times since last night; vomit "coffee-grounds" in character. Very little oozing of blood from mouth and very slight menstrual flow. Breathing shallow and quick, but no abnormal signs in the chest. Bowels confined; glycerine enema ordered. The urine is the same as before; when examined microscopically it was found to contain nothing but blood cells.

25th.—Pulse inclined to be running; retching at times; some bleeding from the mouth during the night; still a little hæmorrhage from the uterus; the urine contains blood. Skin has a yellowish tinge. Since the commencement not many more cutaneous hæmorrhages have appeared; they are mostly on the limbs; the large sub-cutaneous hæmorrhages are on the thighs, upper arms and forearms, and there is one on the left hand. There have been no violet or ink-like spots or effusions of blood as in variola. The breath is very fœtid, and blood collects in a crust on the lower lip. The bowels were moved after the enema yesterday; the motions were very black and streaked with bright blood. Up to to-day the patient has been taking food pretty well, but to-day she is not.

26th.—No bleeding from the mouth or uterus to-day. Patient looks very ill, and is worse. Vomiting during the day. The urine, which was clear and almost transparent all day, became turbid and brown in the evening, and deposited a thick, chocolate sediment. The patient is becoming restless, but is at the same time languid and disinclined to speak; at times she is drowsy.

27th.—Retching occasionally; urine a little darker than yesterday; mind quite clear; a little oozing of blood from the mouth.

It is hardly necessary to give details of the case between this date and the patient's death, which took place at 11.30 p.m. on February 2nd. No fresh hæmorrhages appeared, and as far as appearance went the urine became free from blood. The pulse and respiration rate were high; the breathing became shallow, and there was an occasional

(a) Paper read at meeting of Clinical Society, January 9th, 1903.

cough; till two days before death the temperature was considerably raised. Up to January 27th the bowels had been confined; after that they were opened more often, the stools being small, clay-coloured, but not very loose; at no time were they "pea-soupy." The patient was restless, had only snatches of sleep, and wandered at times; towards the end she became unconscious. On January 30th she had lost the ghastly, yellow look she had previously presented, and had become extremely pallid. There was occasional retching. The pulse very gradually failed; indeed, for the last five or six days her death was hourly expected. During the last few days there was incontinence of urine and fæces.

A post-mortem examination was made on February 3rd at 5.30 p.m. Rigor mortis present; universal yellowness of skin, not due to bile; body in a good state of nourishment; fat more yellow than usual. The purpuric spots observed during life were still present, though somewhat faded. They were to be seen on the face and chin (a few only); lower part of neck and upper part of chest; upper extremities, especially on the extensor surfaces; upper and outer parts of thighs; shins and dorsa of feet. On the shins and feet the spots were petechial, and of a very red colour; elsewhere they were larger and of a faded purple hue, two or three lines to a quarter of an inch across. On the arms, hands, and thighs were also a few larger subcutaneous hæmorrhages, half an inch to one inch in diameter. There was a small, subconjunctival hæmorrhage in the left eye.

Many hæmorrhages were found in the parietal peritoneum. There was also a good deal of hæmorrhage in the connective tissue round the right kidney and some into the omentum and mesentery. No peritonitis.

Spleen.—4½ ozs.; quite firm and normal.

Kidneys.—Left, 5½ ozs.; pale and somewhat blurred, otherwise normal. Right, 8½ ozs.; pale; round it much extravasation of blood; pelvis and calices full of recent blood clot; many small hæmorrhages into substance, especially near the surface; many groups of yellowish spots, size of sago grains, seen on surface; they stood out above the surface; when cut into they showed the same appearance and extended deeply into the organ; structure of kidney coarse and mottled.

Adrenal bodies, normal. *Pancreas*, normal. *Liver*, pale, but normal. *Gall-bladder*, small, normal, contained yellow mucus. *Stomach*, pyloric end showed a very large number of petechial hæmorrhages over an area of several square inches. *Uterus*, normal. *Ovaries*, right, a large Graaffian follicle full of recent clot, half an inch across; left a similar follicle but older, with breaking down clot. *Bladder*, many submucous hæmorrhages, some of them half an inch or more across.

The *intestines* showed many large submucous hæmorrhages, especially in dependent loops. A good many ulcers were found, the highest 2½ ft. above the ileo-cæcal valve. These ulcers were situated in Peyer's patches and solitary follicles, mostly the former, except near the valve, where for three or four inches was a good deal of irregular ulceration; except here the ulcers were mostly round. Their edges were clean cut and slightly undermined; there were no sloughs anywhere. All except three or four of the smallest ulcers were situated in the midst of patches of submucous hæmorrhage, so that the question was raised

whether the ulcers were not the result of the hæmorrhages. But I thought not; they were too defined and deep, and they looked just like typhoid ulcers of the third or fourth week. There were a good many small round ulcers in the upper half of the large intestine. The mesenteric glands were considerably enlarged, and infiltrated; into most of them hæmorrhage had taken place.

Heart, normal. *Lungs*, old adhesions over nearly the whole of the left lung and between the lobes of the right. The posterior and lower parts of both lungs were extremely oedematous and airless, but there was no consolidation or recent pleurisy. No other organs were examined.

A *microscopical examination* of the various organs was made by Mr. Dunstan Brewer, who has kindly furnished the following description:—

Spleen, normal; no organisms to be seen in the sections made. *Kidneys*: Left, cloudy swelling, with slight desquamative nephritis; no organisms, no hæmorrhages. Right, cloudy swelling and focal necrosis; early desquamative nephritis and glomerulitis. The small white patches are septic foci, consisting of masses of small round cells, showing little tendency to necrosis. In typical masses the centre consists of a mass of organisms (bacilli coli?). The tubules are filled with debris, chiefly consisting of round cells and broken-down blood. There are numerous hæmorrhages, mostly recent. Both the hæmorrhages and the septic foci are mainly in the medulla. There are no cocci in either kidney.

Pancreas, normal. *Liver*, slight granular degeneration, with small masses of young connective tissue and early necrosis in parts; no fat; no hæmorrhages; plugs of streptococci in capillaries. *Uterus*, normal. *Heart*, slight granular degeneration; no vacuolation; increase of inter-muscular tissue; small inter-muscular hæmorrhages; a few masses of streptococci in vessels.

Lungs, patches of broncho-pneumonia, in places breaking down into pus; general oedema; masses of streptococci, chiefly in and near vessels and suppurative foci.

As no Widal's test had been done during life, some of the blood was taken from the heart and the test tried post-mortem. The reaction was observed well within half an hour with a 1 in 20 dilution, but only very slightly within half an hour with a 1 in 40.

Agar cultivations were taken at the autopsy from the heart-blood, the spleen and a mesenteric gland. Dr. Cartwright Wood very kindly examined the resulting growths. The culture from the heart-blood gave a growth of bacillus coli, while those from the spleen and mesenteric gland resulted in growths of *B. coli* and *B. typhosus*. The latter gave all the reactions, including agglutination, with a specific serum. Organisms that liquefied gelatine were also obtained from the mesenteric gland; but they were not further identified.

Clinically this case was very obscure. The nurse had not been employed in a typhoid fever ward. At first the symptoms were only those of acute purpura hæmorrhagica. The patient had been vaccinated in infancy, and again on entering the service of the hospital in 1898, and had seven very good marks on the left arm; so that the facts as to vaccination and revaccination, quite apart from the absence of other symptoms, negated the idea of small-pox, which was very prevalent at the

time. After a day or two I thought that the hæmorrhage was only symptomatic of an acute general infection (streptococcal infection or something of that nature?). On the evening of January 29th I began to have suspicions of typhoid fever, but I never had more than suspicions. I examined the patient carefully on that night, as well as on other occasions, but could find no definite evidence of typhoid fever; but I noticed that the abdomen was a little full and the muscles a trifle resistant. No spots were ever seen, either by myself or by Dr. Basan, under whose immediate care the patient was. Nor was there anything in the condition of the bowels to suggest typhoid. Yet the post-mortem examination showed that the case was certainly one of typhoid fever.

It is a well-recognised fact that hæmorrhage into the skin and organs and from mucous surfaces may occur with varying frequency in several of the acute infectious diseases. In small-pox and diptheria, indeed, this complication is common; but in typhoid fever it is very rare; and it is partly on this account that I publish this case. Trousseau mentions the condition under the name of "hæmorrhagic putrid fever," but the case he relates was not a marked one. Murchison simply mentions the fact that such a form of the disease is sometimes met with. Curschmann, the writer of the article on typhoid fever in "Nothnagel's Cyclopædia," states that he has observed only six cases; he quotes Liebermeister as having seen three among 1,900 cases of typhoid fever in an epidemic at Basle, and Weil one in 150. Osler, the editor of the English edition of Curschmann's article, adds that at the Johns Hopkins Hospital only one case occurred among 829 cases of typhoid fever.

On looking up the notes of the cases at the Eastern Hospital, Homerton, I find that the case I have just related is the only marked one occurring during the period I have been connected with the hospital, from January, 1892, to December, 1902—eleven years. During this time the number of typhoid fever admissions has been 1,733, including cases occurring among the staff, so that the complication is decidedly rare. I find, however, that there have been fifteen cases, including the present one, in which hæmorrhage other than intestinal has taken place. In fourteen of these cases there was hæmorrhage, either purpuric or petechial, often both, into the skin, and in one from the gums, lips, and palate, but not into the skin. Among the fourteen cases in which it occurred in the skin it appeared in other places as follows:—Fauces, one case; nose, one case; pleuræ, one case; lungs, one case; nose and mouth, two cases (one of these cases had cancrum oris at the same time); beneath the conjunctiva and into the mesentery, pleuræ, and larynx, one case; nose, mouth, and uterus, one case; and, lastly, the present case, in which the eye, mouth, uterus, kidney, bladder, peritoneum, and stomach were affected. There were, therefore, five cases only in which the skin alone was involved; one of these cases was fatal from pneumothorax, but the patient was seriously ill with typhoid fever before this complication arose.

All but three of the fifteen cases died; in one of the cases that recovered the skin alone was involved; in another there was bleeding from the fauces; and in the third from the nose. In none of these cases were the hæmorrhages extensive or

severe. An extensive purpuric or petechial eruption, therefore, in typhoid fever justifies a very grave prognosis.

Nine of the fifteen patients were between the ages of five and fifteen years; the oldest was a man of thirty, the youngest a girl of five. Eight of the patients were males and seven were females.

In none of the cases except the present has the hæmorrhagic condition arisen earlier than the second week of the disease; this case is unusual in that hæmorrhages were amongst the first noticeable indications of illness.

The etiology of hæmorrhagic typhoid fever has been well discussed by Nicholls and Learmonth, of the McGill University, Montreal, in a paper in the *Lancet* for February 2nd, 1901. These authors give a list of the various causes to which this condition has been ascribed—alcoholism (especially by the French writers); defective nutrition due to scurvy, overcrowding and scanty food; attacks of another infective disease immediately before the attack of typhoid fever; the cold bath treatment; a family idiosyncrasy; and, lastly, bacterial activity. In the present case none of these causes except the last were present, though it is perhaps worthy of note that the patient had suffered from three other infectious diseases during the previous two years; but in none of these was the attack severe. In cases of this kind it is very probable that the hæmorrhagic state is due to the action of bacteria or their toxins. In the case they investigated, Nicholls and Learmonth found the staphylococcus pyogenes albus in the heart-blood, peritoneal cavity, and the kidneys. They also demonstrated a fatty degeneration of the basement membrane of the capillaries and of various endothelial cells, especially noticeable in the lungs and kidneys. I regret that the present case was not sufficiently worked out to show what part, if any, was played by bacteria. But the presence of micro-organisms in the centres of the inflammatory foci in the kidney is significant, seeing that hæmaturia occurred early in the disease.

TWO UNUSUAL CASES OF NEPHRECTOMY (a)

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MR. PRESIDENT AND GENTLEMEN,—The operation of nephrectomy has been so long before the profession, and the subject has become so vast, that I have neither the inclination nor the experience to deal with more than a few points this evening.

The two cases which I bring under your notice in this communication have been chosen as they occurred in my hospital practice at about the same time, and illustrate fairly well two very different forms of nephrectomy.

The first case is undoubtedly unusual and worthy of record from this point alone. The second I can hardly claim to be very unusual, but I wish to make a few remarks about it, so that I may elicit the practical experience of my senior brethren.

Case I.—Bridget L., æt. 16 months, was sent to me on June 5th, 1901, by Dr. Lloyd, who was at that time Assistant Master of the Rotunda Hospital. The mother, who brought the child,

(a) Read before the Surgical Section of the Royal Academy of Medicine in Ireland, December 12th, 1902.

is a healthy-looking woman, and stated that the child's father is also healthy. The patient is the youngest of a family of four, all of whom are alive. At birth, and for three months subsequently, nothing abnormal was noticed, but then the mother, when bathing the child, felt a lump like an egg on the right side of the abdomen. The child remained in good health and the lump did not increase in size for seven months, but then grew rapidly and continuously up to the date on which I saw her. Nothing abnormal was ever noticed in the urine or motions, and the only other fact of importance was that, as the abdomen increased in size, the limbs and face showed signs of wasting.

On examination, the child seemed rather puny and weak, and would not lie down, but preferred to sit up, even when dozing or asleep; there were no signs of rickets or syphilis, and the heart and lungs seemed normal; the urine was passed into a napkin, but a small specimen which was obtained showed neither albumin nor casts; the abdomen was very much distended both antero-posteriorly and laterally; the subcostal angle was lifted up and opened out; the right loin bulged more than the left, and the right lumbar hollow was obliterated when viewed from behind.

On percussion the only resonant area was over the left hypochondrium and left lumbar region.

On palpation, a firm but not very hard tumour was felt, practically filling the whole abdomen; it seemed to be trilobed, the largest portion passing beneath the ribs and liver, a somewhat smaller portion passing down, filling the false and dipping into the true pelvis, the third portion bulging in the right lumbar region; the abdominal walls were tense but movable over the tumour.

The diagnosis rested between ovarian tumour, sarcoma of the kidney, or congenital cystic kidney, and having considered the various signs I gave the last as the diagnosis, and recommended abdominal exploration and removal, if possible.

The operation was performed on June 13th, 1901. The thorax and limbs having been carefully wrapped up in wool, ether was administered, and the child placed on her back upon the operating table. An incision was made commencing opposite the tenth intercostal space, extending obliquely downwards and forwards to a point near the middle line below the umbilicus, the fibres of the external oblique were separated as much as possible and the internal oblique and transversalis cut, the sheath of the rectus was opened by cutting through the linea semilunaris, and its anterior and posterior layers cut across with scissors without injury to the muscle, which could then be easily drawn to the middle line. The tumour presented a bluish colour in parts, alternating with more yellowish-white; it was extra-peritoneal except on its anterior and left aspects.

The peritoneal cavity was then opened at the innermost part of the wound, and the left kidney palpated and found to be apparently normal. The upper portion of the tumour was next rapidly separated from its adhesions and withdrawn from the wound, thus exposing the renal vessels, which were small and easily secured by fine silk ligatures, and divided; the tumour and ureter were then further drawn outwards, the ureter ligatured and divided at the brim of the pelvis and the lower

lobe of the growth drawn upwards, thus completing the removal. Some vessels which had been clipped were ligatured, the peritoneum and sheath of the rectus repaired with fine silk, and the rest of the incision through the muscles united by a continuous buried silk suture, and the skin closed by fishing-gut without drainage. Before removal of the tumour the incision seemed about 22 cms. long, but after removal shrank to 10 cms. After operation the child weighed 17½ lbs., and the tumour weighed 3 lbs. 2 oz.

Convalescence was absolutely uneventful, and the child was sent home on July 2nd—twenty days after operation. Since then she has grown to be a fine little girl, apparently normal, and when seen during the latter part of August, 1902, the left kidney could not be palpated, and was evidently doing its double work satisfactorily.

There are just a few remarks I would like to make about this case before proceeding to the next one.

Ether was chosen for anæsthesia, as the shock from its administration is slight, and also I wished to be able to devote my undivided attention to the operation. It is a fairly general idea that children take ether badly and take chloroform well, but I can, after a considerable experience in performing both large and small operations upon very young children, emphatically state that children take ether well, become unconscious as soon or sooner than with chloroform, recover much more rapidly from its effects, and so far I have not had any pulmonary complications following its administration.

The next point of importance is to wrap a small patient like this in wool and have the theatre extra warm. With regard to the actual operation on young children, the important points are: accurate hæmostasis, absolute asepsis and rapidity. In the foregoing operation the total amount of blood lost did not exceed two drachms, and the lotion used for cleansing the wound, &c., was simple normal saline solution.

Surgery has now advanced so far that the age of a patient is no longer of consequence; the only objection which can be raised against operations upon infants is on the score of expense, as these little patients require the undivided attention of a nurse both by day and by night.

The choice of an incision is not always easy, and it is of very great importance in nephrectomy and other kidney operations.

We may discard the middle line as unsuitable in any case. Langenbuch's incision has been out-classed, and, in the present case at any rate, would have made the operation very difficult, besides destroying the nerve supply of a large portion of the rectus.

Langenbuch's, with a cross-cut to the loin, would have given very ready access, but to my mind is unsurgical, and needlessly destructive. The combined methods of Morris and Thornton do not appeal to me. The lumbar incision and its various modifications are out of the question because the position of the patient is faulty, the wound is deep and needlessly severe, and although one of the modifications gives plenty of room below, the space above is cramped, and it might also be necessary to make a separate incision for abdominal exploration.

A very good incision for removing large tumours is that of Bergmann, as advocated by Kocher, *viz.*, an oblique incision commencing above at the tip of the tenth or eleventh rib and sloping down to the centre of Poupart's ligament; or a modification of this which is a most useful incision for many kidney operations, and which can be either extra- or intra-peritoneal according to the class of case, commences above at either the tenth or eleventh intercostal space or immediately below the tip of the last rib, and slopes forwards and downwards in the direction of the external oblique fibres and reaches the linea semilunaris or middle line if necessary at a varying distance below the umbilicus. If it is necessary to reach the middle line, the rectus should not be cut, but the linea semilunaris should be snipped through, and then the anterior and posterior layers of the sheath cut with scissors and the muscle drawn aside. This incision gives very free access to the upper part of the kidney as well as to the whole ureter. The special method of dealing with the sheath of the retcus was used by me first some three years ago when exploring the upper abdomen, and I have used it several times since to give more room in the removal of the appendix by the muscle-splitting method. If the kidney is only to be explored or fixed, the whole procedure may be carried out by the muscle-splitting method, as I have proved to my own satisfaction in three cases.

Case II.—Mrs. S., *æt.* 40, had her uterus removed by vaginal hysterectomy for carcinoma in July, 1900.

The operation was very difficult, and some days afterwards quantities of urine were noticed coming per vaginam, evidently from an injured ureter. It was considered better not to open the abdomen to perform an implantation operation as the pelvis was obviously septic. She progressed favourably except for the fistula, and was discharged on September 29th. She was admitted again in December, and I examined her by Kelly's method, and could make out that the left ureter was the one involved, but as there was a suspicion of recurrence of the carcinoma, no operation was advised, and she was not again seen by me until June, 1901, when I found that she had been re-admitted under one of my medical colleagues, and I was asked to see her on account of severe pain in her left side with repeated rigors, purulent sputum, and signs of consolidation at the base of the left lung, and a swelling over the region of the left kidney; the vaginal fistula had been closed for some time.

The diagnosis made was pyonephrosis and subphrenic abscess, and as the pain was severe and the temperature 104° F., immediate operation was undertaken. Per vaginam recurrent cancer could be felt in the pelvis.

Chloroform having been administered, the usual lumbar incision was made and the perirenal tissues found brawny and inflamed, and the convex border of the kidney bulged tensely in the bottom of the wound. A bistoury was inserted into the tense gland and a large quantity of pus was evacuated. A finger was then inserted and it was found that the cavity in the kidney communicated freely with a large abscess cavity behind the spleen. The question now arose whether I should rest satisfied with nephrotomy.

In favour of nephrotomy was the likelihood of the other ureter becoming obstructed by cancer or the kidney infected; on the other hand the operation has been undertaken to give comfort and not to prolong life except in comparative comfort, so we considered a urinary fistula in the loin contra-indicated; besides, there was a fear that the subphrenic abscess would not drain freely unless the kidney were removed.

Two other questions then arose: first, in an acutely septic area such as was here present ought the kidney be removed by the usual method, running the risk of cellulitis or injury of the peritoneum? Secondly, could ligatures be trusted to hold on a pedicle in face of such sepsis. Both these points were decided in the negative, and the kidney was removed by the subcapsular method of Ollier. This was used as a method of choice, as advocated by Tuffier, and not because it was impossible to do otherwise, which would seem to be the only indication recognised by most British writers. The kidney capsule was then drawn up and sutured around to the subcutaneous tissues of the wound, except at the upper portion, where a free opening was left into the subphrenic space. This method of dealing with the capsule made a neat, shallow cup in the loin with the pedicle safely within reach of finger pressure at the bottom, and thus secondary hæmorrhage need not cause alarm. The capsule was plugged every few days with iodoform gauze, and the cavity rapidly and soundly healed. The patient lived in comparative comfort for over four months, and then died from generalisation of the pelvic carcinoma, but without further urinary symptoms.

Post-mortem the left ureter was found completely cut across in the broad ligament and closed by cicatricial tissue; two silk ligatures were found embedded in the scar of the nephrectomy pedicle; the spleen was adherent behind where the abscess cavity had been; and nearly all the organs were infiltrated with carcinoma.

I bring this case forward as a means of making a suggestion that Ollier's operation might be the operation of choice in acutely septic cases, and not be relegated, as it seems to be at present, to the last line of defence.

Anatomical and Pathological Description, &c., of the Kidney Tumour from Case I.—The parts removed consist of 9 cms. (3½ ins.) of ureter leading to a kidney, the lower one-third of which appears normal, but the hilum and sinus are greatly distended above this by the emergence of a bunch of cysts; the upper two-thirds of the kidney seem to be dilated so as to form portions of a huge conglomerate cystic tumour. The mass is roughly trilobed; the upper and largest lobe is continuous with the kidney surface, is smooth and round and about the size of a large foetal head. From the anterior and lower surface of this springs another lobe, of about the same size but irregular in outline, which runs down on the antero-internal aspect of the kidney, and behind this is the third and smallest lobe, which is composed of the normal portion and part of the distended portion of the kidney. The ureter enters the hilum at the junction of the second and third lobes of the tumour. The whole mass weighs 3 lbs. 2 oz. (normal weight of kidney for a child of this age is 2 to 2½ oz.), is 56 cms. (22 ins.) in longitudinal circumference and 41 cms. (16 ins.) in transverse circumference. On

cutting the tumour open longitudinally we find that the pelvis of the ureter is large but not dilated, the lower one-third of the sinus of the kidney is somewhat dilated but contains a normal calyx, enclosing a fairly normal-looking papilla; a second calyx, 7 cms. long, runs to a small atrophied piece of kidney situated at the junction of the two large lobes, and a third calyx, 5 cms. long, runs to an atrophied papilla at the upper pole of the kidney, where it merges into the large cyst wall. The whole tumour is a congeries of cysts of all sizes, many of which open into one another.

Dr. H. C. Earl reports that the fluid in the cysts was of a light straw colour, was not albuminous and contained a fair amount of urea. The lower one-third of the kidney on section appears normal, except for very slight excess of cellular elements in the intertubular tissue; the middle one-third shows advanced sclerotic changes with commencing cyst formation in the tubes of all classes and in the capsules of Bowman, the arteries are not markedly thickened. The cysts in the tumour portion on section are lined with a very low columnar epithelium, which is evidently flattened out and tends to flake off; the walls are composed of fibrous tissue, and do not show any kidney substance between them. There are no intracystic papillary growths and no signs of activity of the epithelial elements. This case, therefore, seems to me to support the theory that these congenital cystic kidneys arise from foetal papillitis, and is interesting in that not only was it limited to one kidney, which is uncommon, but it was limited to only a portion of one kidney, which, as far as I know, is exceedingly rare.

In conclusion, I would like to express my indebtedness to Dr. de Rosario and Mr. Pringle for the notes of these two cases, and also for their assistance during the treatment of the patients.

THE TREATMENT OF CHRONIC HEART WEAKNESS BY BATHS AND EXERCISES. (a)

By NEVILLE WOOD, M.D., M.R.C.P.,
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CHRONIC heart failure may be divided into four stages. First, a period when compensation is efficient; secondly, a stage when the heart works well under favourable conditions, but fails under those of medium stress; in the third period, the circulation is never quite efficient, and a slight stress may turn the scale; in the fourth stage, cardiac enfeeblement is extreme and irremediable. In the first stage, as a rule, no treatment is necessary except a general warning against overstrain. But occasionally there may be excessive arterial tension or excessive pulse rate. Such symptoms may well be treated by the method to be described. In the second stage I consider baths and exercises unequivocally to hold the place of pre-eminence. The earlier the treatment is begun in this stage, the greater the value of mechanical methods. In the third stage, mechanical methods tend to become useless, and finally are contra-indicated, while drugs may still retain their potency. The application of mechanico-balneological treatment by the family physician is

(a) Abstract of paper read at West London Medico-Chirurgical Society, January 2nd, 1903.

to be advocated because he is more likely to see the patient at the time when it is of greatest value. Baths and exercises may be said to conform more closely to Nature's methods, and, also, being more novel, to give scope for the beneficial influence of suggestion.

In endeavouring to assist an overtaxed heart, it is necessary first to lighten its load, and then to nourish its muscular substance and give the organ just as much work as it can beneficially perform. Where cardiac dilatation and arterial tension are prominent, relief must be afforded by arterial relaxation. In cases of less severity gentle stimulation may be adopted. These effects can be brought about by varying the temperature, composition and duration of the baths. A temperature of from 92° to 95° F. produces moderate dilatation of the vessels, with slowing of the pulse rate. When the temperature is lowered to 85° F. contraction of the peripheral vessels is caused, with great increase in the force of ventricular systole, the total effect being one of stimulation. The most useful constituents of the bath are the chlorides of sodium and calcium, and carbonic acid gas. The greater the proportion of these, the greater the stimulating effects. The duration of the bath should be longer when a sedative action is required.

When the first indication is heart relief, to a bath of fifty gallons five pounds of common salt should be added, and five ounces of calcium chloride, together with half the contents of one of Sandow's boxes. The bath is given at 95° F., and lasts about fifteen minutes; the patient then remains recumbent for two hours. After a few days the temperature is gradually reduced to 92° F., while the proportion of saline constituents is doubled. As the patient improves, stimulating treatment is introduced by lowering the temperature of the bath still further, and increasing the added solids. Very gradually the temperature of the bath is lowered to 85° F., and the strength of the saline solution increased to 6 per cent. Beyond this it is rarely necessary to go.

Systematic exercises are chiefly of service in the early part of Stage 2, or when relief has already been obtained from baths. They can be carried out without a specially trained assistant, by the following method:—Instead of the reversal of each exercise being a continuation of the initial part, an intermediate pause is introduced. Thus the first portion is made to last fifteen seconds, the part moved is retained in the position it has reached for five seconds, and the reversal is made to occupy fifteen seconds. In very muscular subjects extremely light weights may be placed in the hands. The pulse is counted immediately before the exercise, and again after three minutes have elapsed, by which time its rate should have fallen. This is the simplest test as to the prospective value of the exercises. During the exercises the breathing should be even and continuous. Instead of the Nauheim exercises, a system of weights and pulleys, may be used. At the end of a series of exercises it is well to examine the area of cardiac dulness and the position of the apex beat. If the area of dulness is enlarged, it may be taken that the dosage is too high. To sum up: the cases in which most benefit is derived are those of moderate dilatation, accompanied, and in great part caused, by general malnutrition. Cases presenting minor

degrees of arterio-sclerosis may be accepted for treatment. Supposed cardiac neuroses, such as tachycardia and arrhythmia, often do well. There are many failures among elderly persons. Cases in which the imagination alone is at fault should not be treated, as they certainly detract from the reputation of the method. As to whether treatment is most satisfactory at home or abroad, the advantages of the climate of Bad-Nauheim, the experience of the local physicians, and the current enthusiasms are counter-balanced by the shortness of the season, the poorness of the meat, and the usual foreign habits.

A SHORT CONSIDERATION OF OPERATIONS ON THE MASTOID AND ITS ANNEXA IN EAR AFFECTIONS.

By CHARLES GEO. LEE, L.R.C.P.LOND.,
M.R.C.S.ENG.,

Consulting Aurist to the Royal Southern Hospital, and Hon. Surgeon
Liverpool Eye and Ear Infirmary.

IN common with other departments of what may not incorrectly be termed regional surgery, the ear and its neighbouring structures have shared fully in the benefits that have naturally resulted from the more special attention that has of late years been devoted to their particular affections.

Many factors have in the course of years contributed to this, and we may do well to remind ourselves that the introduction of anæsthetics, the science of bacteriology, and the employment of asepsis, as well as the undertaking of cerebral surgery, each and all have combined to bring about the commendable advance in the treatment of aural disease, to which we have referred.

As exemplifying the state of knowledge in ear affections in the last generation, the following extract from Toynbee's "Diseases of the Ear" may not be uninteresting:—

"When the membrana tympani is evidently preventing the egress of matter, and when the irritation produced by the operation is not to be feared, there can be no harm in trying the effects of a puncture. Perforation of the mastoid process also suggests itself, and the operation may doubtless be performed in those cases where the matter is pent up in the cavity of the ear, and is causing such urgent and serious symptoms as are likely, if not relieved, to terminate in death. I have never performed the operation, but I should not scruple to do so in a case in which the life of the patient was threatened. Considering the large extent of the mastoid cells, it appears to me that the best plan of operating would be to trephine over the middle and posterior part of the process, and to remove a portion of bone three-quarters of an inch in diameter."

From this it is evident that the operation of opening the mastoid was scarcely entertained, or, at least, was only to be performed when the patient was almost *in extremis*; and, further, that should it have been done according to the directions suggested the lateral sinus would inevitably have been opened, an event which the writer apparently had not foreseen.

The following decade must have seen great development in the frequency and accuracy in performing this operation, for Politzer's classical work, published in 1883, contains a full description of the technique, and such indications of landmarks as to foreshadow the boundaries which were to be

so definitely and finally delineated by MacEwen in the future. While MacEwen's name will always remain as the most authoritative in indicating the definite spot for the opening in the mastoid, *i.e.*, within the boundaries of the supramental triangle, and while also his courageous attack on all possible foci for the propagation of pathogenic germs must always prove an example and incentive to his successors, it must, of course, be remembered that others had already been in the field, to wit, Stack and Schwartz; while working contemporaneously with MacEwen were A. E. Barker, of University College, and Arbuthnot Lane, of Guy's, both of whom contributed materially to the placing these operations on a sound and acceptable basis.

In addition to the above, and to others that should be mentioned, were this contribution in any way a history of the operations, the name of Charles A. Ballance has especial claims for notice. His papers on "The Conduct of the Mastoid Operation for the Cure of Chronic Purulent Otorrhœa" extend and amplify the work of those already named, and furnish an invaluable guide to the conduct of the most thorough operation that can probably ever be undertaken on this bone.

With all these authoritative encouragements to perform a radical operation for the cure of otorrhœa, it is not surprising that the procedure has very frequently been adopted; and it is indisputable that it has been done on occasions when a much simpler operation, combined with persevering and thorough local treatment, would have sufficed.

To substantiate this statement it will suffice to mention that it has become almost routine treatment to open the antrum in all cases of abscess behind the auricle occurring in the course of an otorrhœa. This treatment is probably due to the graphic pictures drawn by MacEwen of this condition. In many cases this is not only unnecessary but absolutely wrong, for it happens that the pus is simply a subperiosteal collection that has travelled back from the tympanum behind the cartilaginous meatus, and only requires a good incision (Wilde's), with drainage, to completely evacuate the abscess, and permit the integuments to resume their normal position, the substance of the bone never having been implicated in the attack. For the purpose of this argument it must be mentioned that even with the utmost circumspection and care, adjoining structures, more especially the portio dura, are not infrequently injured in the process of these so-called "radical operations." Indeed, if the term "radical" be used as a synonym for "curative," it would be better not employed, for an aurist of the widest experience and highest credibility assured the writer that many cases which had been subjected by a surgeon of great eminence to the radical operation subsequently came under his care for treatment of a recurring discharge.

When a grave operation is undoubtedly necessary, the question of differential diagnosis confronts us, and is often one of great difficulty. Who is acute enough to distinguish between a localized subdural abscess and a cerebral one? And can any observer say whether abscess in the brain may be single or multiple?

The following case will serve to exemplify some of these difficulties:—

Alfred P., æt. 5, was admitted under my care into the Liverpool Eye and Ear Infirmary on February 24th, 1899. He had a history of discharge

from right ear since infancy. The present acute attack commenced fourteen days ago, with sickness, headache, and some tenderness was noticed over the mastoid region. Two days before he was brought to the Infirmary he had general convulsive movements of the limbs, which were followed the next day by rigidity of left arm and leg.

When admitted the child cried out when touched or disturbed in any way. There was marked loss of power in left arm. The left leg was rigid, and patient was quite unable to move it. Abdomen retracted. Some slight tenderness over right mastoid, extending over same side of head. Pupils semi-dilated, reacted to light; there was no optic neuritis. Discharge of pus from right meatus. The tympanic membrane perforated. Temp. 100°; pulse 120; Resp. 32.

Feb. 25th.—Some stiffness of left arm. At 4 p.m. the mastoid was opened; on removing a thin shell of bone a large cavity was exposed, from two to three ounces of pus were evacuated. Overhanging bone was removed, and the cavity thoroughly curetted. Conjugate deviation of the eyes was noticed directly after operation, but this soon passed off.

On the 27th not much improvement from previous operation, and patient was more drowsy, answered questions more slowly; arm and leg the same. At 4 p.m. the skull was trephined over motor area; on opening dura about one and a half drachms of pus escaped. The brain was incised but nothing came away, no abscess found. During the following night much quieter, moved arm much better, leg remained as before.

March 1st.—Was now able to move both arm and leg freely, both wounds dressed, no pus from cerebral wound, a little from mastoid.

4th.—Very restless, screamed all night, pupils widely dilated, unable to move arm and leg. Temp. 99°. The child gradually got weaker, and sank on the evening of the 9th.

Post-mortem.—On incising the dura mater over the cerebrum, a large quantity of pus escaped from between the two hemispheres, and the whole external surface of the cerebrum was congested, while a thick layer of pus extended quite across from one hemisphere to the other. The interior surface of the right occipital lobe was necrotic, a large portion having sloughed away. Corresponding to the leg centre on the right side was a small superficial abscess; a little anterior and nearer the middle line a second and larger abscess. A small abscess was discovered on the anterior portion of right half of cerebellum.

The tentorium cerebelli was thickened and in places sloughing. No pus in cerebellar fossa, nor was there any on the cerebral surface of petrous. The posterior wall of mastoid was perforated and communicated with loculated pus between the tentorium and occipital lobe. Lateral sinus normal.

The recent records of the Royal Southern Hospital could supply more than one case almost identical with the foregoing, but their recital would only serve to unduly lengthen this article. Since then it would appear that the "radical" operation is not always final, and that our diagnosis cannot always be exact; we shall do well to thoroughly and independently weigh the particular symptoms of each case, and not permit ourselves to be unduly biassed in favour of some specific operation,

though it may enjoy the prefix of a name of high repute in surgical esteem.

We must only subject those patients to the so-called radical operation in whose case it appears probable that neighbouring and important structures may become involved.

For the future it must not suffice to undertake such an operation merely because there is a discharge which has existed for a long period; it is incumbent upon us first of all to try if a cure cannot be brought about by a more persevering and thorough local treatment, as suggested by Mr. F. Faulder White in his paper contained in the Transactions of the Sixth Otological Congress, held in London in 1899, and to reserve our operations for those cases in which such treatment has failed; or where fistulæ and sinuses in the bone exist; or again and finally, where such grave symptoms are so urgent as to permit of no delay in our attempting their relief.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JANUARY 9TH, 1903.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

MR. OPENSHAW showed a recent specimen of congenital hip, obtained from a girl, æt. 6, who died of bronchial pneumonia, which demonstrated the following conditions: The acetabulum exists. It is small, shallow and flattened, and is not filled up with fibrous tissue. The bone and cartilage beneath it are thicker than normal. The cotyloid ligament is well developed but is curved inwards towards the centre of the acetabulum, and it is this ligament which partially fills up this cavity. The capsule of the joint is attached to the margins of the acetabulum, it is constricted externally to this attachment so as to leave a small opening through which the finger could be passed into the acetabulum cavity. From this point the capsule is widely expanded, permitting the contained head of the femur to move freely about within it. The internal surface of the capsule is smooth and normal. The capsule itself is about normal in thickness. The ligamentum teres is represented by a thin band frayed out at its unattached extremity. It would seem to have been gradually thinned out and ultimately ruptured. The head of the bone is normal in shape with the exception of a small area of flattening at the lower end and back part. The neck of the femur presents no abnormality. The above appearance entirely accords with what Mr. Openshaw has found by operation. In his experience, in every case an acetabulum exists. It is small, shallow, and triangular. The cartilage forming its floor is thicker than normal. Over it the capsule is constricted so that the point of the forefinger is with difficulty passed down to the acetabular surface. In Mr. Openshaw's opinion, the head of the femur before the age of three is normal. It then becomes flattened at one part. The flattening gradually extends over the whole surface, and thus the head of the bone becomes deformed and as the result of subsequent osteo-arthritis change, ultimately disappears. The ligamentum teres he has considered hitherto to be absent but, he adds, it is quite possible he may have overlooked a thin flaccid band such as exists in the specimen which he submitted. In many cases the neck of the femur is curved, and this is especially the case on one side in cases of double dislocation. The curve presents usually a concavity anteriorly, so that when the patella is directed forwards the head of the femur looks forwards as well as inwards, instead of directly inwards. Various groups of muscles are more or less contracted in this condition. Thus, the adductors are always considerably shortened, the

tensor vaginæ femoris, sartorius, and the front part of the gluteus minimus and medius are nearly always somewhat contracted, and the hamstrings occasionally. The iliacus and psoas tendon, in consequence of displacement of the femur upwards and outwards, pass round the anterior inferior spine, outwards and backwards, and in some cases even upwards to the small trochanter; thus, in severe cases, the pelvis is partly suspended upon the psoas tendon. The muscles of the legs generally on the affected side, are somewhat wasted, and the pelvis is apt to be flattened and oblique upon the affected side, and lastly, in consequence of the dropping of one side of the pelvis in unilateral cases, scoliosis is subsequently developed. In bilateral cases lumbar lordosis exists from the first. He advocates one or two methods of treatment. Reduction of the shortening by tenotomy and extension and then reposition, so-called, of the head of the bone by manipulation as practised by Lorenz; or (2), the manufacture of an acetabulum by the open method after it has been made possible to replace the bone by manipulation. As the result of the experience of some twenty cases treated by the first method during the past six years, he considered, first, that reposition within the joint was an impossibility, and secondly, that redislocation is exceedingly common. He strongly advised the two methods combined, and showed two cases where he had operated with excellent results. He pointed out that if the shortening were overcome first the shock of the operation was slight and a fatal result need never be anticipated, and that if an open operation were advisable that of deepening the acetabulum was the only one to be entertained.

Mr. JACKSON CLARKE remarked that the specimen shown by the author resembled very closely what he had found in the new-born infant. He had operated in about twenty cases by the Lorenz method, and in only one instance had he failed to obtain any result. In some of the cases it seemed to be very nearly reposition allowing for the arrest of growth and consequent inevitable shortening. In the one case of failure the child was suffering from spastic paralysis, which had not been recognised and could not support the abduction of the limb, so that the failure was explained.

Mr. NOBLE SMITH pointed out that Lorenz, who had largely contributed to the introduction of the open method, had finally abandoned it. His own experience, consequently, had been chiefly manipulative. He advocated dividing the operation into two stages, by which means he believed the amount of force required to effect replacement was much reduced.

The PRESIDENT urged that in discussing this question they should bear in mind the various facts worked out in connection with its pathology, and he called attention to a very valuable paper contributed by Dr. Burghard to the *British Medical Journal* in 1891, giving the results of his very exact anatomical investigations. That author referred to the hour-glass contraction of the capsule, which offered an obstacle to reduction. The head of the bone was often in an upper pouch of the capsule, above the acetabulum proper from which it was shut off by an isthmus. Mr. Burghard found that the division of the ilio-psoas tendon allowed of the easy replacement of the head of the femur. He suggested that a committee should be appointed to investigate and report on the subject, but he admitted that such a committee would be confronted with the difficulty of deciding what the condition had been before operation, so that it would be desirable for them to watch cases from the beginning. He himself was not prepared to assert that in the author's cases the head of the bone had really been returned into the acetabulum proper. He suggested that part of the extra stability of the joint might be due to the extensive cicatricial contraction which must follow such great interference with the structures in the neighbourhood of the joint. He mentioned that he had once been called to see a young woman, who turned out to be the very patient whose case had been extensively reported as an instance of cure by long extension at the hands of the late Mr. William Adams,

but, as a matter of fact, it was clearly a case of unaltered congenital dislocation.

Mr. OPENSHAW, in reply, pointed out that it was not only the psoas-iliac tendon that was at fault, the capsule as a whole being contracted.

Mr. GOODALL read notes of

A CASE OF HÆMORRHAGIC TYPHOID FEVER.

which will be found on page 25.

Dr. LEE DICKINSON referred to two cases reported by American authors, and mentioned one of the same kind which he had observed at St. George's Hospital. The patient was a woman, æt. 29, who bled from almost every mucous surface. He recalled the statements recently brought by Professor Wright before the Royal Medical and Chirurgical Society to the effect that in the acute stage of typhoid fever the coagulability of the blood was hindered, whereas in the latter stages it was abnormally increased, thereby disposing to the formation of clots. The observer also stated that alcohol diminished the tendency of the blood to coagulate, and added that in both the American cases the patients were confirmed alcoholics.

Dr. CORDE ADAMS mentioned a case he had observed during an epidemic in North London. The patient developed patches of purpura the size of a shilling over the limbs and trunk, but she recovered. There could be no question of under-nutrition or alcohol in this case.

Mr. GOODALL, in reply, observed that such cases were fortunately rare, seeing that they usually proved fatal. He thought alcohol could be excluded in his case, and it was not given medicinally until long after the symptoms had developed.

GENERALISED MILIARY TUBERCULOSIS WITH ACUTE SYNOVITIS.

Dr. H. D. ROLLESTON read the notes of the case of a man, æt. 52, who was admitted to St. George's Hospital after two weeks' illness, with a temperature of 103°, in a semi-delirious condition, and with painful and swollen joints. At first, under salicylates, the pain diminished and the temperature fell, but very shortly this effect was lost. There were no physical signs of any importance, except widespread tenderness, and the patient became more prostrate and delirious, and died five days after admission. The diagnosis during life lay between generalised tuberculosis, severe typhoid, and some pyæmic state. The general condition suggested tuberculosis, but the arthritic manifestations made some other form of hæmic affection more probable. At the autopsy, except for synovitis, nothing definite was found; no tubercle could be seen. Pieces of the lungs and spleen, after being hardened, were seen, even by the naked eye, to be riddled with miliary tubercles. The association of generalised tuberculosis with acute synovitis of several joints was a very rare condition, and might lead to an erroneous diagnosis of acute rheumatism. Another point of clinical interest was the widespread tenderness.

Dr. KINGSTON FOWLER mentioned the case of a girl who had a cavity in the lung who suddenly developed acute synovitis of the wrist-joint. He thought that in the author's case there must have been some other concurrent affection, because if the joint affection were really due to tuberculosis one would expect to meet with it more frequently.

THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

At a meeting held on FRIDAY, JANUARY 2ND, 1903, the President, Mr. RICKARD LLOYD, in the chair, Dr. NEVILLE WOOD read a paper on the "Treatment of Chronic Heart Weakness by Baths and Exercises in Family Practice," which will be found on page 30.

In the discussion following the paper, Dr. C. W. CHAPMAN observed that patients suitable for Nauheim treatment were: 1. Convalescents from acute cardiac disease after prolonged rest had been taken. 2. Patients presenting cardiac symptoms, but devoid of organic disease. 3. Patients in the early stages of cardio-vascular degeneration. 4. The large class

known as neurotics. The treatment was contra-indicated in: 1. All advanced cases of heart disease. 2. Marked cases of cardio-vascular disease, especially with albuminuria. 3. The labouring classes, who require rest above all things.

Dr. A. MORISON remarked that had the limited scope laid down by Dr. Wood always been observed, less discredit would have been thrown upon the Nauheim treatment. Although he believed that quite as good results could be obtained from drugs and hygienic measures, yet baths and exercises were often useful in the initial breakdown of compensated hearts, or in those regaining compensation.

Dr. ALDERSON instanced himself as showing the advantage of exercise in commencing cardiac failure. He had derived great benefit from cycling, although he had been told previously that he showed signs of cardiac weakness.

Dr. RICE OXLEY asked whether graduated walking was used in the Nauheim treatment.

Dr. NEVILLE WOOD, in reply, observed that nothing he had said had been traversed. In answer to Dr. Rice Oxley the terrainkür was being less and less used, while the so-called Schott exercises seemed to be less esteemed than formerly. The systematic use of the cycle was gaining ground.

Dr. OTTO GRÜNBAUM read a paper on the "Value of the Examination of the Blood as an Aid to Diagnosis and Prognosis." After showing diagrams illustrating the various types of leucocytes, Dr. Grünbaum dealt with the organisms which cause suppuration. Many, but not all, pus-producing organisms, cause leucocytosis, but the toxins of some organisms which do not produce pus may lead to the same condition. In appendicitis, if the symptoms are not definite in showing the presence of pus, the enumeration of the white cells may be of great assistance to the surgeon. If 30,000 were found instead of the normal 8,000, it would be very probable that pus was present. After operation for an abscess, an increase in the number of white cells would be a sign of inefficient drainage. An increase in the number of white cells accompanies many forms of malignant disease, and nearly all fevers. But when pus is present there is generally also an increase in blood platelets and in the amount of fibrin. In certain doubtful cases of syphilis the method introduced by Justus may assist the diagnosis. Justus found that in this disease as soon as the lymphatic glands are affected the intravenous or intramuscular injection of mercury causes the disintegration of a considerable number of red cells. This disintegration is detected by estimating the hæmoglobin of the patient's blood. When the reaction to the injection is positive, a fall of from 10 to 20 per cent. of hæmoglobin will be noted within forty-eight hours, returning to the normal a few days later. After a few injections the percentage ceases to fall, and ultimately may actually increase. The reaction does not occur when mercury has been given by the mouth. The diagnosis between hysteria and disseminated sclerosis may be assisted by estimating the quantity of cholin in the blood. Recently Halliburton and Mott have shown that when nerve cells degenerate the increase of cholin in the blood may be so marked that it can be isolated from 10 c.c. of blood. When, therefore, a recognisable amount of cholin can be isolated from the blood we may conclude that active degeneration of nervous matter is taking place. Cryoscopy, or the estimation of the freezing point of blood, may be of use in informing us as to the state of the kidneys. In renal disease the quantity of salts and of urea in the blood is greater than normal. The greater the amount of these substances in the blood the lower will be its freezing point. The average freezing point of normal blood is 0.56. If it falls to 0.6, or lower, grave doubt as to the efficiency of the kidneys must be entertained. With regard to the agglutination reaction in enteric fever, the method is often discounted by carelessness. Serum from the patient ought to be diluted fifty times with normal salt solution, and a fresh culture of actively motile bacilli added. If the reaction is positive,

clumps ought to be formed within the hour, and no motile bacilli should then be present. Agglutination without paralysis of the flagella may occur in other conditions, such as jaundice and pyæmia. A negative reaction does not contra-indicate enteric fever. The examination of the blood for micro-organisms is still in the experimental stage. When the preparation of the antitoxins has been improved, the isolation of organisms from the blood may be possibly of vital importance. The examination for parasites can be carried out efficiently in fresh films of blood kept at 37° C. Dr. Grünbaum pointed out that, except in leucæmia and certain parasitic diseases, no diagnosis could be founded on the examination of the blood alone.

Mr. R. LLOYD asked in what stage of syphilis Justus' test could be applied. Its importance would be chiefly in the primary stage.

Dr. WHITFIELD had used Justus' test in a number of cases of syphilis, and except in a single undoubted case of syphilis had never found it fail. He instanced a patient in whom the symptoms were so slight that diagnosis was not easy. Finding a drop of 12 to 15 per cent. in hæmoglobin in twenty-four hours after inunction he adopted the usual treatment. The man had ultimately a very severe attack. The test is only of use in cases which have reached general constitutional infection, and have not recently been under treatment with mercury. Dr. Whitfield also advised that the delicate manipulations required in hæmatology should be carried out entirely by experts. Without special education many errors may be due to faulty technique.

Mr. MCADAM ECCLES asked where the increased number of leucocytes is derived from in suppuration. Would the entrance of a toxin into the blood cause that increase apart from the actual local collection of cells found in the abscess? In some cases of rapid gangrene of the appendix without suppuration there appears to be a more marked leucocytosis than even when there is a distinct collection of pus.

Dr. LONGRIDGE had investigated hæmatologically some fifty cases of appendicitis. He had invariably found leucocytosis when the condition of the appendix called urgently for operation. The highest leucocytosis was in the gangrenous cases, and next in those with a large extent of peritoneum involved. He would regard leucocytosis as an indication of toxæmia. In only one case with a perforated appendix and general septic peritonitis had he failed to get a very high leucocytosis.

Dr. GRÜNBAUM said that most of the points raised had been answered by Drs. Whitfield and Longridge. In leucocytosis the leucocytes which appear in the blood are supposed, in the first instance, to migrate from the bone marrow.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD (at 11, Chandos Street, London) FRIDAY, DECEMBER 12TH, 1902, MR. H. H. TUBBY, F.R.C.S., in the Chair, when

TUBERCULOUS PERITONITIS

was discussed.

Various portions of the subject were introduced by different speakers.

Dr. CAUTLEY opened the discussion and dealt with a paper on its "Etiology," which appeared in our issue of December 31st, 1902. Various questions were lightly touched upon, from the predisposition to invasion by the tubercle bacillus to the special modes of entrance into the peritoneum. The speaker remarked that since the tubercle bacillus is so extremely common, a vulnerability to the microbe must play as important a part as exposure to the possibility of infection. To fortify the body therefore by good food and clothing was as important or possibly more important, than war against the bacillus outside the body. How far peritoneal tuberculosis was due to invasion by the bacillus of bovine tuberculosis Dr. Cautley thought still to be an open question.

Dr. THEODORE FISHER (Bristol) followed with a few

facts in connection with the "Morbidity Anatomy." Eighty cases of tuberculosis of the peritoneum, which clinically had been cases of abdominal disease, had been analysed. These had been collected not only from the Bristol Royal Infirmary, but, through the kindness of Dr. Lauriston Shaw and Dr. Lazarus Barlow, also from Guy's and the Westminster Hospitals. At the time of death the great majority of cases proved to be of the adhesive variety. In eight cases—*i.e.*, in 10 per cent. of the number, suppurating caseous masses had opened into the intestines and in another five cases perforation of intestinal ulcers had occurred. Intestinal ulcers were present in about half the cases. In seventeen cases the lungs were free from disease, and in seven others tubercles were limited to the pleura; but in the remainder there was chronic disease of the lungs, which, however, was generally limited in character. There were five cases of tuberculous disease of the Fallopian tubes in adult females, but apparently these tubes were more commonly affected in children.

Dr. CHAFFEY (Brighton) made a communication upon the same subject. He had analysed 118 cases of tuberculosis in children, and found tubercle of the peritoneum in 45. Of these 45 cases, in 22 the disease was chronic. In 13 of these 22 cases intestinal ulcers were present, and in 17 the lungs were diseased. In the 23 cases of recent tuberculosis of the peritoneum the lungs were affected in every instance.

Dr. JAMES BARR (Liverpool) dealt with the "Diagnosis," his remarks being embodied in a paper which appeared in our issue of December 24th, 1902, and in which it was shown that the most striking feature is swelling of the abdomen.

Dr. GEORGE CARPENTER referred to many cases which had been under his own care, and showed sketches illustrating what had been felt on palpation of the abdomen. In many of the slighter cases the true nature of the disease could be recognised only by a rectal examination.

Dr. J. PORTER PARKINSON remarked that on looking over the notes of 22 cases he had been struck with the somewhat rapid onset. The average history of 19 cases extended only over three and a half weeks. Dr. Parkinson thought the occasional presence of enlarged veins over the upper half of the abdomen was worthy of note and suggested some interference with the portal circulation. An interesting case of colloid carcinoma of the peritoneum occurring in a girl, *æt.* 12, was referred to. Clinically it had been impossible to distinguish it from a case of tuberculous peritonitis, but a nodule removed at the time of the exploratory operation revealed the nature of the disease. Of Dr. Parkinson's 22 cases 14 were under the age of four years.

Dr. G. A. SUTHERLAND then read a paper upon the "Prognosis of the Disease," which we hope to publish in our next. Forty-one cases treated at the Paddington Green Children's Hospital had been examined. Of these 41 cases 29, or 70 per cent., recovered, 11 died, and 1 was unrelieved. Of the cases treated medically, 22 recovered and 4 died; of those surgically treated, 7 recovered and 7 died. The word "recovery," it was pointed out, did not by any means necessarily mean permanent recovery. The 29 cases were, however, well when looked up after leaving the hospital, periods having elapsed varying between 3 months and over 6 years. Dr. Sutherland afterwards briefly dealt with the various types of tuberculous peritonitis, referring to features which might be considered to be of good or unfavourable omen. Some complications, such as intestinal ulceration, extensive caseation of mesenteric glands, and localised suppuration were, as might be expected, of serious import. In cases in which marked pulmonary lesions prove to be present the prognosis is unfavourable, but when disease is limited to the pleura the outlook is not necessarily bad.

Dr. ROBERT HUTCHISON thought a clear distinction must be drawn between those cases in which tuberculous peritonitis is primarily in the abdomen and remained there, and with those in which it is merely a

part of wide-spread tuberculosis. With regard to the ascitic form of the disease, he thought it probable that a simple chronic peritonitis may exist. It did not necessarily follow that all cases of peritoneal effusion in children, when the fluid had disappeared, had been tuberculous in nature.

A communication from Dr. JAMES CARMICHAEL (Edinburgh) stated that in 48 of his cases of tuberculous peritonitis there had been 9 deaths. In 13 of the cases of recovery the patients had been kept under observation for a prolonged period and remained in perfect health.

Dr. LEONARD GUTHRIE then read a paper on the "Medical Treatment." The paper dealt largely with the relative value of medical and surgical treatment. It was not considered that surgical treatment is of more value than medical. He mentioned that it had been suggested the cases which recovered under medical treatment were not tuberculous at all. Dr. Guthrie thought it a little hard that the physician should be right when he called the surgeon in, but wrong when he did not. With regard to medical treatment it was a matter for opinion whether such drugs as mercury or arsenic do any good. Medical treatment is in the main confined to treatment of symptoms; and after recovery to attention to hygiene. While, however, medical treatment is in the main symptomatic, it is doubtful whether the value of surgical treatment is more than mythical. The surgeon, like an ancient Etruscan *Horuspex*, after opening the abdomen, merely gazes at the victim's entrails and discovers propitious omens for the future. Yet possibly the letting out of fluid may do good, but there is no reason why simple puncture should not answer quite as well.

Dr. CHRISTOPHER HAYWARD (Manchester) thought tonic treatment was good, and he considered a combination of bromide of arsenic and bromide of gold valuable in chronic tuberculous affections.

Mr. WATSON CHEYNE stated that if the physicians had discovered that tuberculous peritonitis is a curable disease they should thank the surgeons for the discovery. Six years ago he had been unable to find any statistics indicating the curability of the disease. When the physician had given up a case of tuberculous peritonitis as hopeless he brought it to the surgeon, and to the surprise of both, perhaps, the case often recovered. Since it was the worst cases which were brought to the surgeon the statistics of medically-treated cases and those operated upon could not be compared. In spite of the change of front of these physicians, Mr. Cheyne was not yet going to admit that laparotomy is of no value in tuberculous peritonitis.

Mr. F. C. ABBOTT thought that the cases which were most benefited by operation were those which commenced in the Fallopian tubes or ovaries. Most statistics showed the majority of fatal cases to be in males, whereas most cases which were operated on and recovered were in females.

Mr. R. H. A. WHITELOCKE (Oxford) thought with Mr. Abbott that the cases of tuberculous peritonitis which arose in the Fallopian tubes were the most suitable for operation. He gave some details of the way he treated these cases.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST,
JANUARY 8TH.

DR. JOHN CAMPBELL, President, occupying the
Chair.

THE following were elected Fellows of the Society:—Drs. G. R. Lawless, Armagh; J. C. Sugars, Dunganannon; Jas. Craig, Londonderry; John Wilson, Castle Blayney; George Waring, Glenavy; Robert Henry, Comber; George St. George, Lisburn; D. S. Browne, Belfast; Robt. Magill, Newcastle; D. C. Kirkhope, Belfast; and Martha Adams, Lurgan.

Dr. LYNASS showed "a curious case" of what looked like a new growth in the upper jaw of a boy, *æt.* 7. The patient was strumous and deficient men-

tally. The case seems to correspond with one described by Erichsen as simple hypertrophy of the gums.

Dr. BRIAN O'BRIEN showed a child with an interesting congenital deformity of the foot, with radiographs.

Mr. ANDREW FULLERTON showed a child from whom the clavicle had been removed for necrosis, and a tabetic patient with great enlargement of the leg due to callus from a spontaneous fracture.

Dr. JOHN MCLEISH showed a cardiac case.

Professor LINDSAY opened a discussion on "The Difficulties of the Medical Examiner in Life Assurance Work." He dwelt at some length on the general attitude of the medical examiner, and the necessity of his observing the golden mean between negligence on the one hand and over-examination on the other. It is no part of the examiner's duty to act as detective. After these more general observations he proceeded to deal with particular difficulties, and gave his views regarding many of them.

Dr. CALWELL emphasised the necessity for practical common sense in life assurance work. He discussed several difficulties, including those where the candidate has an intermittent pulse or a chronic hoarseness.

Dr. MCQUILTY dwelt specially on the question of heredity and tuberculosis, and on albuminuria.

Sir WM. WHITLA criticised American proposal forms, and pointed out that their great detail was due to the fact that the American societies do not trust their medical men, but simply let them collect information on which the medical officials of the societies form their own judgment.

Dr. NELSON made some remarks on the question of ear disease and insurance.

At the conclusion of the discussion Sir WM. WHITLA announced that he had received a cheque for £100 from Professor Redfern, to be used in any way he might think fit for the benefit of the Ulster Medical Society. He proposed to hand it over to invest, to form the nucleus of a fund for the extinction of the ground rent. Much pleasure was expressed by the members, most of whom were in past days his pupils, at Professor Redfern's generous gift.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 10th, 1903.

EARLY DIAGNOSIS OF PHTHISIS.

ONE of the questions creating the most interest at the present time is that of the curability of consumption. It is admitted by all that that hitherto hopeless malady is amenable to treatment under certain conditions when recognised in its incipient stage. Some go further and pretend that phthisis, in any of its stages, provided the lungs be not utterly destroyed, can be cured, or at least the morbid process may be arrested. In any case the chances are naturally infinitely greater where the malady is detected at its earliest stage. Professor Courtois-Suffit made an exhaustive study of the early diagnosis of pulmonary tuberculosis, which he has published in one of the medical journals, and of which I give a brief résumé.

CLINICAL SIGNS.

Progressive wasting, a very important sign in children—general fatigue, depression of strength, neurasthenia. Frequently is added a pyretic tachycardia and urinary troubles (in complete evacuation of the bladder), slight incontinence; thoracic pain, especially under the clavicles and the scapula, caused frequently by dry pleurisy.

Frequently also is found a pain remarked by Cater, and produced by pressing on the pneumo-gastric

nerve at the base of the neck. Digestive troubles exist frequently. Almost all the patients complain of a little dry cough, while the voice is more or less hoarse. Hæmoptysis is frequently the first manifestation of the malady; it is generally very slight and may not return for several months, and, perhaps, never.

The examination of the patient will reveal the following signs:—Frequently unilateral dilatation of the pupil, remarked by Destrée and Harrington; red gum line noticed by Thompson, and considered as a very important sign by Caudressen, as he found it in sixty-nine true and twenty-three suspicious cases. The patient being undressed, the coloration, rarity, or, on the contrary, abundance, of hair will be remarked, depression of the scapular fossæ, and a flattening of one side of the thorax.

There is a sign which should be always looked for: it is that which Boix described under the name of scapulo-thoracic amyotrophy or atrophy of the fleshy dome covering the apex of the lung affected, and interests all the muscles of the region—trapezium, deltoid, pectoralis, and scapular muscles.

Auscultation and percussion were particularly studied by Graucher and Fernet. The former reveals an inspiration, rough and grave, which, according to M. Graucher, is pathognomonic. It was due to the diminished calibre of the respiratory ducts and the roughness of their walls. Expiration is rude and prolonged, exceeding frequently the duration of inspiration.

In the studies he made on the phenomena of auscultation observed in incipient phthisis, M. Fernet drew attention to three distinct points, which were the apex of the lung, and more especially in the supra-spinous fossa and the groove between the pectoral and the deltoid muscles, furnishing the signs above indicated; the inter-scapular space on the affected side (dulness and tubular snuffle), and, finally, at the base of the lung, dulness and subcrepitating râles.

Examination of the head reveals tachycardia, which is always a bad sign, even if no other plausible predisposing sign of tuberculosis can be found.

The fever in infected consumptives might always attract the serious attention of the medical attendant. According to M. Chrétien it presents three clinical types. The first is that which comes under the name of subjective fever. The patients do not present any rise in the temperature, but complain of malaise, lassitude, and depression every evening towards five o'clock.

The second type is the subfebrile described by Strempel. It is frequent. The temperature of the patients is normal in the morning, but rises one or two degrees towards evening.

The third and last type is characterised by continued fever, with oscillations varying but slightly.

The early diagnosis of tuberculosis, concludes M. Courtois-Suffit, is a difficult problem to solve in a large number of cases, and up to the present day we do not possess any pathognomonic sign on which we can positively make our diagnosis. Yet by careful study of the predisposing signs and the general symptoms, and in particular of the temperature, we can arrive at an almost precise conclusion and institute treatment accordingly, and furnishing to the patient the best chance of cure.

DR. H. F. MARLEY, of St. Issey, Cornwall, has been presented with a purse containing a hundred guineas and an address testifying to the admiration and affection of the inhabitants of the district.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 11, 1903.

At the Société de Charité Physicians Hr. Mendel related a case bearing on the

ETIOLOGY OF CHRONIC NEPHRITIS.

It was that of a young girl suffering from chronic nephritis who was suddenly attacked with a rigor followed by high fever. The autopsy showed a splenic tumour, swollen bronchial glands in which, as well as in the ascitic fluid and kidneys, streptococci were present in pure cultivation. The speaker considered the old streptococcal thrombi in the glands to be the starting point of the bacteræmia and the cause of death.

He then related a case of

NEPHRITIS IN PREGNANCY WITH ECLAMPSIA.

The patient was a girl, æt. 17, who was admitted with œdema of the right labium and purulent vagina discharge. She was seven months' pregnant. After a short aura eclampsia came on. She was delivered of a macerated fetus. Streptococci were found in the vaginal discharge, and also in the sputum. The speaker discussed different theories of eclampsia, and expressed the opinion that in his case it was caused by the streptococcal infection, the primary cause of which was the production of toxin in a chronically inflamed uterus.

Hr. Michaelis observed that bacteria were no rarity in the kidneys; they were present in a third of the cases in typhoid, and were also frequent in scarlatina and diphtheria. In regard to the second case, he thought it very improbable that the eclampsia was set up by retention of toxins.

Hr. Senator remarked that bacteria were rarely present in pure diphtheritic nephritis. He and Fürbringer held this nephritis to be caused by toxins. As regarded the eclampsia, he pointed out what had been shown by Zuntz, viz., the special excitability of the brain in pregnant women.

ADRENALIN.

Adrenalin, according to Dr. E. Hartmann (*Kon. Bl. f. Sch., Aertze*), is an extract of the suprarenal capsule of oxen. Wherever it comes, it sets up a transient acceleration of the circulation which is harmless. The function of the suprarenal gland was a double one: it furnished an internal secretion, the aim of which is to neutralise poisonous tissue-change products. Animals from whom the glands were removed died with symptoms of acute poisoning. A material was also prepared in the glands, which preserved the normal tone of vessels. Injection of the juice of the organ into healthy animals set up an increased resistance in the vascular system, particularly in the capillaries. In Addison's disease organotherapy frequently brought about a passing improvement. Last year Dr. Takamine, of New York, prepared a crystalline body from the glands of oxen which he called adrenalin. The crystals readily form soluble salts in combination with acids. In commerce the preparation has been brought out as a 1 per 1,000 solution of adrenalin hydrochlorate in physiological saline solution. If the skin of the arm is painted with this 1 per 1,000 solution, in the course of one or two minutes it becomes bloodless from contraction of the capillaries and remains in this state for two hours. Adrenalin allows the performance of all kinds of operations on the nose where before they were not practicable on account of the bleeding, but as the mucous membrane does not become anæsthetised, cocaine

must also be used. The writer generally adds a few drops of the adrenalin solution to a 20 per cent. cocaine solution, and paints the mixture on two or three times at intervals of two to three minutes. If the artificial anæmia required be very marked, he dissolves the cocaine powder in the adrenalin solution. The bloodlessness of the mucous membrane lasts from one to two hours, when a hyperæmia of reaction comes on. He advised it also in local suppuration in the nose and in empyema of the sinuses. In obstinate epistaxis it does not always act promptly. Painted on the epiglottis it quickly reduces swelling. Catheterisation of the Eustachian tube is rendered easier by preliminary painting with it, and polypi of the middle ear are shrunk by application of it so that they can be the more readily removed.

At the Medical Society Hr. Grawitz showed a case of so-called

TROPHONEUROSIS.

The patient was a girl, æt. 17, of healthy parentage, who had always been healthy, and who, eight months previously, was attacked with general disturbance and pain in the left leg, and simultaneously with this it became red, the redness advancing from below upwards. When she was admitted into the Charlottenburg Hospital six weeks ago there was redness of the whole leg and considerable tenderness on touch. Within a few days a considerable atrophy of the whole left lower extremity developed, so that the circumference of the thigh was 4 c.c. less than that of the right side. There was no infiltration of soft parts, and no stasis, and blood taken from the affected limb was exactly like that taken from the patient's arm. The case was one of simple atrophy of the skin and ectasy of the veins, the walls of which appeared to have become atrophic. Otherwise the nervous condition of the patient was good. He had not been able to discover any description of an analogous case. He considered it to be a trophoneurosis, the remarkable feature of which was its acuity.

BRÖSE'S METHOD OF EXTIRPATION OF THE MAMMA.

In non-malignant cases, in order to preserve the normal appearance of the part as much as possible, Hr. Bröse was in the habit of making his incision in the fold of skin below the breast, dissecting the skin up and removing the organ. He then replaced the skin. It was remarkable that the empty pocket of skin became so filled up with the fat that the absence of the gland was not noticeable to the eye.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 10th, 1903.

THE PROPHYLAXIS OF TUBERCULOSIS.

It may be remembered that some time ago the Gesellschaft appointed a committee from their body to investigate, and, if possible, formulate a few simple rules for the guidance and prevention of tuberculosis. At this juncture Sternberg gave a résumé of the committee's labours and expressed a desire to read a summary of their report, which he said might be properly divided into four sections. The first section was devoted to the education of the people and explanations to teachers and philanthropists in the guidance of such a disease. They suggested circulars and placards as well as lectures and university courses to further education on the subject.

The second section was devoted to the consideration of disposition and hygienic attention during the school period, with suitable localities during holiday time

where exercise could be taken. They also recommend convalescent homes in the neighbourhood of hospitals and reformation in the building of workmen's houses, which ought to be more sanitary and commodious. The walls of the school should be done with paint or lime for better and more effectual cleansing; this precaution should be also extended to workshops, &c. Greater attention should be given to public buildings and meeting places.

The third section deals with the prevention of infection, and recommends spittoons in all suitable places; notification of tuberculous disease and removal to hospital where expedient, more especially if the home be unhealthy. Disinfection of rooms where patients have been confined or die, railway trains and rooms in the neighbourhood of health resorts, as well as prisons, asylums, children's homes, and all such public institutions.

The fourth section treats with the diagnosis and treatment of tuberculosis. In the first part they recommend places where the sputum of the poor can be examined without cost. Such institutions should have conveniences for treating the infected, and if old and infirm, properly caring for them. In the discussion that followed Lang thought that sea hospitals and lupus institutions should be erected without further delay. Isenschitz asked if the committee had taken into account the vaccinating of tuberculous cases, or if they had considered the danger of the milk from cows?

Winternitz could hardly agree with the enforcing of many of the rules, as it was not yet clearly proved that the infection was directly transmitted from person to person.

OSTEOMALACIA OR ANÆMIA?

Jaksch brought forward another case, that of a man, *æt.* 26, in an extreme state of anæmia. According to his own story, he was taken ill about six months ago without any apparent cause. No other pathological change can be discovered beyond the anæmia. It may be of importance to note that the patient was a miner and was working in the Bremberg mines, in Hungary, where *anchylostoma* abound. With this presumption in view the stools were carefully examined. Extract of male fern was given in conjunction with bitter waters. The stools were found to contain worms and other helminthic products, together with blood. Cultivations were made with distilled water and kept at a constant temperature, which had the effect of developing the worms. The ova went on to cleavage, and formed embryos that resulted in larvæ. These facts led to the presumption that he had been infected with these larvæ in the water, thus producing the debility and anæmia from which he was suffering. Subsequent examination of the stools revealed an absence of blood, blood pigment and Charcot-Leyden crystals.

The blood of the patient, considering his appearance, was less altered than might have been expected. The red corpuscles were 3,476,000 per cm., while the white were 12,000 with 6.3 of hæmoglobin. There was only slight poikilocytosis, but a great increase in the eosinophile cells. These facts correspond with the opinion formed by Lusano, who considers that the *anchylostoma* forms a ferment that acts as an irritant in the internal organs, forming polynuclear eosinophile leucocytes. The patient at the present time shows no other morbid condition beyond this interference with the metamorphosis.

Hans Chiari recalled the opinion expressed by Looss, of Brazil, who found the transition of the *anchylostoma* embryos was so widely diffused in the

organism that they could often be found under the skin.

Schwartz contended that the patient Jaksch had shown was suffering from nothing beyond osteomalacia. His skiagram clearly pointed to osteo-diathe-
 thesis, as seen in the long bones where spontaneous fracture had taken place and recovery had been effected. He would specially point out in the skiagram that the callus around the fracture was extremely slight. This absence of the lime salts was a strong point in his argument, and he regarded it as analogous to one of Pribram's cases of typical osteomalacia. He criticised the skiagrams, which, to his mind, demonstrated the osteomalacia. Jaksch, in reply, declined to admit Schwartz's arguments in view of the absence of the most characteristic symptoms of osteomalacia, pelvic changes, &c.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

REMOVAL OF COMPLETE UPPER EXTREMITY.—Mr. CARLESS operated on a woman, *æt.* 55, who had been sent to the hospital with a tumour of the humerus; this had been in existence for some months, and a spontaneous fracture of the bone had occurred some weeks previously. The tumour was the size of a coconut, and was situated near the upper end of the bone, the movements of the shoulder-joint being restricted. It was pointed out that the age of the patient was a little more than that at which sarcoma usually appears, and at his first examination of the case Mr. Carless had suggested the possibility of the growth being secondary to some other cancerous or sarcomatous deposit in some other part of the body. On a more complete examination it was found that the woman had a vaginal discharge, and an indefinite lump had been felt in the hypogastrium; moreover, on skiagraphic examination certain rounded shadows had been detected in the lungs which the skiagrapher had first thought to be due to buttons on a woollen jacket, but it was found that they were not of this nature but due to some deposit within the body. As soon as the patient was anæsthetised, a vaginal examination was made, and it was found that the uterus was the site of a large growth, probably carcinomatous, which involved the cervix, but the mass was not very fixed, and there was not much ulceration. Mr. Carless discussed the influence of this observation on the question of operation, and stated that obviously the disease had progressed to such an extent that a cure was impossible, and, indeed, it was doubtful whether it was wise to do anything; on the other hand, the limb was exceedingly painful to every movement, it had to be kept in a sling, and even then was a great nuisance to the patient; it seemed, therefore, likely that removal of the arm and growth would conduce to the patient's comfort. As to the extent and character of the operation, he pointed out that the encroachment of the growth on the upper end of the bone was so great that amputation through the shoulder-joint would probably not take away the whole of the mass, therefore he proposed to remove the complete upper extremity. An incision was made along the clavicle, and the central portion of the bone was removed, leaving about three-quarters of an inch at the inner end; the subclavian vessels were ligatured in two places and divided between the ligatures; the supra-scapular artery was picked up and ligatured before dealing with the main vessels. An incision was then carried from the centre of this wound downwards and outwards across the anterior fold of the axilla and the axilla itself

as far as the lower angle of the scapula, the skin and subcutaneous tissues were dissected up for an inch or two, then the pectorales, major and minor, were divided as also the subclavius, costo-coracoid membrane, and the brachial nerves, the latter being drawn down and severed as high as possible; the axillary space was opened up, but the serratus magnus was left in contact with the chest wall. The arm was now drawn well over the chest towards the opposite side, and the final incision was made, reaching from the outer end of the first cut to the inferior angle of the scapula, joining there with the former incision; the skin and subcutaneous tissues were dissected up from over the scapula till its vertebral border was reached, when the muscles connecting it with the spine were severed, as also the levator anguli scapulae, under cover of which the posterior scapular artery was found. A few touches of the knife cleared the lower angle of the bone and divided the insertion of the serratus magnus, thereby freeing the limb. A few bleeding points were picked up on the chest wall and ligatures were applied. The wound was next brought together and the flaps were found to fit satisfactorily. A drainage-tube was inserted at the lower angle, and the linear wound was then closed. Mr. Carless remarked that in this procedure he had followed Berger's method, which gave the most satisfactory results. He pointed out that the shock from this operation was very slight, owing to the very slight loss of blood that the patient sustained. Examination of the limb demonstrated the wisdom of the high operation having been undertaken, as it would have been scarcely possible to have got between the growth and the coracoid process; the shoulder-joint itself was free.

It is satisfactory to note that eight days after operation the patient was going on well. The shock had been slight, there had been no traumatic fever; the tube was removed in forty-eight hours, and the wound had not again been dressed.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 14, 1903.

AN OBJECT-LESSON IN DEATH CERTIFICATION.

It is generally recognised that a reform of the present system of death certification must form one item in the legislation of the near future, and

an excellent object-lesson is furnished by the evidence at some recent police-court proceedings at Wigan. It appears that the mother of the deceased child informed the doctor of the death of the infant on one occasion, only to find on her return that the child was still alive, although she was the possessor of a certificate to the effect that death had taken place. The next day she made a fresh application and obtained another certificate, but the recalcitrant infant did not actually expire until four or five days later. Well might the magistrate comment contemptuously on the giving of certificates on hearsay; a more flagrant example it would indeed be difficult to allege. It is, however, only fair to say that no particular blame attaches to the medical man, who appears in an invidious light as having given these various certificates. He only conformed to the usual practice, which is to certify death on the affirmation of the parents or guardians. This “comedy of errors” shows how utterly untrustworthy is the present system of death certification, and proves—if further proof were necessary—that no system which dispenses with personal inspection of the corpse can possibly be satisfactory. We place this flagrant instance at the disposal of the Committee of the General Medical Council which is entrusted with the task of calling the attention of the Privy Council to the shortcomings of the system in vogue. As we are in ignorance of the precise nature of the modifications to be suggested by the Council we would premise that, to be efficient, any system of death certification must provide for personal inspection of the deceased person; that the certificate should be handed direct to the registrar, the practitioner issuing the certificate to him instead of to the parents or guardians, and that in respect of every death not certified by a duly registered medical practitioner the matter should be referred to the Coroner for the district in view of an inquest should this official, in the exercise of his discretion, deem an inquiry to be necessary. These are the main points, but any scheme of reform would doubtless comprise sundry other points of social, rather than of medical, interest. For instance, the question of the identity of the deceased ought to be established in a more certain way than is at present provided for. Under existing regulations it is open to the declarants to register the deceased under such names and descriptions as they may deem fit, and the registrar is not authorised to exact any documentary evidence of the authenticity of the alleged facts. There are plenty of instances to show with what ease and certainty utterly misleading declarations can be, and have been, made, and the penalties provided for such misdemeanours are ridiculously inadequate. An offence of this kind is not one to be met by a mere fine. It constitutes what the French call a *faux en écritures publiques*, an offence which is visited with condign punishment, as it deserves to be. Even the identity of the declarants is a detail worthy of more attention than it has so far received. The law requires that the person making the declara-

tion shall conform to certain degrees of parentage or responsibility, but the moment no evidence is demanded of the truth of the declaration the provision becomes inoperative. Of course, in the ordinary course of events such rigour may not be required, but the law must make provision for cases in which the declarants are interested in deviating from the truth, and under existing circumstances we have no means of knowing to what extent the laxity of the law is abused. It will be seen that the subject is one worthy of the earnest attention of our legislators, and medical practitioners are perhaps more interested than any other class of society in obtaining guarantees of the accuracy of the procedure in matters of death certification. There is one more point which must not be lost sight of, *viz.*, that if medical men, who are the corner-stone of any system of death registration, are required to assume the responsibility of distinguishing between deaths due to natural causes and those calling for further investigation, it is only proper that provision should be made for their remuneration.

THE LONDON UNIVERSITY PARLIAMEN- TARY DEADLOCK.

THE scientific claims of Sir Michael Foster to a high place in the esteem of his fellows are, of course, universally acknowledged. As to political status, however, it seems not unlikely that recent events will considerably lower the confidence of the electors of the London University in the consistency and resoluteness of his purpose. As everyone knows, at a critical period in the passage of the Education Bill lately passed by Mr. Balfour's Government, Sir Michael Foster, then sitting on the Unionist benches, publicly announced that he could no longer support the measure in question. The letter conveying that information was published on November 28th of last year, and stated specifically that the education policy of the Government was in certain features "out of harmony with the spirit of the University of London, and contrary to the views of the majority of my constituents." Immediately after the publication of that letter the candidatures of Sir J. Williams and of Sir P. Magnus, both of them Liberal Unionists, were announced; and a few weeks later Sir J. W. Collins entered the lists as a Liberal candidate for the vacancy it was assumed would shortly follow. Sir J. W. Collins now states that on December 14th Sir Michael wrote to the effect that he did not intend applying for the Chiltern Hundreds that week, but should at once do so should either of the candidates feel aggrieved. On December 19th, Sir Michael informed Sir J. W. Collins that the latter might expect to hear at any moment that the reasons for resignation no longer existed. On January 2nd, 1903, Sir Michael Foster wrote to Sir J. Rotton saying that unless the University wished him to resign he should continue its member. From further statements it seems that he proposes to change to the Liberal side of the House, but does not bind himself as an academic representa-

tive to support either party. This attitude will probably be regarded as altogether too "academic" for the field of practical politics, however necessary or desirable suspended judgments may be in the conduct of scientific investigation. The constituents of the University of London, if we mistake not, will want a man with his mind made up to represent their views as a body in Parliament. Strength of conviction, tenacity of purpose, a wide grasp and an intimate knowledge of the circumstances of the times are needed in the representative of a great University. Mere shilly-shally academic wavering among Members of Parliament when vital national issues are at stake would speedily shake the boasted greatness of the British Constitution to its foundations. After all that has been said and done during the last few months it seems impossible that Sir Michael Foster can seriously propose at this late hour finally to withhold his resignation. In any case we fail to gather how a vote of confidence can be registered in his favour by any other means than that of a contested election. The appearance of three powerful candidates on the mere prospect of a vacancy in itself proves conclusively the existence of strong and widely differing political views among the constituency of the University of London. Neither candidates nor constituents are likely to accept Sir Michael's determination to retain his seat with anything like complacency. The candidates have good ground for complaint, inasmuch as Sir Michael has intimated again on several occasions definitely enough, his intention of retiring. It seems now that a public pledge of that kind must be absolutely binding upon a man of Sir Michael Foster's high character and standing, no matter what private and political pressure may have been brought to bear upon him. The constituents, on the other hand, have reason to complain that their representative did not speak out boldly, either on one side or the other when the Education Bill, in which they were closely concerned, was before Parliament. Moreover, since the date of Sir Michael's election, the number of constituents has been enormously increased, so that the choice of a few years ago may be no longer the choice of to-day, especially in the light of recent events, and the intervention of political issues of so contentious a character that they profoundly disturbed the Parliamentary conscience of Sir Michael Foster himself. The contention of the latter that circumstances have altered to such an extent as to warrant him in retracting his resignation applies with equal, or rather with far greater, force to the position of his opponents. The new electorate may reasonably claim a member who will represent their views. For that purpose they will probably prefer one who is able to speak out with dignity and authority upon scientific and educational matters. At the same time it seems impossible to avoid the discharge of party responsibilities attending such representation. It would be wiser, in our opinion, to elect a man of definite political opinions who would sit and vote on one side or

other of the House, and who would preferably be a man of scientific attainments. With the profoundest respect and admiration for Sir Michael Foster, it seems to us that he can hardly withdraw his resignation without violating the high ideals that although held in small regard in political life, we are nevertheless accustomed to consider as simple matters of faith and conscience in a man of Sir Michael's position.

Notes on Current Topics.

Electro-Therapeutics and Quackery.

Mr. EDMUND OWEN'S address delivered at the first annual meeting of the British Electro-Therapeutical Society is deserving of the serious attention of the medical profession generally. Mr. Owen considers that hitherto the subject of the treatment of disease by electricity has received but scant professional recognition, and that, in consequence, the practice of medical electricity has largely fallen into the hands of quacks. This is becoming a more serious matter every day. In the past, patients were placed on insulated stools and made to emit sparks, or their hair was caused to stand on end, or they received shocks of varying degrees of severity; they paid the price demanded, and that was all. Nowadays, however, the resources of electricity are more widely exploited, and the resultant harm to the public is greater. The Finsen light is used for all kinds of diseases, the X-rays show the gullible patient some extraordinary condition which it will require a further course of electricity to cure, and so on. "What should you do," said a medical man to an attendant at an electrical establishment in the west of London, "if a new patient came in requiring treatment by the Finsen light and the manager was absent?" The answer was, "I know lupus, and I should treat it"! The neglect of electro-therapeutics by the medical profession is shadowed in the poor repute in which *bonâ-fide* medical men who practise in the field of electro-therapeutics are held by the public. It is time that this condition of affairs be changed, both in the interests of the public and the medical profession, and if the British Electro-Therapeutical Society can bring about the change it will have accomplished a valuable task.

The Late Professor Krafft-Ebing.

THE recently-recorded death of Baron von Krafft-Ebing, formerly Professor of Psychiatry in the University of Vienna, will recall to the minds of medical men the curious work of which he was the compiler, and which brought his name into a somewhat unfortunate prominence. That the author of "Psychopathia Sexualis" published that work with a definite scientific purpose, and under the impression that it would be of value to members of the medical and legal professions, is doubtless true; but we fancy that most of those who have read, or even glanced at it, will agree that however good the motive, the work itself was

the result of a gross error of judgment. The excuse offered for the production of such works, that they deal with actual facts of life which it is important to know, is absurd. Facts are not of value merely because they are facts any more than the collection of rubbish in the pocket of an imbecile is of value because it is matter of some sort. Krafft-Ebing related an enormous number of what were admittedly facts, but still their value was nothing, because no practical deductions were to be drawn from them save that human bestiality assumed many different aspects. If certain knowledge is detrimental to the morals of a great number of people there must be some convincing reason for publishing it in a form which enables such people to obtain ready access to it. Krafft-Ebing must suffer in reputation not on account of the motive which led him to write the book in question, but because he was unable to appreciate the relative value of facts.

Immediate or Late Operation in Appendicitis?

PROMPT operative interference in cases of acute appendicitis has become so much the rule with surgeons that we feel almost as if an apology were necessary for bringing under notice the good results that some French surgeons have obtained by deferring the operation until the acute symptoms have abated. Though there are some cases that rapidly pass from bad to worse and terminate in gangrene, there are other cases in which ice poultice and opium often produce a marked remission of the fever, a diminution of pain, and sleep. M. Michaux, addressing the Surgeons' Society of Paris, stated that such treatment favours the benign action of the leucocytes, localises the inflammation, and promotes the absorption of the effused products of the inflammation. Statistics so far go to confirm Michaux's views. Of eighty-four patients operated upon during the pyrexial stage he lost eight, and of fifty operated on when the temperature fell to normal he lost but three, one of whom was an albuminous patient sixty-five years old, and the other two were infants who were so lowered in physical health by auto-intoxication as to be beyond hope from the first. M. Potherat's statistics are even more favourable. Since 1901 he has operated for appendicitis 115 times; in seventy nine cases he performed the post-pyrexial operation without losing a patient, and in thirty-six cases he operated during the height of the fever, with twenty-five successes and eleven deaths. Statistics do not, however, in this question help us much. Mild cases are more amenable to medicinal aid than severe cases, and in mild cases the patient has not as large a dose of the toxin and is in a much better condition for operation. In severe cases there is great prostration, both from the toxin, loss of sleep and pain; such cases are not amenable to medicinal treatment, the inflammation has no tendency to become localised. Among such the death-rate must ever be high.

A New View of Typhoid Fever.

THE exclusive water-borne theory of typhoid infection must be abandoned in that it has been shown to be inadequate to explain the incidence of the disease in many instances, notably in regard to the prevalence of the disease among the troops in India. Not, indeed, that it can be denied that the majority of well-marked epidemics are attributable to this cause, but it is not, as has been generally believed, the only possible, nor even the principal, cause of the seasonal spread of the disease. Quite recently, it has been demonstrated that the *materies morbi* is not confined to the fæces, but is contained in the urine and other dejecta. Professor Koch goes a step further and asserts that the malady is directly transferable from one person to another, hence the importance of early diagnosis and strict isolation of the infected. It is quite possible that the exclusive attention hitherto devoted to the conveyance of the disease by contaminated water has blinded us to other less frequent, but nevertheless very potent, sources of infection. Milk has been recognised as one vehicle of infection, but by the agency of flies and similar parasites many other modes of infection are suggested. Water-borne infection is absolutely preventible and ought to be prevented, at any rate in our large towns. The diminution in the typhoid death-rate on which we are congratulating ourselves represents, after all, but a small proportion of the mortality from this essentially filth-disease, and the inadequacy of the methods of prevention actually practised is of itself evidence that we have not yet succeeded in obtaining a firm grasp of the subject.

The Size of Women's Brains.

ONE of the newspaper things that is always with us, verdant and flourishing as the green bay tree, is the size of women's brains. An indignant lady has recently written to the *Westminster Gazette* challenging the statement that "the mean weight of the brain in women is *without exception* smaller than that of equal height." The correspondent's remarks hinge on the italicised words "without exception," but we fail to see that they have any logical meaning in a general statement as to an average measurement. The fair lady, therefore, is simply beating the air when she cites her height and the size of her own head and challenges comparison with males of same height. Clearly there must be exceptional sizes of brain both in women and in men. For all that, the general proposition may be accepted that the average female brain is some five ounces less in weight than that of man. It is no less true that the average number of red blood corpuscles is some 500 less per cubic millimetre in women than in men. We hope, however, that no perfervid champions of either sex will argue from that fact that Nature has unduly handicapped the gentle sex. The correspondent above alluded to is on surer ground when she says that the skulls in most of our museums are those of the poorer classes, so that educated brains are not fairly represented. This observation is credited to Sir William

Flower. In any case the suggested fallacy offers a good field of investigation, although we dare not hope that the vexed question will ever finally be settled.

Medical Registration Reform.

THE notoriously parlous condition of the finances of the General Medical Council has long been known to the outside world. Indeed, so serious has grown the discrepancy between income and expenditure that the Council has drafted a Medical Acts Amendment Bill, the main object of which is to readjust the financial system of the Council on a sounder basis. In their legislative scheme it is proposed to add to income from two sources, namely, from medical students and from medical practitioners. It is proposed to form a compulsory register of students, who will pay an entrance fee of £1. As regards qualified practitioners the simple expedient is to double the present registration fee of £5. The anomaly of these proposals is somewhat startling. For instance, how in the name of consistency could any self-respecting body propose that registration should be compulsory for students but voluntary for qualified men? If the ordinary registration fee is to be doubled, why should it not in a few years time be trebled or quadrupled? The General Medical Council, in our opinion, would have done much better to treat finances as part of a suggested new Medical Act, framed so as to meet many of the standing grievances of the profession, and not merely to bolster up the finances of the Council. The question of registration, moreover, requires firm and broad handling. It should, in the opinion of many competent critics, be rendered compulsory and maintained, as in the case of the legal profession, by an annual payment.

Coroners and Post-Mortem Pathologists.

THE meeting of the South-West London Medical Society, which took place a few days since to discuss the recent action of Mr. Troutbeck, the Coroner for Westminster, in respect of the making of post-mortem examinations by a special official, was well attended and afforded unmistakable evidence of the feeling which Mr. Troutbeck's action has excited. Counsel's opinion was read to the effect that the Coroner has no legal authority to cause the post mortem examination to be made by other than the medical man who had been in attendance on the deceased, according to the clauses of the Coroners' Act, 1887. There does not appear, however, to be any ready means of calling to order a Coroner who violates the spirit as well as the letter of the Act. The discussion made it plain that no objection is anywhere felt to the employment of a skilled pathologist in special cases, and it goes without saying that his assistance would gladly be received under special circumstances. The gravamen of the protest applies to the supersession of the ordinary medical practitioner, a course adopted by Mr. Troutbeck in violation of the statute to which reference has been made. After considerable dis-

cussion, a resolution was passed directing that the attention of the London County Council should be called to the practice of confiding all post-mortem examinations to a specially selected pathologist, in direct opposition to the resolution of the Council, which was to the effect that this course was only to be adopted in cases of a special nature. The resolution concluded with an assurance that they would welcome the assistance of a skilled pathologist in suitable cases, but protesting against the interpretation that had been placed upon the Council's resolution. The matter will thus certainly receive the serious attention of the Council, and we may hope that specific directions will be given to coroners in this connection.

"The Medical Press and Circular."

IN the first number of the present volume advantage has been taken of recent improvements in the art of printing to ensure a high standard of production hitherto unattainable. The wear and tear of the characters resulting in blurred and imperfect impressions have been effectually obviated by recourse to a system of casting new type for each weekly issue, with results which our readers cannot have failed to appreciate. We feel that the introduction of this innovation will prove acceptable to our readers and will go far to keep the standard of the mechanical department on a level with that at which we aim for the literary department.

The First Egyptian Medical Congress.

THE first Egyptian Medical Congress, which came to an end on Christmas Eve, appears to have been a great success, both from a social point of view and the more important standpoint of the actual work accomplished. The Congress commenced on December 19th, when the opening ceremony was performed by the Khedive in the Opera House. The Khedive, speaking in French, expressed his gratification at the advances of Egyptian medical progress and his pleasure at seeing the representatives of so many countries present. A long series of addresses delivered by the various delegates followed, Mr. Reginald Harrison, F.R.C.S., speaking as the delegate of the Royal College of Surgeons of England and the representative of Great Britain and Ireland. At the conclusion of the ceremony, Professor Bouchard delivered an address on "Modern Tendencies in Medicine." It seems curious to have included an address on a purely medical subject at an opening meeting at which so many non-medical men were present. In the afternoon the Khedive held a reception. The work of the three sections—Medicine, Surgery, and Ophthalmology—commenced on the 20th, and lasted until the 23rd. On the evening of the 20th, the annual dinner of the School of Medicine was held, and proved a great success. The final general meeting was held on the morning of the 24th, when the delegates took their formal leave, and several general resolutions, the most important of which related to sanitary matters, were adopted. It was an-

nounced that the next meeting of the Congress would be held at the end of December, 1907.

The Treatment of Gastro-Intestinal Hæmorrhage of the New-Born.

THE treatment of the rare condition known as gastro-intestinal hæmorrhage of the new-born, or *melæna neonatorum*, has, in almost every case, proved unsuccessful, and, consequently, any advance in it is of considerable interest. In the current number of *American Gynecology* Dr. J. F. Moran records a case in which the sub-cutaneous injection of salt solution and gelatine was followed by a most successful result. An infant, weighing about 6½ pounds, commenced to vomit small clots of blood twelve hours after birth. Twenty-four hours later it became very much collapsed, and, on removing the diaper, the latter was found to be saturated by from six to eight ounces of a tarry fluid. The usual methods of attempting to check the hæmorrhage were tried without benefit, and then Dr. Moran determined to inject salt solution and gelatine hypodermically. About four ounces of the solution were used, and were injected in equal quantities under each breast. The result was quickly seen and was most satisfactory, the pulse increased in strength and frequency, and the respiration became more normal. The succeeding stools still contained varying quantities of blood for twenty-four hours, but then all trace of it disappeared. The cause of hæmorrhage in these cases is obscure. In a case described by Zezschwitz many years ago a duodenal ulcer was found close to the pylorus. Syphilis is probably an important pre-disposing cause, as may be also congenital malformations occurring in the vascular system. If the hæmorrhage occurs in the form of oozing from an ulcerated surface, the increased tendency to coagulation of the blood, to which the injection of gelatine may give rise, may be sufficient to cause the deposit of a layer of fibrin over the ulcerated surface sufficiently firm to check the hæmorrhage.

The Forthcoming Parliamentary Election in Dublin University.

So far as can be at present seen, there will be two candidates for the vacancy in the representation of Dublin University in Parliament—Mr. Campbell (the Solicitor-General), and Mr. Arthur Samuels. The number of medical men who are electors is considerable, and, if it were necessary on a question of the interests of the medical profession to endeavour to secure the election of a particular candidate, it would be easy for them to do so in the present almost equally divided condition of the constituency. So far as we can see, however, both candidates are equally well disposed towards the medical profession in general, and especially towards that burning question in Irish medical politics, the interests of the Irish Poor-law Medical Service. Mr. Campbell, when formerly M.P. for the St. Stephen's Green Division, actively interested himself in that service, and as can be seen from a letter of Mr. Samuels, which

was published in our last issue, that gentleman has expressed very decided views on the necessity for reform, and gave definite promise of his support. Accordingly, there is no necessity for the medical electors to determine to jointly support one or the other candidate, and their votes may be cast on wider issues. It is, perhaps, a matter of regret to many that a more purely academical candidate cannot be found than either of the gentlemen who are at present before the electors. We have every sympathy with a successful lawyer who desires to advance his interests by obtaining a seat in Parliament, and we are sure that, if elected, he will at the same time jealously watch the interests of his Alma Mater, but the reason for university representation is that an academic representative, as distinct from a party representative, should be returned. Accordingly, we greatly regret that a candidate of the type of Professor Lecky, who has just resigned, cannot be found.

The Curative Effects of the Open-Air Treatment of Phthisis.

ALTHOUGH the open-air treatment of pulmonary tuberculosis has "taken on" with unwonted success so far as public support goes, we are still in want of really trustworthy statistics of the results obtained thereby. It can hardly be questioned that the immediate result is eminently satisfactory in that the patient almost invariably gains in weight and recovers energy and strength, but, from a practical point of view, what we require are accurate data of the subsequent history of the patients thus treated. It is in this way only that the value of the term "cured" or "improved" can be estimated. It may safely be premised that a patient who has recovered under this treatment re-enters civic life under less favourable circumstances than he entered it, since his lungs, even assuming that all tuberculous lesions have healed, and (though this must be the exception) that all foci of inspection have been eliminated, remain more amenable to tuberculous influences than those of a normal, healthy individual who has not gone through the fire. This being the case no argument is needed to prove that if such an individual return to his previous occupation and resume life under the same hygienic conditions as before, re-infection must only be a matter of time. Further, in the majority of patients, return to re-existing conditions is the best that can be hoped for, while in a not inconsiderable proportion the difficulty of gaining a livelihood may be enhanced by the enforced absence. If then the result of the treatment be no more than to obtain a more or less ephemeral prolongation of life it is open to question whether it is worth the trouble and expense which it involves, and the money thus expended had not better be devoted to the improvement of the hygienic conditions of the working classes in order to prevent infection. The treatment of tuberculosis is sure to appeal to the public and to the profession much more convincingly than its mere prophylaxis, yet if ever the disease

is to be stamped out it will certainly be by preventive rather than by curative measures. It is well that we should look at the question from this broader point of view if only to mitigate the disappointment likely to be experienced when we come to analyse the results of this, as of every other method of treatment.

Medical Men of Colour in the States.

THE coloured medical man occupies an anomalous, and in many respects, unenviable position as a citizen of the United States of America. Men of his own colour are apt to pin their faith to white men in medical matters, while white patients would clearly be unlikely to employ the services of coloured practitioners. The coloured medical man, moreover, shares the intolerant social ostracism which the modern American sees fit to fix upon the African race in that country. Quite recently, President Roosevelt, that most energetic reformer, has made an official appointment, whereby he apparently wishes to protest against the racial disabilities attached to coloured citizens. It is reported, on what appears to be good authority, that he has appointed a negro physician, Dr. Crum, to the post of Collector in the port of Charleston, in South Carolina. The post is, of course, political, and probably illustrates the difficulty of conferring upon a coloured practitioner any official position connected with his own profession. The native medical man from other parts of the world often proves a most capable and highly qualified medical practitioner. It is to be hoped that President Roosevelt will succeed in vindicating the claims of the coloured medical man in the States to reasonable social recognition. In some islands in the West Indies the professional African has more chance of finding a field for his activities.

Congenital Hip Disease.

As if to support Dr. Lorenz's theory that "the operation for congenital dislocation of the hip might be successful after eight and a half years, but would require very gradual treatment," he met with his first failure in Boston. For exactly twenty-one minutes, before a crowded theatre, Dr. Lorenz, aided by his colleague, Dr. Fritz Mueller and two strong young surgeons, pulled, kneaded, tugged, rotated the leg of a boy of ten unsuccessfully, although the dislocation was considerably reduced. His second operation that day was on a girl of four with bilateral dislocation. But the double operation was performed in the record time of four minutes. "Bloody surgery," says Dr. Lorenz, "tries to correct the deformed members by extirpating parts of bones not in their proper places. Bloodless surgery restores the bones to their proper places. If the former method united swiftness and sureness it might be called the superior. Plastic bloodless surgery regards human tissue as plastic clay to remodel, its direct function being to stretch shrunken limbs until they take their natural position."

Bacteriology and Public Health.

THE great and increasing importance of bacteriology in public health has been recognised for many years past. Indeed, it may be said that the control of a medical officer of health over infectious diseases in his district to a large extent depends upon the amplitude of the means at his command of obtaining rapid and trustworthy bacteriological information. That fact has been recognised by many sanitary authorities, as shown by the organisation of a system whereby free bacteriological tests have been placed at the disposal of local medical men in suspected cases of diphtheria and of enteric fever. In a not distant future, however, it is likely that in the field of routine public health bacteriology will be greatly extended. It is an essential feature of a bacteriological service of the kind that it should be carried out at the public cost. Moreover, under the circumstances of the case, it is impossible that any medical officer of health, however able and energetic, can find time himself to undertake the necessary laboratory work. In Bristol the service established by Dr. Davies in 1895 has yielded important results in the tracing of the origin of the famous milk typhoid of 1897, and in helping to suppress diphtheria. The cost has averaged about £170 a year, but the Health Committee has now wisely resolved to transfer the work bodily to University College, Bristol, where it will be carried out under the superintendence of Professor Kent. In this way Dr. Davies will be relieved of a large amount of technical work, which will enable him to devote his energies to the labours that have done much to place the ancient city of Bristol in the forefront of municipal sanitary administration.

Sex Productions.

THE physiology of sex production will probably continue to occupy the minds of observers in spite of the disgrace which the late Professor Schenk brought upon himself by the untimely publication of an inadequately studied and improbable theory of the artificial production of sex. Kolipinski has studied sex production, taking 192 families and dividing them according to types as to the first three births. The theory which he advocates is that the person of the greatest will-power will produce his own sex first; understanding by will-power, decision, determination and resolution. He states that more males than females are born and that twins are more common among boys than girls, that older fathers produce more boys, and that wives older than their husbands produce more girls, and he explains the latter fact on his theory that the older person has the stronger will. Prostitutes give birth mostly to boys, which he also explains on the ground of their debilitated will-power. Jews have more boy children than their surrounding races. Finally, male drunkards produce boys, but whether this is due to the chronic alcoholic poisoning of the fathers or results from the abject and miserable state of the mothers, is an open question.

The Abolition of the Coroner's Office.

ALTHOUGH it has long been felt that coroners' inquests leave much to be desired in respect of practical utility, being in fact a relic of bye-gone times, public feeling in this country has not gone so far as to demand their suppression. In the State of New York, where ideas move more rapidly, a movement is actually on foot to abolish the office of coroner, and the proposal receives the cordial support of our contemporary the *Journal of the American Medical Association*. It is pointed out that the judicial functions exercised by the coroner would be better exercised by other state officials, while the medical element would in any event be adequately represented by the medical witnesses. The office of coroner was abolished in Massachusetts some time since, apparently with advantage, and New York seems anxious to follow the example. It will probably be some years yet before the popular conception of the coronership in this country endorses the description given by our contemporary as "an expensive relic of monarchical barbarism."

Enlarged Thymus Gland.

THE thymus gland is one of those out-of-the-way organs which are very apt to escape attention. It is not credited with any adult function and, at any rate until very recently, was not known to give rise to any pathological disturbances. It is, however, useful to remember that it may, and occasionally does, determine very serious symptoms and in some instances has been the cause of sudden death. Grawitz was one of the first to call attention to the medico-legal importance of enlarged thymus as a factor in the production of sudden death, and he has recently published two further cases in support of his contention. When the gland is the seat of marked enlargement it may press upon the trachea, causing obstruction which escapes observation until some fortuitous circumstance exaggerates its effects and brings about asphyxia. In one instance partial was converted into complete obstruction by the throwing back of the head in the act of swimming; and apart from the direct pressure which it exerts upon the trachea, an enlarged thymus may impede the circulation in the two large veins and so determine loss of consciousness.

PERSONAL.

M. ADOLF DEUCHER, who has just been elected President of the Swiss Republic for the third time, is a member of the medical profession.

DR. AUSTIN MELDON, F.R.C.S.I., has resigned his position of Surgeon to Jervis Street Hospital, after being attached to the Institution for thirty-five years.

DR. MALINS has resigned the post of Honorary Obstetric Physician to the Birmingham General Infirmary, having accomplished twenty-five years' service.

HIS GRACE THE DUKE OF NORTHUMBERLAND, K.G., has become President of the Imperial Vaccination League in succession to his Grace the Duke of Fife, K.T.

THE Right Hon. Lord Strathcona has consented to preside at a Festival Dinner in aid of the funds of University College Hospital on Wednesday, March 18th next, at the Hotel Metropole, S.W.

DR. EDMUND BRANCH, Medical Officer of Dominica, West Indies, has been transferred to St. Kitts as a District Medical Officer, and is succeeded by Dr. Dudley Greaves, of Nevis.

DR. FRED DITTMAR, M.A., M.D., of Glasgow, has been appointed Medical Officer of Health for the borough of Scarborough, in succession to Dr. Heywood, Waddington, formerly of Oldham, resigned.

DR. HEYWOOD SMITH has been elected president, Dr. Wm. Travers, treasurer, and Drs. Swanton and Jervois Aarons, hon. secretaries of the British Gynaecological Society for the ensuing year. Dr. J. J. Macan has been re-elected Editor of the Journal of that Society.

DR. T. S. KERR, Principal Civil Medical Officer of the Straits Settlements, is stated to have resigned that appointment. He is at present on leave, having come to England some time since to undergo an operation. Dr. Kerr entered the Straits Civil Service in 1883 as Colonial Surgeon of Penang, and was promoted to his present office in the year 1900.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

UNIVERSITY OF EDINBURGH.—From the annual report for 1902, just issued, it appears that the total number of students was 2,918, including 301 women. Of these, 1,396 (including 15 women) were in the medical faculty, and 195 (including 1 woman) in that of science. Of students of medicine 648 were Scottish, 327 from England and Wales, 112 from Ireland, 74 from India, 211 from British Colonies, and 24 from foreign countries. The number of women attending extra-academical classes with a view to graduating in medicine in the University, was 102. The degrees of M.B.C.M. were conferred on 6 men and 1 woman; of M.B.Ch.B. on 165 men and 15 women, of M.D. on 67 men and 1 woman. The certificate in tropical medicine was granted to 22 men and 1 woman. The first instance of a woman having received permission to deliver a course of intramural lectures occurred this year, when Miss Robson, M.A., gave five lectures on German pronunciation. The Carnegie bequest, which has now been in operation for over a year, doubtless accounts for a marked increase in the fee fund by enabling students to take out a larger number of classes than they would otherwise have done. The annual grant of £11,500 under the second head of the gift is apportioned thus:—Building and permanent equipment, £8,000; teaching, £2,500; library, £1,000. As the allocation by the Carnegie Trustees is inadequate, an appeal will shortly be made to the public for subscriptions "for the further development and extension of the university." A movement for the extension of the University Union is to be inaugurated at an early date, and a movement has been started to provide a habitation for the Indian Association. Among the numerous benefactions received during the year mention may be made of Sir A. Conan Doyle's gift of £1,000 for the foundation of a prize to be awarded annually to the most distinguished South African graduate in medicine of the year. This prize was provided from the proceeds

of Sir Conan Doyle's book on the war. Intimation has also been received of a bequest by the late Robert Rowe, F.C.S., for the ultimate foundation of a Professorship of Bacteriology. Numerous donations to the library are mentioned, including a collection of works on tropical medicine by Dr. Davidson and a portion of the scientific library of the late Professor Tait. The re-cataloguing of the library is now complete so far as the general library is concerned, except for some small special collections; 199,990 volumes have been dealt with in 168,460 entries and 19,300 cross references. The physiological and medical and other books in the reading-room of the new university buildings have also been dealt with. The printing of the students' hand catalogue has been delayed pending its entire revision by one of the librarians. The work of the Public Health Chair was transferred to the Usher Institute in October, the Institute itself having been handed over to the university in June last. Among changes in the office bearers the chief are the resignation of the Principal and the death of Lord Dufferin, the Lord Rector. Among innovations which the past year has witnessed the institution of a special course of instruction in the administration of anaesthetics has to be recorded. For the first time also, women have been admitted to the classes in the Faculty of Divinity; a special course of instruction in diseases of tropical climates has been held for women, and the certificate in that subject has been conferred on a woman candidate.

BELFAST.

[FROM OUR OWN CORRESPONDENT].

MEDICAL MEN ON THE CITY COUNCIL.—Elections take place this week in fifteen wards for a Councillor in each ward, and in four of the wards the retiring members who seek re-election are medical men—Drs. O'Neill, Williamson, F. White, and A. V. Browne. Two other medical men were nominated, but retired from the contest. Dr. O'Neill has been particularly active in matters relating to the health of the city, and has been instrumental in introducing a greatly improved method of meat inspection, and also a scheme for a municipal supply of sterilised milk. Dr. Williamson has been an active independent member of Council, bringing to light some of the hidden things of darkness that unfortunately abound in our municipal affairs, and hence is being strongly opposed when he stands for re-election. The two burning questions at the elections are the purchase of the tram system, which, as regards efficiency, has been steadily progressing backwards for some years, and the flooding of the city, with which the present authorities seem powerless to cope, and which has really become a very serious menace both to health and commerce.

ROYAL VICTORIA HOSPITAL.—A meeting of the committee was held on the 8th inst., at which it was reported that almost all the money promised for the new hospital was in hand, and the building rapidly approaching completion. It is hoped that the King may consent to open it if he pays his much hoped-for visit to Belfast in spring. It is said that the Right Hon. W. J. Pirrie, in a recent visit to America, procured "a number of new and special appliances for the use of the hospital." Happily for the profession he has not brought over any Yankee surgeons to teach us our business.

Society of Apothecaries of London.

PRIMARY Examination, Part II.—January 5th, 7th, and 8th, 1903. The following candidates passed in:—

Anatomy: G. E. Austin, H. D. H. W. Bund, H. S. Burnell-Jones, W. G. H. Cable, C. W. De Morgan, C. H. J. Fagan, F. C. M. Gabites, J. W. Rollings, E. Sutcliffe, R. M. Wingent.

Physiology: G. E. Austin, J. M. Burke, C. W. De Morgan, C. H. J. Fagan, G. W. Hassall, H. T. Roberts, E. F. Skinner, E. Sutcliffe.

Correspondence.

[We do not hold ourselves responsible for the opinions or correspondents]

OYSTERS AND TYPHOID FEVER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Within the past few weeks there have occurred several deaths from typhoid in which the cause seemed almost beyond doubt traceable to the eating of oysters. Two particularly sad cases are those of a young bridegroom, a member of a well-known wealthy family, and his "best man," who both were affected in due course after partaking of a farewell bachelor supper at which oysters were the chief dish. The bridegroom developed the disease and died abroad during the honeymoon. The "best man" succumbed within a further few days.

The opinion which you express to-day is the one which I have always supposed was that held by the profession; namely, that typhoid bacilli will live in the tissues of the oyster after many weeks' exposure in pure fresh water; and that the only efficient method of prevention of oyster typhoid lies in the purification of the oyster beds from sewage matter. This being the scientific view of the case, it is a little astonishing to find Sir Henry Thomson in the *Times* of this morning stating that all that is needed to free oysters from dangerous organisms is to put them "into salt water to 'scour' for twenty-four hours." He adds that during this process "the intestines are completely emptied and any dangerous matter eliminated." The *Times* gives Sir Henry a prominent place and "double leaded" leader type. His dictum will be copied far and wide throughout the lay Press; and, if it be erroneous, the mischief to which it may give rise may prove truly terrible.

I am, Sir, yours truly;

January 7th, 1903.

H. S.

OBSTRUCTIVE DYSMENORRHEA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In self-defence, may I ask you to publish this, my last word, on the subject. I cannot agree with Dr. Herman's statement that Dr. Greenhalgh's stem possesses "all the properties of mine," and if those properties are meant to include even the death of one patient (one case again quoted), I deny that mine up to this have caused any. Dr. Greenhalgh's stem was designed for the treatment of flexions of the uterus, and was, so far as I know, never intended to be worn long enough to possibly effect a *lasting* cure in cases of obstructive dysmenorrhœa.

Therefore, if the solitary case of death quoted by Dr. Herman from the use of Greenhalgh's stem was a case of obstructive dysmenorrhœa, I am not at all surprised at the result. As it is more than probable the said patient died from septicæmia, caused by a fetid rubber stem with four small slits at top liable to be closed or blocked, and *very different indeed* from an *open metal flexible wire stem*, which will keep the cervical canal patulous and give free exit to the secretions.

I am, Sir, yours truly,

ALEXANDER DUKE.

London, W., January 10th, 1903.

CORONERS AND POST-MORTEMS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your article on "Coroners and Post-Mortems," you apparently assume that the appointment of Pathologist has been made officially by the London County Council, and that Dr. Freyberger has been so appointed. These statements are incorrect. I have a letter before me dated December 17th, 1902, addressed to me by the Clerk of the London County Council, from which I quote the following:—

"In reply to your letter of the 1st inst. I have to

inform you that Dr. Freyberger has not been appointed Pathologist to the London County Council, and it is incorrect to so describe him. On July 1st last the Council decided that coroners should be informed that, in the opinion of the Council, it was desirable that post-mortem examinations in inquest cases of a special nature should be entrusted to a specially skilled pathologist, and in accordance with the direction of a committee of the Council, the coroners were also informed that Dr. Freyberger was prepared to make such examinations and give evidence at the statutory fee of £2 2s., and that it might be desirable for them to avail themselves of Dr. Freyberger's services whenever the circumstances indicated that special pathological skill and knowledge were desirable."

I note that in the "Medical Directory" attached to Dr. Freyberger's name is a statement that he is "Pathologist to the London County Council," but as shown in Mr. Gomme's official reply, quoted above, the statement is "incorrect."

I am, Sir, yours truly,

A. GEORGE BATEMAN.

Medical Defence Union,

4, Trafalgar Square, W.C.,

January 7th, 1903.

Medical News.

The Gresham Lectures.

A COURSE of lectures on "Digestion" will be delivered on January 27th, 28th, 29th, and 30th, 1903, by E. Symes Thompson, M.D., F.R.C.P., Gresham Professor of Medicine, at Gresham College, Basinghall Street, London, E.C. Time will be given during the last lecture to answer questions bearing on the subject of the course. Questions to be sent in as early as possible. The lectures will be illustrated by diagrams, are free to the public, and commence each evening at six o'clock.

Death under Chloroform.

AN inquest was held at Kidderminster last week on a man who had died at the infirmary while undergoing an operation for the relief of cancer of the larynx. In spite of prompt tracheotomy and artificial respiration life could not be restored. Post-mortem, an extensive growth was found which amply explained the fatal result.

Non-Notification Case.

DR. C. B. LAWSON, of Charing Cross Hospital, was last week fined at the Woolwich Police Court for having failed to notify to the Medical Officer of Health for Woolwich that a patient seen by him at the hospital was suffering from typhoid fever. The defendant did not attend, but forwarded the penalty (£2), and a fine of £1 with £2 2s. costs was imposed.

Medical School of the Catholic University.

THE annual school dinner will be held on Thursday, the 22nd inst., in the Dolphin Hotel, Dublin, at 7 o'clock. Past students who desire to have places reserved for themselves or friends will kindly communicate with the Secretary of the Dinner Committee.

Dublin Death Rate.

THE deaths registered in the Dublin registration area for the week ending Saturday, January 3rd, 1903, represent an annual rate of mortality of 30.8 in every 1,000 of the population. Tuberculous diseases caused 17 deaths; diseases of the nervous system 15 deaths; diseases of the circulatory system 22 deaths; and diseases of the respiratory system 51 deaths. Of children, 58 died during the week, of whom 37 were infants under one year old. Within the City districts the death rate was 57.9 in the Castle Street district; 39.5 in the Black Ball Place district, and 38.8 in the Lisburn Street district.

The will of the late Mr. Lennox Browne has been proved at £14,873 2s. 6d.

Notices to Correspondents, Short Letters, &c.

✎ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, 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.

RICHILL.—We fear that you cannot make the Guardians pay a "reasonable" remuneration, unless their own good sense prompts them to do so. They can refuse to pay your substitute altogether, and can equally refuse to pay him more than a certain rate. Mr. Wyndham has refused to make it at present compulsory on Guardians to grant an annual vacation, but he has stated that if he finds the Guardians habitually neglect to do so, he will consider the necessity of making it compulsory. This is not satisfactory, but it shows the importance of bringing every case in which vacation is refused to the notice of the Local Government Board, and refusal to pay reasonable remuneration is tantamount to refusal to pay any remuneration.

DR. H. W. S. asks us if we know of any medical diaries that are given away, exclusive of Burroughs and Wellcome's. We believe that beyond pocket almanacs and very small vest diaries none others are obtainable free except the one mentioned.

F. R. C. S.—The winner of the King's Prize of £500 for the essay on "The Sanatorium Treatment of Consumption" is a son of Professor Latham, of Cambridge, not the Dr. Latham referred to in your note.

CLIPPINGS FROM LAY EXCHANGES.

HOW IS THE PATIENT?

"Last Saturday, Dr. — performed an operation . . . which, from a scientific standpoint, places former recorded operations in the dark. — has been afflicted with plural effusion of the right lung. Dr. — inserted the pump, and after extracting about a pint was inclined to let it rest at that, but the patient was not in the least fatigued so he continued and removed the entire accumulation, 68 ounces, or more than half a gallon.

"Dr. — has the bottle and its contents on exhibition. The quantity removed is double what the authorities claimed to be a safe operation."—*Ione* (Cal.) *Echo*.

SLIPPED INNOMINATE.

"Mr. B. — had been examined and treated by a number of prominent physicians, but the cause of his trouble, which was usually diagnosed as sciatica, had been overlooked. His condition was one that osteopaths term 'slipped innominate,' the ilium on the affected side being slightly dislocated upward and backward."—*Ludington* (Mich.) *Record-Appeal*.

A DARNED RUPTURE.

"Dr. — and his assistants placed about twenty-five feet of silver wire in —'s abdomen in darning a rupture of the anterior abdominal wall."—*Chicago Chronicle*.

PHYSICIAN (at hospital): "I thought you merely had the measles?" Patient: "Well, isn't that enough?" Physician: "Yes; but you are covered with bruises from head to foot. How do you account for that?" Patient: "Oh, they brought me here in an ambulance."—*Chicago News*.

Meetings of the Societies, &c.

WEDNESDAY, JANUARY 14TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.)—8.30 p.m. Papers:—Dr. R. Andrews: Some Notes on Obstetric Practice in Berlin and Vienna. Dr. W. H. Kelson: On Nasal Discharges.

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. Paper: Mr. M. Yearsley: The Indications for the Mastoid Operation.

FRIDAY, JANUARY 16TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, Cavendish Square, W.)—5.30 p.m. Specimens:—Mr. T. Walker: (1) Traumatic Cephalhydrocele; (2) Punctured Fracture of the Skull. Dr. C. W. Chapman: Dilatation of the Stomach in a Child of Eight Years. Paper:—Dr. G. A. Sutherland and Mr. T. Walker: A Case of Syphilitic Endarteritis and Nephritis in an Infant.

TUESDAY, JANUARY 20TH.

SOCIETY FOR THE STUDY OF INEBRIETY.—Quarterly General meeting at the London Temperance Hospital, Hampstead Road, 4 p.m. Paper by Dr. James Stewart on "Inebriety among Gentlefolk—A Twenty-five Years' Clinical Retrospect."

MONDAY, JANUARY 26TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN—8 p.m. Mr. Stanley Read, Mr. Morton Snaile, and Mr. J. B. Partitt will show cases. Mr. Arbutnot Lane, F.R.C.S., will read a paper on "Some Points in the Mechanics of the Jaws."

Appointments.

- BATHE, ALLAN ARTHUR, M.A., M.B. Oxon, District Medical Officer for the South District of Paddington Parish.
- BORLAND, HUGH HOWIE, M.B., C.M., D.P.H. Camb., Vaccinator to the Glasgow Royal Infirmary.
- CAMERON, S., M.B., Ch.B., Resident Medical Officer to the Chelsea Hospital for Women.
- FLUX, G. B., M.D. Brux., M.R.C.S., L.R.C.P. Lond., L.S.A., Assistant Anaesthetist to King's College Hospital.
- GREAVES, F. L. A., F.R.C.S. Eng., Honorary Surgeon to the Derbyshire Royal Infirmary.
- HEPPER, E. C., M.R.C.S., L.R.C.P., I.M.S., Clinical Assistant to the Chelsea Hospital for Women.
- HOLMES, W. S., M.B., Ch.B. Vict., Junior House Surgeon to the Oldham Infirmary.
- HOWE, JOHN, M.B., Ch.B. Vict., Medical Officer and Public Vaccinator to the District of Levenshulme and part of West Gorton (No. 8) of the Chorlton Union, Manchester.
- HUTCHEMS, H. J., D.S.O., Assistant Bacteriologist to the West Riding of Yorkshire County Council.
- MCCOY, S. H., M.B., B.A., Toronto, Clinical Assistant to the Chelsea Hospital for Women.
- McNAIR SCOTT, R. F., B.A., M.B., Ch.B., Clinical Assistant to the Chelsea Hospital for Women.
- MORRIS, J. M., M.A., M.B., C.M. Edin., Medical Officer of Health for the Borough of Neath.
- MURPHY, J. MONTAGUE, L.D.S.R.C.S. Eng., Honorary Dental Surgeon to the Derbyshire Royal Infirmary.
- MURRAY, G. S., M.B., Ch.B. Edin., Senior House Surgeon to the Oldham Infirmary.
- PERNET, GEORGE, M.R.C.S. Eng., L.R.C.P. Lond., Assistant to the Skin Department of University College Hospital.
- PORTER, CHARLES, M.D., B.Sc. Edin., M.R.C.P. Edin., Demonstrator in Bacteriology to the Public Health Hospital, Leith.
- SAVAGE, W. G., M.D. Lond., Medical Officer of Health for the Borough of Colchester.

Vacancies.

- Borough Hospital, Birkenhead.—Senior Resident Male House Surgeon. Salary £100 per annum, with board. Applications to Chairman, Weekly Board.
- Bradford Royal Infirmary.—House Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw Secretary.
- County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer.—Salary £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- Liverpool Hospital for Consumption.—Stipendiary Medical Officer. Salary £70 per annum. Applications to Alfred Shawfield, Secretary, 77A, Lord Street, Liverpool.
- London Lock Hospital.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Secretary, Harrow Road.
- Manchester Royal Infirmary.—Resident Medical Officer. Salary £150 per annum, with board and residence. Applications to W. L. Saunder, General Superintendent and Secretary.
- Royal Isle of Wight County Hospital, Ryde.—Resident House Surgeon. Salary £90.—Applications to Secretary.
- Saint Bartholomew's Hospital, Rochester.—Assistant House Surgeon. Salary £100 per annum, with board, washing, firing and light. Applications to the Clerk to the Trustees.
- Salisbury General Infirmary.—Assistant House Surgeon. Salary £75 per annum, with apartments, board, and lodging. Applications to the Secretary.
- Wrexham Infirmary.—Resident House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications immediately to J. Bagnall Bury, Secretary, 9, Temple Row, Wrexham.

Births.

- WAKEFIELD.—On Jan. 7th, at Lincoln Lodge, Horley, Surrey, the wife of Christopher Frank Wakefield, M.R.C.S., L.R.C.P., of a daughter.
- PORTER.—On Jan. 7th, at Helmsley, the wife of J. Francis Porter, M.D., J.P., of a daughter.

Marriages.

- GORDON—CRUDEN.—On Jan. 8th, at St. Mary Abbot's, Kensington, William Gordon, M.D., M.R.C.P., of 3, Barnfield Crescent, Exeter, to Dora Mary, elder daughter of Major Cruden, of Mellhouse, Shettleston, Lanarkshire, and Janefield, Nairn, N.B.
- PETTINGER—RISDON.—On Jan. 8th, at Old Cleeve Parish Church, James Wilson Pettinger, M.B., B.C. (Cantab.), of Kingsbridge, Devon, son of the late G. W. Pettinger, M.R.C.S., of Manchester, to Clare Sophie, daughter of John Risdon, of Golsuncott, Washford, Somerset.
- SHARPIN—HAXBY.—On Jan. 10th, at Christchurch, East Sheen, Henry Wilson Sharpin, F.R.C.S. Eng., of 34, Sillwood Road, Erith, to Jane, eldest daughter of S. H. Haxby, of Hatchliffe, Lincolnshire.

Deaths.

- EDDOWES.—On Jan. 8th, at Maddington House, Shrewton, Clara Elizabeth, the beloved wife of Charles Eddowes, M.R.C.S.
- PITT.—On Jan. 4th, at New Kleinfontein, P.O. Benoni, Transvaal, Tom Pitt, M.R.C.S. Eng., L.R.C.P. Lond., L.M. Rot. Hosp. Dublin, aged 34. (By cable.)
- O'CALLAGHAN.—On Jan. 12th, of 137, Harley Street, London, W., Robert T. A. O'Callaghan, F.R.C.S., Lieut.-Colonel 1st Flintshire Royal Engineers, in his 45th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI. WEDNESDAY, JANUARY 21, 1903.

No. 3.

Original Communications.

SOME OF MY PRINCIPLES IN ORTHOPÆDIC SURGERY, (a)

By ADOLF LORENZ,

Professor of Orthopædic Surgery at the University of Vienna.

I CONSIDER it a great honour to be allowed to appear before you, and I know of no better way to show my gratitude than by asking your permission to explain to you some of my principles which hitherto have ruled my orthopædic work.

I hope to meet your approval at least regarding some of these principles. As to others which may rouse your opposition for the moment, I hope you will find them worthy of your objective trial. Even if these principles do prove to be different from yours, certainly we who are on both sides of that Atlantic which divides the place of our work, completely agree in the same aim, that is, to help our patients in the best way. As to my methods, I can recommend them as both safe and successful to the patient. In saying this I touch upon my leading principle, that is, curing my patients without danger of loss of life. Luckily, deformities seldom offer what we call, *indicatio vitalis*, therefore, when we operate on deformities we should never arouse even the possibility of putting the life of our patient in danger. Following this principle, I generally prefer bloodless operations to bloody ones. Usually the results are the same, but in many cases those of the bloodless ones are even better. As long as the bones are elastic enough, I prefer osteoclasis to osteotomy; this latter operation is exclusively reserved for adolescents and adults. In hip deformities I prefer bloodless corrections to osteotomy as long as even the slightest motility of the joint can be stated; only in cases of complete bony ankylosis do I operate with the chisel.

All cases of knee contracture I correct by the intra-articular modelling redressment, as long as even the slightest motility can be found. Only the cases of complete bony ankylosis of the knee-joint, which are rarer than is usually believed, are reserved for the bloody operation.

In all deformities of the foot, both paralytic and congenital, I rely exclusively upon my modelling redressment of the foot, and from a thousand-fold experience I can assure you that the results are generally beyond expectation. In my opinion, the wedge-shaped incision of the bones of the foot, newly recommended by the French, is nothing more than a deplorable mutilation of the foot. The results of the modelling redressment of club foot have been preferred by many others, and I am happy to say that at least in Germany, this method is predominant.

On the whole I daresay that I prefer bloodless operations to, bloody ones as long as any possibility exists of securing the result in this way. According to this principle I cannot sympathise with the total extirpation of the sterno-cleido mastoid in wryneck. In my experience the [subcutaneous

myotomy of this muscle in connection with the modelling redressment of the cervical scoliosis is perfectly sufficient to cure the *caput obstipum* thoroughly, and without leaving a scar. In this realm I go even further, as the congenital *caput obstipum* in children can be cured even without tenotomy, only by myorrhesis of the sterno-cleido mastoid muscle, and the results obtained by this method are the most perfect ones from a cosmetrical standpoint. The ruptured muscle regains its normal length as well as its normal elasticity to such a degree as to allow the head to move freely to the opposite side. Besides this, the ruptured muscle retains a normal prominence with its partner, restoring the normal configuration of the neck, in this way avoiding the known applanation of the operated side which usually occurs after open or subcutaneous myotomy.

Following this principle you will share many advantages with your patient. The latter readily consents to be operated upon as he runs no risk of life, and as for yourself, you will feel quite easy about him.

Another principle which I have always followed is the so-called central correction of deformities, which means that every deformity should be corrected in the vertex of its angle. If you should prefer to correct a deformity in one of the sides of the angle, even near the vertex, the deformity itself would remain, and instead of a correction you would have only a compensation for the deformity. This compensation implies some shortening of the side of the angle, that means of the leg, which shortening should be avoided under all circumstances. This principle is very important with regard to the contractures of the hip-joint. It is obvious that subtrochanteric osteotomy contradicts the above-mentioned principle. By correcting or compensating the deformity you shorten the leg. Agreeing with the principle of central correction, I always do central, that is pelvitrochanteric osteotomy. Having performed this operation, correction is very easy without causing any further shortening of the leg. I object even to oblique subtrochanteric osteotomy, although it avoids shortening by a complicated and difficult extension after-treatment, by which the patient is confined for some weeks to his bed instead of being able to get up a few days after the operation.

Following the principle of central correction you will also object to supracondylic osteotomy or osteoclasis in correcting the contractures of the knee-joint. In preferring central, that is, intra-articular correction, you will avoid shortening the limb. In correcting genu valgum the principle of central, that is to say, intra-articular correction cannot be thoroughly attended to because—except in cases of young children—a loose knee is to be feared, and besides the treatment takes too much time. In genu valgum supracondylic osteotomy is still the predominant method because of its general reliability, but beyond doubt epiphysiolysis on the lower end of the femur allows better correction of the deformity, being a more central method than the supracondylic osteotomy. Unfortunately, the method of epiphysiolysis is available only in children from five to sixteen years.

Another important principle of modern orthopædic

(a) Address delivered before the New York Academy of Medicine, December, 1902.

surgery is that of absolutely saving the bones by dividing the soft parts as far as circumstances may demand it. This conservatism toward the bones and this radicalism against the soft parts (just the inversion of a principle of former times) condemns all cuneiform osteotomies and resections, of the bones *en bloc*, and makes it a rule to correct deformities by simple linear osteotomy, sacrificing the soft parts as far as may be desirable. Indeed, it is very easy to correct every hip deformity of whatever degree by similar linear (pelvitrochanteric) or central osteotomy, after having thoroughly divided the adductors and the subspinal soft parts. It is of no importance whether you divide them in open wound or subcutaneously, you must only divide them thoroughly. The wedge-shaped excisions of bones in correcting knee contractures are likewise to be avoided, or at least to be restrained to a minimum by regardless radicalism against the soft parts in the fossa poplitea. As to the excisions of bones in the treatment of club foot, I have mentioned, I abhor them.

The principle to correct deformities only by simple linear osteotomy, is even available in those most difficult cases of bow-legs with anterior convexity of the bones. In such cases I apply one or two linear osteotomies to the centre of the deformity, then I add achillotenotomy and sharp screw extension above the ankles until correction is allowed.

Another principle of common interest refers to the treatment of tuberculous diseases of the joints in children, and to the treatment of deformed paralytic limbs. I must avoid discussing the question whether operative or conservative treatment should be carried on in these cases. My standpoint on this question is rather one of expectancy. But I do not hesitate to declare that up to now I have never made a resection of a tuberculous joint in children, and that the results of conservative treatment seem to me far better than those of operative treatment. Nevertheless, I am far from denying the necessity of operating in some special cases, particularly in common hospital practice. However, the principle of which I will speak refers to the question whether or not mechanical treatment should be carried on in a way to exclude all functional work of the limb during the whole treatment. Observation of nature let alone seems to me to give the answer to this question. If we contemplate a case of hip disease never interfered with by any treatment at all, we learn in many cases that nature unhelped by our mechanical means, needs no more time to cure the disease than we do. After some two or three years all may be over. During this time the sick child may have been confined to bed by great pains in the hip joint some months only. During the rest of the time they walk about without the help of crutches as well as they can, using the limb according to the actual state of sensitiveness. After all the disease heals without any suppuration even, and finally we see these children come to us to get rid of their deformity. We find a contracted limb, but fit for function even under the unfavourable mechanical conditions of the deformity. We find the bones solid and the soft parts not so much wasted as we expected; and last, but not least, we find that the growth of the limb has not been much interfered with by the disease. These cases are the best objects for operative treatment because the good state of the legs very soon enables them to profit by the correction of the deformity. If we compare one of these cases of natural healing with the results of our mechanical treatment, which may have begun at the first sign of the disease, we will find that we have scarcely shortened the course of the disease. We have managed that pains have been eased or suppressed, and that the limb may be in a tolerably good position. But surely we shall find the leg in a wasted condition, the muscles being slack, the bones lacking solidity, being quite unable to support the weight of the body, although pains have long since disappeared. Probably we shall find besides that the growth of the leg has been much interfered with by the disease. There can be no doubt that this deplorable condition of the limb is due to the fact that both by suspension and fixation by our

mechanical means the leg has been totally excluded for many years from every function of movement and weight carrying. From this consideration is derived my principle to exclude the diseased limb no longer from a measured function if severe pains will not forbid it. I never allow any movement of the diseased joint, but I suspend the weight only as long as the pains demand it, always taking proper care to procure slight abduction of the leg. As soon as the pains allow it I begin to attend to the muscles by massage. Of the movements, only active and passive abductions are made in the later after-treatment to prevent the tendency to abduction.

My final aim is to procure a solid ankylosis of the hip-joint combined with good position of the leg, experience having taught me that great mobility and bad function with lack of any endurance are common allies. With greatest enthusiasm would I welcome a method which would procure a true bony ankylosis of the diseased hip-joint, bony ankylosis of the hip and good position of the leg being the condition for the best result both from a cosmetic and functional point of view.

As you may have seen by what I have said, I make little of the permanent extension. I consider extension only a matter of fixation, direct and indirect fixation together naturally give a greater degree of surety. I have said that every articulation attacked by chronic diseases should not be prevented from function any longer than is absolutely necessary. In saying so I turn against the method of treatment generally used in Germany, which makes the patients wear their pressure relieving and fixing apparatus so long that they become slaves to them. This same principle I emphasise using in the treatment of paralytic deformities. I am convinced we render no great service to our patients by making them wholly dependent upon their apparatus; the limbs atrophy by exaggerated use of apparatus to such a degree that they become useless for any function. It is my practice to correct thoroughly the paralytic deformities by modelling redressment, in case of need combining the transplantations of the tendons, and to fortify the rest of the muscles by massage and exercises in order to secure the obtained correction. For the rest, the patients, must be accustomed to make use of their legs as much as possible without apparatus, or by assistance of the simplest. Generally, a flannel bandage or laced boot will give the necessary support. In any case I take care to secure the corrected position during the night by means of a simple apparatus. I think that enclosing the leg in a steel support is to be avoided as by so doing the leg will be excluded from any function. On the contrary I try to make the leg independent of mechanical appliances as far as possible. Only in the treatment of total paralysis, which fortunately occurs very seldom, the permanent use of mechanical support is indispensable. In the treatment of scoliosis I am wholly against the exclusive application of mechanical supports, especially against those which are worn day and night. I restrict the use of corsets to special cases which evidently want a support. Besides I take special care of the muscles of the back by exercising them and endorse the necessity of forcible antiscoliotic gymnastics.

Gentlemen, I think it is unnecessary to follow these principles in detail, and I hope you will not object to my endeavouring to solve the problems of orthopædic surgery by operative treatment, and if possible, by a bloodless one, and to restrain and simplify orthopædic appliances.

If the surgical task has been thoroughly solved, orthopædic appliances, if necessary, may be of very simple construction so that special mechanical ateliers may be considered superfluous. If orthopædic surgery conceives and carries out its themes in such a way, then it will be possible to indulge in orthopædic surgery at every surgical station, even if great mechanical means may not be at hand. Then orthopædic surgery will not deny the democratic character which it must have to be able to communicate its progress and im-

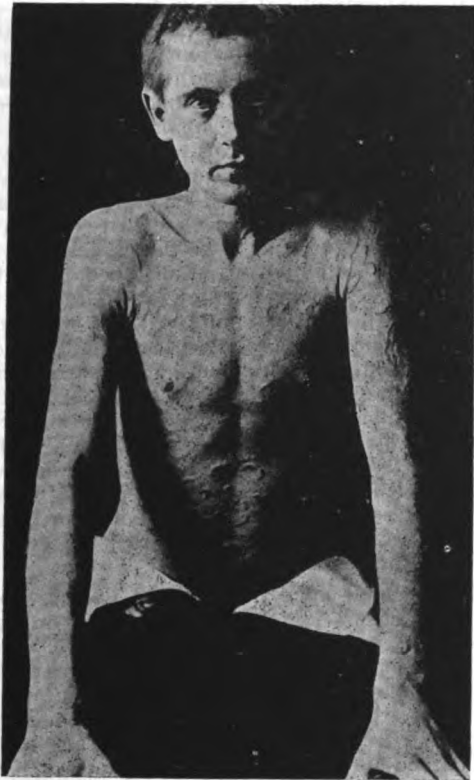
improvements to even the poorest children who may be in want of relief.

ERYTHEMA MARGINATUM PERSTANS. (a)

By J. MAGEE FINNY, M.D.Dub.,

Ex-President of the Royal College of Physicians, Ireland; King's Professor of Practice of Medicine in the School of Physic, Ireland, Clinical Physician to Sir Patrick Dun's Hospital.

THE case I beg to report to the Academy of Medicine is one of erythema multifforme, which, from its persistence and its peculiarities, is somewhat removed from the ordinary varieties included in the term, and because of these features I have deemed it worthy of being submitted to the members of the Academy, and have designated it under the title of "erythema marginatum perstans." The patient was exhibited to the Royal Academy of Medicine.



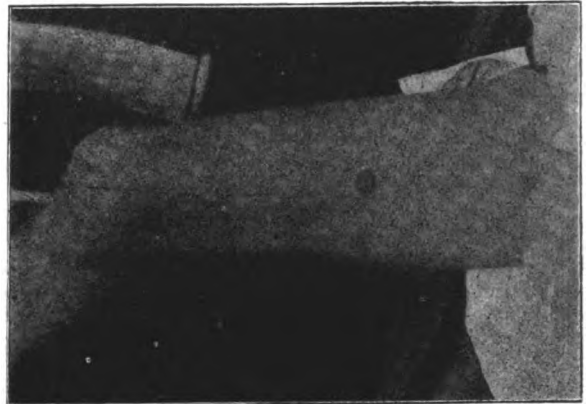
ERYTHEMA GYRATUM AND MARGINATUM OF THE TRUNK AND ARMS.

R. L., a young man, a grocer's assistant, from Banbridge, co. Down, æt. 21, of slight build, and weighing 8 st. 7 lbs., was admitted to Sir Patrick Dun's Hospital on October 13th, 1902, suffering from a skin disease of an erythematous nature, which was said to have been present for over three years.

The lad's hair and face and neck were fair, while the colour of his body and arms, and of his legs in particular, was of a darker hue—more like what a dark-skinned man might present—with a faint metallic yellow-brown lustre. Standing out from the skin were pink-red coloured elevated lines, and

curves and circles and segments and spots, fairly symmetrical in distribution, occupying both the back and front of the thorax, the abdomen, the arms, and the forearms to the back of the wrist, and the nates, thighs and legs as far as the ankles. The palms and soles were free of spots, and the fingers and toes and dorsum of the feet were the only parts exempt. There were a few spots on the back and side of the neck, but the face, scalp, and upper part of the neck were quite free of eruption.

The spots were, some small, quarter-inch in diameter; some large, half-inch; distinctly raised above the skin to both sight and touch, smooth and without any vesiculation; the colour faded a little on pressure. Again, there were coloured rings and irregular circles of half-inch to one and a half inches in diameter, and many of these spaces enclosed by the raised coloured border, were pigmented and covered by the finest scaliness possible, so that they looked as if dusty, and gave the impression that the border was scaly, but closer examination negatived this, as the coloured circumferential border was non-scaly. Again, there were irregular gyrate lines as if formed of two or more broken circles, and, lastly, long lines partly curved



THEMA GYRATUM OF THE THIGH AND LEG.

and partly straight, which terminated abruptly in clear skin. These latter were mostly present in the adductor and extensor surfaces of the thighs, and near the axillæ over the adjoining pectorals.

Further examination revealed the presence of some enlarged glands in the groins and right axilla, and of the right mammary gland. The glands in the neck were normal. A full physical examination showed that all his organs were healthy and all functions were normally discharged, except, perhaps, a little indigestion and constipation. There is no evidence of syphilis, and the lad is a total abstainer. His family history is good.

The following personal history and that of the disease was supplied by the patient himself, who is intelligent, and I read it in his own words:—

"I first took the disease in August, 1899, and, feeling sick, I went home and was attended by the local doctor; on his advice I went into the Banbridge Infirmary on September 9th, 1899, and was there only two weeks under treatment, and left seemingly cured. A week had just elapsed when the skin disease came back, and I was re-admitted to the infirmary, where I remained about seven weeks, and, though a great deal better when I left, the rash was still out on me. I stayed at home until

(a) Read before the Royal Academy of Medicine in Ireland, November 11st, 1902.

the end of January, 1900, and then, on the advice of Dr. Purdon, who had treated me for several weeks, I went into the Skin Hospital in Belfast, and remained under treatment for nine weeks. On leaving, the skin rash was better, but not cured, and I remained at home from April to the end of July, using the ointments I had had while in hospital, after which I returned to business. Except for the month of May, 1901, I have been at business until I came to Dublin, October, 1902. In that month of May I had a very bad cold (influenza?), and during the cold the skin disease came out a great deal more than previously.

During the time at business the skin eruption kept about the same. My legs always were worse than any other part of my body, and if exposed to cold while dressing or undressing would become very hard and of a blackish colour, and they were often swollen about my ankles and even up to the knees. I have had very bad chilblains on my hands the last two winters.

"As to my general health, I have not suffered from any bad illness, but I was easily tired, and perspired very readily. My digestion was bad, as after taking food a quantity used to come up, and my mouth had always a dirty, sticky taste in the mornings, and this continued for a long time in spite of care being taken as to my food, &c.

"The rash or skin disease which is now on me for over three years begins something in the form of a hive, and it then spreads in a ring, the centre becoming healthy-looking, while the ring or border is raised and of a red colour; then one ring meets another, the raised parts blend and spread into all kinds of shapes, and some end in lines either curved or straight. When the inflamed raised parts on my wrists and thighs are much rubbed small watery blebs, about the size of a wart may appear. The skin disease is at times very itchy and especially at night, just like nettle-rash, and I have not been able to resist scratching the spots with my nails sometimes, and have torn them occasionally and made them bleed. The rash has always been worse on my thighs, and legs, and about the knees. My back, shoulders, body and stomach were also covered with the disease; very few spots ever appeared on my face, scalp or neck, and it is only this year that it has come out so much on my arms and backs of hands. Although it has never gone away altogether since August, 1899, it at times was less pronounced, and then again it would return, and though it faded and changed its pattern in one place it would crop up again in another. I do not know any cause for the disease appearing in 1899 in either my habits of living or in my business. I have never had any serious illness, nor am I rheumatic."

To this lucid description I have only to add the results of my own observation while the patient was in hospital.

The eruption, delineated by this painting and these photographs, which latter have been taken by Dr. J. Joly, has been fairly persistent, lasting unchanged for a week or two, and it has been seen to fade in one region while close by to come out afresh. I found the new spots were small papules, and for the purpose of observing their future stages, I enclosed them in a square of aniline ink. In three days they were small circles quarter-inch in diameter, and they were soon seen to reach the enclosing lines and to spread wider and wider beyond

them and to form a distinct circle, and then, as the convex edge approached and touched another similarly spreading circle a breach occurred at the point of contact and the *E. annulare* or *circinatum* became *E. gyratum*, the various shapes of which latter depended upon the sizes of the meeting circles; lastly, some of the large gyrate margins, seeming to exhaust themselves, ended in curved lines forming curious devices with terminals abruptly raised—*E. marginatum*. Except being distinctly raised, they were not at all unlike some tattooing in Egyptian or Hindustani characters. Though I carefully looked for examples of the *erythema annulare* covered with vesicles—the so-called "herpes iris"—I failed to find any, and in like manner I failed to meet a spot of *erythema nodosum*.

Recognising that in all probability arsenic and all the usual remedies had been employed on this boy, and with no lasting good effect, I exhibited the use of thyroid extract; at first in doses of 5 grs. twice a day, and later on three times a day. I was led to think of it knowing its remarkable influence on the cutaneous circulation and the stimulation of the cutaneous lymphatics, and hoped that absorption might be affected of the inflammatory exudation which constituted the disease. During its administration the temperature of the extremities was more evenly maintained, and the induration and swelling of the legs reduced; the patient felt more comfortable, and the larger lines and circles have been more or less absorbed on the back and arms, yet the erythematous and indurated lines on the thighs have not improved, and new papule have continued to appear on the back and shoulders, and rings and gyrate patches have recurred on the forearms and spread down on to the back of the hands, while each new crop of papules, &c., is attended by a very well marked itching. I have therefore discontinued this drug as the results were not sufficiently pronounced, and have substituted for the present syr. ferr. iodid and ol. morrhue.

A few words are necessary on the subject of the diagnosis of the disease.

The peculiar appearance of the patches—pink, red, violaceous—which originally came on as an acute attack in 1899, to be followed by similar exacerbations—the patches appearing first of all as small papules circular in form, fading in the centre as they extended peripherally, assuming shapes of irregular curves or festoons, and of long red curved and zig-zag lines—this protean character of the eruption makes it take its place under the affection which is termed "erythema multiforme." The only missing members of the family group being the concentric rings possessing variegated colours—red, purple, yellow and blue—which is designated *E. iris*, and the solid swellings of the extremities called *E. nodosum*.

The absence of violent itching and tingling and burning sensations distinguish it from urticaria, which it closely resembles, while the eruption is more pronounced in colour and form, is more persistent, and there is an absence of wheals.

When first seen on the thorax it slightly resembled the circinate and gyrate rash of psoriasis, a drawing of which I submit, but besides its own characteristics, described above, it lacked the two well-marked features of psoriasis, viz., (1) the bleeding points one finds on attempting to scrape

away the spots; and (2) the heaped-up epidermic scales peculiar to the latter disease.

It had nothing in common with eczema—even the variety “eczema papulosum,” from which the absence of very severe itching, the large size of the papules, and their irregular shape and form sufficiently distinguish it; while from “dermatitis herpetiformis” the absence of vesicles and bullæ sufficiently remove it. There were a few vesicles discoverable on one or two of the red lines on the wrists while under hospital supervision, and the patient reports that he had noticed a little moisture to exude occasionally from them when much rubbed, but I feel confident this disease is excluded, for while some cases of *D. herpetiformis* have an erythematous and urticarial phase, it is essentially a vesicular or bullous disease, and includes such conditions as “herpes gestationis,” “hydro a æstivo,” or “hydroa vaccini-forme,” &c.

The chief resemblance between the two diseases, that is, erythema multiforme and dermatitis herpetiformis, seems to lie in the disposition to group and to extend about the periphery. Dr. Payne showed a case before the Dermatological Society of London in 1898 which he described as “erythema gyratum,” but which seemed to have been one of the erythematous stages of dermatitis herpetiformis in the subsequent opinion of himself and Drs. Crocker and Malcolm Morris.

I shall quote the published extract in the “Transactions” (p. 142) as it strongly resembles my case, and it is possible that even in contradiction of the above specialists’ opinion, Dr. Payne’s case was one of erythema multiforme, and not of dermatitis herpetiformis.

“A man, æt. 45, presented an eruption, which had lasted sixteen months, and which consisted of erythematous patches varying in size up to some inches in diameter, the larger being distinctly annular or marginate, with a raised, red, somewhat hard margin. The smaller were discoid. Some patches were persistent for a long time (weeks?), others more transitory, and new patches appeared from time to time. The eruption was generally distributed on the covered parts of the body, but absent from the face and hands. A few spots showed traces of a ruptured vesicle, and the itching was at times very great. The lymph glands all over the body were enlarged and hard, especially in the groin.” A subsequent report stated “that under full doses of quinine (15 grs. a day) the patient recovered.”

Recognising that the case I have reported was out of the ordinary run of cases of erythema, I made search for the description of any cases of erythema which could tally with it, and consulted all the text-books on skin diseases, including the latest, by Stellwagon (1902), but with little success. In my search through the volumes of *The British Journal of Dermatology* I came across two instances, in addition to that of Dr. Payne’s, which may be somewhat similar to mine. (a) In Vol. III., p. 24, Dr. Abraham exhibited a woman with erythema perstans affecting the hands, but no notes are recorded. (b) In Vol. IV., Dr. Saville gave the notes of a case of a woman, æt. 35, whom he exhibited to the Society. She had had a first attack five years before, lasting two years, and a second attack, after an interval of nearly three years during which she was quite well. The erythema came out first on the hands and feet, as a slightly raised flat eruption, which in two days became a circle of two inches

diameter; the margin was raised, there were no vesicles or scales, with itching at night. Then the rash appeared on the dorsum of the feet, similarly raised, as red circles and segments. Dr. Saville considered it a variety of erythema multiforme, and its nature seemed unknown to the members of the Society present.

I also searched the volumes of the *American Journal of Cutaneous and Genito-Urinary Organs*, and was so far rewarded by finding one case, and one case only, somewhat closely resembling mine in some of its features. It is recorded by Dr. Lustgarten before the New York Dermatological Society in 1893, Vol. XI., p. 110, under the name erythema papuatum, vel circinatum figuratum, perstans, et chronicum.

A man, æt. 21, was struck by a horse on his head, and, two months after having been trephined, an eruption came out on his body and lower extremities in annular or gyrate patches with elevated borders, remaining for weeks and months, and leaving the skin pigmented. New patches were being constantly added, with slight itching and unaccompanied by any other subjective symptom; all medicines employed seemed useless. Dr. Lustgarten considered it a reflex neurosis of traumatic origin.

Dr. Walter G. Smith has since called my attention to a paper read before the Clinical Society of London by T. Colcott Fox, M.B., November, 1880, which details two cases of erythema gyratum perstans in a brother and sister, æt. 19 and 18, which had lasted, with remissions and quarterly exacerbations, since they were four years of age, with a drawing affixed (life-size copy is in the Royal Atlas of Rare Skin Diseases); and in every feature these cases seem to resemble my case. Steel and cod-liver oil, after a prolonged course, seemed to do them good.

A passing comment is necessary on the involvement and enlargement of the glands in the groin and in the right axilla, which may be considered a feature of an unusual character.

The only allusion to this complication is quoted in “Stellwagon’s Diseases of the Skin” (p. 197) as being Jarish’s view that the swelling of the lymphatic glands, especially the cervical, has been sometimes noted in erythema multiforme.

In conclusion, I have to thank the Academy for its patient hearing, and to offer my apologies for having occupied so much of their time in portraying the features of this case.

I trust some members present may have seen similar cases, and that they may be able and willing to assist me on the question of treatment.

Clinical Lecture ON THE ART OF EXTRACTING FOR CATARACT. (a)

By C. BELL TAYLOR, M.D.,

Surgeon to the Nottingham and Midland Eye Infirmary.

I HAVE here a patient on whose right eye I operated for cataract in his eighty-sixth year, and on whose left eye I operated for cataract in his ninety-sixth year; as you see, the pupils are central and he can read for hours and tell the time by the Exchange clock.

I also have here another patient, æt. 60, both

(a) Delivered before the Nottingham Medico-Chirurgical Society, 1902

of whose eyes I operated upon for cataract by extraction four years ago. On his recovery from the operation he obtained employment as a smith in the furnace department of one of our principal railways, and has since been exposed day by day as a striker to the very trying glare of incandescent metal; nevertheless, you will note that both eyes are perfect, I may say, without exaggeration, singularly beautiful, that sight is excellent, that he does not require to wear glasses, and that all trace of surgical intervention is conspicuously absent.

The cases of *double* extraction for cataract, to which I had the honour and pleasure of calling your attention a few evenings ago, although operated on within the last few weeks, were equally remarkable in result and equally free from all trace of operative interference. Now I need not tell you that this is the perfection of art, *i.e.*, to conceal art, and I propose to-night to lay before you some of the reasons by which I was led to the adoption of a method of treatment which has yielded such satisfactory results.

When Professor Waldau, the late von Graefe's assistant, whose practice I followed in Berlin, proposed to excise a small piece of iris and then to scoop out cataracts with a spoon, he did so because, although at that time suppuration was by no means rare after cataract extraction, it was almost never observed as a result of simple iridectomy. It occurred to me that a slight enlargement of Waldau's incision would enable us to dispense with that very objectionable instrument—Waldau's steep-edged spoon—and later on, seeing the vast importance of maintaining a perfect screen and a central and movable pupil after ablation of the lens, I determined to enlarge Waldau's incision still further, and to dispense not only with the spoon but also with iridectomy. Waldau made his incision with a broad trowel-shaped keratome, entered at the summit of the cornea precisely in the corneo-sclerotic junction. I have attained the same end with greater facility and absolute precision by substituting one or other of the knives depicted in actual size below.



No. 1 for the Right Eye.



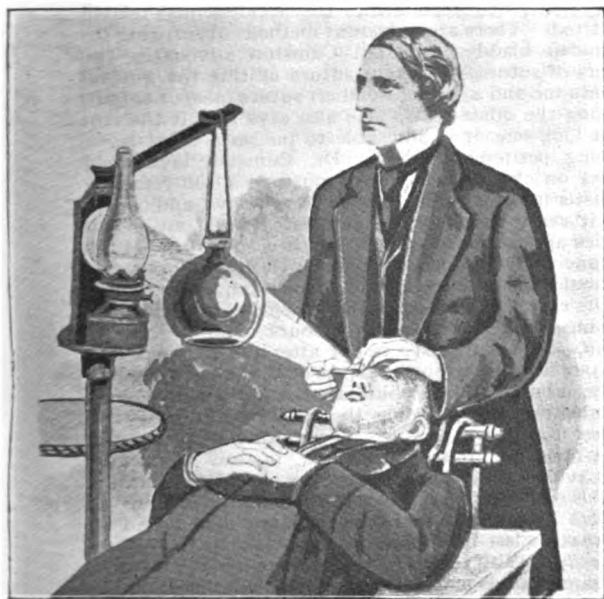
No. 2 for the Left Eye.

In performing this operation it is necessary to separate the lids with a light speculum, easily displaced, to steady the eyeball with forceps which perforate the sclerotic, and to enter the knife, which should be in first-class condition both as to point and edge, in the cornea close to the sclerotic junction, at the base of a flap which, when completed, will comprise nearly if not quite one-half of the cornea. The knife is then pushed quickly across the anterior chamber until it emerges at a counter puncture similarly placed, sawed, if I may be allowed the expression, rapidly upwards, so as

to get in front of the iris, which would otherwise fold over the edge of the blade, and then turned forwards so as to complete the section precisely and deliberately in the upper border of the corneo-sclerotic junction. In this way a flap is formed which fits like a watch-glass, so precisely that the wound is invisible the moment the knife is withdrawn, which is at once agglutinated to adjacent tissues, and which ultimately leaves no trace. I prefer to lacerate the capsule widely, but only in its periphery, as suggested by Knapp, and always do this part of the operation with a very light hand, lest the lens be displaced or cortex separated or a portion chipped off. If now slight pressure be made at the lower border of the cornea or if the patient looks down, the wound will gape, the lens will present at the pupil, which it slowly dilates, performing a movement of bascule, and then emerges *totus teres*, and if not *atque rotundus*, at all events with an unbroken surface, the flap falls automatically into its place, and if all has gone well there will be no cortex to squeeze out (because there has been none separated from the nucleus) and no prolapse of the iris (because it has not been unnecessarily strained during the passage of the lens) or other trouble then or after to vex the soul of the operator or disturb the serenity of the patient. If the wound does not gape on slight pressure or when the patient looks down—and here is the crux of the whole matter—it is because the incision is not large enough or the wound has been wasted by cutting between the layers of the cornea instead of entering the chamber at once, in which case it, the wound, may be enlarged by curved, blunt-pointed scissors adroitly manipulated; if it still does not gape on pressure there is some complication or deviation from natural conditions which will have to be met *secundum artem*, or the eyeball may be closed for a season, and the experience gained be utilised to the benefit of both patient and operator on some future occasion. I will not detain you now with details on these points. What I wish to emphasise is that the operation I have described is differentiated from all others by the extremely narrow knife, as narrow as narrow can be, with a deep shank for the left eye by which the right hand may be used for the left eye and the necessity for ambidexterity on the part of the operator dispensed with; by the large easily gaping wound limited to the corneo-sclerotic junction and differing but little in size from Daviel's of 150 years ago; by the consequent complete evacuation of the lens and cortex, so obviating prolapse of the iris, and by results which are certainly beyond compare. Indeed, there can be no question that such patients not only look better and see better (the contractile pupil replacing accommodation and compensating as in aphakial animals) for the loss of the lens, but that they are much better able to bear the brunt of life (witness the smith I have just introduced to your notice) and much less liable to any ulterior ill-consequences than if they had been operated on by one or other of the combined methods which have been so fashionable of late years.

When operating, I stand behind the patient, who is reclined, and I almost invariably use artificial light. The chimney of the lamp which some of you have seen me use for extraction in this room is an excellent steriliser, and the knives, curettes, and prickers may be soaked in absolute alcohol, while the patient's face, especially the eyelids and roots of the lashes, are sponged with the same fluid.

Cocaine and holocaine in the vast majority of cases suffice for anæsthesia, but if the patient prove very refractory, as now and then happens, ether nebulised by nitrous oxide may be given, or ether alone may be administered by the thermogen inhaler or a modification of the cone, both of which prevent freezing, and are in my opinion far superior to Clover's or any other apparatus of the kind. The patient should be got quickly under by the exclusion of air and the operation commenced at once during the first period of ether anæsthesia, in which case, according to my experience, you will seldom have sickness or subsequent trouble of any kind. I may mention that I have on several occasions



demonstrated what I believe to be the advantages of the operation I have described. I have, for instance, exhibited cases of double extraction at the Clinical Society of London, again at the Royal College of Physicians, when the International Ophthalmological Congress met there, again at the Royal Ophthalmic Hospital, Moorfields, when the late Sir William Bowman declared that the results of my operations "left nothing to be desired," and more recently I have submitted a number of cases to the criticism of the members of the Ophthalmological Society of the United Kingdom, at their rooms, Chandos Street, London.

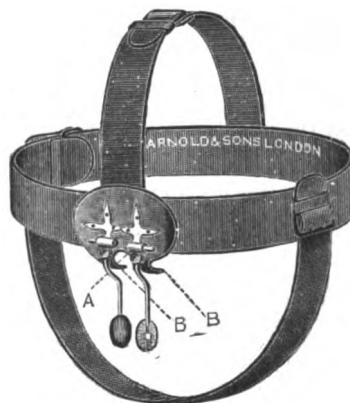
Mr. President and gentlemen, I have endeavoured to treat a big subject in a very few words and a very small space. Some important details with regard to complicated cases are necessarily omitted, but I hope I have said enough to be understood, and as I number my cases of extraction by the thousand and am constantly operating, I hope I shall not be deemed presumptuous in placing the results of my experience at the disposal of my distinguished colleagues and the members of this learned Society.

A sum of £10,000 has been vested in trustees by Mr. T. Sutton Timmis, J.P., for the purpose of initiating systematic investigations into the origin and cure of cancer. The investigations will be carried on at the Liverpool Royal Infirmary, and the new laboratories of experimental medicine in University College, Liverpool.

A NEW FORM OF NASAL TRUSS.

By W. J. WALSHAM, M.B., F.R.C.S., &c.
Surgeon to, and Lecturer on, Surgery, St. Bartholomew's Hospital.

HERETOFORE, the difficulty has been to prevent the forehead plate of a nasal truss from slipping from side to side and upwards over the forehead. The present truss is designed to obviate this difficulty, by making the lower border of the forehead plate follow the contour of the root of the nose and contiguous orbital



margins. A rounded notch (A) corresponding with the root of the nose is cut in the plate and the margins of the lower part of the plate forming the sides of the notch are bent backwards in a blunt curve (B B) to almost a right angle to the rest of the plate. The notch, therefore, embraces the root of the nose, while the turned back portions of the margins of the plates catch under the orbital ridges at the internal angular processes of the orbits. This prevents the truss from being displaced upwards, while the notch prevents any movement from side to side. The truss is provided with the usual straps and headband, and to the plates are fixed the usual arms for making pressure upon and fixing the nasal bones or cartilages.

It is made by Messrs. Arnold and Sons, West Smithfield, London.

Clinical Records.

THE MIDDLESEX HOSPITAL.

A Case of a Large Sarcoma of the Uterus Removed by Abdominal Hysterectomy; Bladder laid open; Recovery. (a)

By WILLIAM DUNCAN, M.D., M.R.C.P., F.R.C.S., &c.,
Obstetric Physician to the Middlesex Hospital.

THE patient, æt. 56, was admitted into Prudhoe Ward of the Middlesex Hospital on September 26th, 1902, complaining of increasing size of the abdomen, swelling and pain of the legs, with progressive emaciation and weakness for the last twelve months.

Family History.—One sister died of "flooding" at the age of 42, and her grandfather is said to have died of cancer; nothing else of importance.

Previous History.—The patient had rheumatic fever twenty-five years ago. Has been a widow for six years after twenty-four years of married life, during which she was only once pregnant, nine months after marriage, and she then "miscarried." The catamenia began at 15½; were always regular, lasted six days and the loss was rather scanty. The menopause occurred eight years ago without any trouble. Ten years ago she complained of pain in the right iliac fossa, was examined by a medical man, who found a small lump there; this swelling has gradually increased in size until six months ago, since when the increase has been rapid, and the patient has appreciably lost flesh and strength. She has lately suffered from indigestion and frequency

(a) Read at the British Gynæcological Society, January 8th, 1903.

and slight difficulty in micturition. No constipation.

State on admission.—The patient is a pale, emaciated woman. The abdomen is greatly enlarged (more than at a full-term pregnancy), the skin is tense and distended, marked by superficial veins coursing over it and presenting red pigmented spots, "tâches de Morgan." On palpation, the abdomen is found to be occupied by a tumour which is solid in some parts and cystic in others; rather uneven on the surface. No thrill to be felt, nor anything abnormal on auscultation.

Per vaginam.—Os uteri is felt high up; cervix small and closely connected with a mass which dips into pelvis from above; sound not passed. The history and clinical features pointed to an ovarian tumour, probably undergoing malignant change.

Operation on October 2nd.—The patient having been anaesthetised with gas and ether, a median incision was made between the umbilicus and pubes; the tumour was seen to have huge veins coursing over it, and in places the bowel and omentum were adherent. The incision was then extended up to the xiphoid cartilage in order to thoroughly examine the connections of the growth and to decide on the advisability or otherwise of proceeding with the operation. It was evident that the tumour occupied both broad ligaments, but owing to its size and the universal adhesions it was impossible to say definitely where it sprang from. Having decided to proceed, I began to detach the adherent gut and omentum. Whilst doing this I laid open (in the middle line and above the level of the umbilicus) a cavity from which escaped some clear odourless fluid. Thinking it to be a cyst, I opened it down to the extent of about six inches, and then found it was the urinary bladder. Having separated this viscus from the surface of the tumour, I carefully closed up the opening I had made by means of a series of silk sutures passing through all the bladder coats. I also put in a few fine silk stitches through the peritoneal coat alone. The fundus of this greatly elongated bladder I fixed to the abdominal wall, just above the symphysis pubis, with a silk suture. Finally, after a most difficult operation, I got the tumour out of the abdomen and having tied all bleeding vessels, cut across what proved to be the cervix uteri, leaving quite a small stump of the cervix. By uniting behind the posterior layer of each broad ligament I formed a cavity large enough to hold an adult head. At the bottom of this was the small stump of the cervix. The upper margin of the cavity in the broad ligaments was next sutured to the lower end of the abdominal incision, leaving an opening through which the cavity was loosely stuffed with iodoform gauze. The remainder of the abdominal wound was then closed with three layers of sutures, and dressings applied in the usual way. The amount of blood lost was not much, and the patient stood the operation (which lasted one and three-quarter hours) well. The urine was ordered to be drawn off every three hours, so as to prevent any chance of distension of the bladder.

The patient made an uneventful recovery. For the first three or four days the urine was bloodstained, but then became normal and was passed naturally after five days. At first there was a good deal of blood-stained oozing from the gauze filling the cavity in the broad ligaments, but this got gradually less, and the cavity steadily contracted, so that the amount of gauze used became less and less until at last only a small sinus remained, and the patient was sent to the convalescent home at Clacton-on-Sea on October 30th, five weeks after the operation.

Remarks by DR. DUNCAN.

This case presents several points of interest.

1st. Difficulty of diagnosis.—It seems to me that it was quite impossible to give a positive diagnosis in this case (as it is in so many others) until the abdominal cavity had been laid open. There was no history of uterine trouble; the tumour began, or was first felt, in the right iliac region; it had the characteristic feel of a multilocular ovarian. Even after the abdominal cavity had been freely laid open, I was unable to say where the tumour sprang from. When removed it

weighed thirteen pounds, but it was now very much contracted.

2nd.—The opening up of the bladder was due to its having been so closely adherent to the tumour and dragged up above the level of the umbilicus. Opening the bladder during the course of removal of uterine or ovarian tumours is not, I believe, a very uncommon accident. Personally, I have always been very careful to try and avoid doing so, and this is my first experience in my own practice of this accident. When it does occur, what is the best treatment? This subject has been thoroughly discussed by Dr. Charles Greene Cumston, of Boston, in a paper entitled "Lesions of the Bladder during Abdominal and Vaginal Hysterectomy," which appeared in the *Boston Medical and Surgical Journal*, November 21st, 1901. Dr. Cumston kindly sent me a month ago a reprint which I only wish I had read before the accident just related occurred. There are numerous methods of suturing the wounded bladder, but Dr. Cumston advocates two layers of sutures—a catgut suture uniting the mucous membrane and a second Lembert suture (also of catgut) uniting the other coats. He also says that if the rent be a long one, it is advisable to put in a third layer, uniting peritoneum alone. Dr. Cumston lays great stress on the importance of putting a self-retaining catheter into the bladder for about ten days, and changing it every four or five hours for a fresh one. This advice appears to me sound, and if it should be my ill fortune to again open the bladder during an operation I should follow Dr. Cumston's method, even though in the case I have recorded no ill-effects resulted from passing a catheter every three hours.

3rd.—When a cavity is left after the removal of a tumour from between the layers of the broad ligament, my usual method is to obliterate that cavity at the time of operation by whipping the sides of the cavity together from below upwards by a continuous suture and thus obtaining immediate union, instead of packing the cavity with gauze and letting it slowly contract up. In this case, however, the cavity left by the opening up of both broad ligaments was so large that I had no alternative left but to adopt the slower method..

Lastly.—With regard to the tumour itself: Owing to the sarcomatous masses being encapsuled, there appears to be a much better chance for the patient escaping recurrence. I wish that I had removed the small bit of cervix still remaining. The patient, as far as I am aware, continues well, but it is yet too early to say whether she will recover completely.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.
MEETING HELD JANUARY 8TH, 1903.

SIR J. HALLIDAY CROOM, F.R.C.S., F.R.S.E., President,
in the Chair.

THE report of the Editor of the *Journal* of the Society was read and adopted on the motion of Dr. HEYWOOD SMITH, seconded by Dr. BEDFORD FENWICK, the thanks of the Society being at the same time voted to Dr. J. J. Macan for his services.

The officers were elected for the current year. The list will be found under "News."

Dr. MACNAUGHTON-JONES read notes of—
CASE OF TWINS AFTER SALPINGO-OOPHORECTOMY AND RESECTION OF THE OTHER OVARY.

The patient, æt. 26, who had had five pregnancies, with labour at full term, first consulted me three years since. She was then suffering from all the symptoms attendant upon chronic suppurative endometritis. There was a very profuse discharge with an extensive and deep cervical erosion. She had been treated for the erosion and endometritis for some time before I saw her. Both ovaries were enlarged and painful, the left especially so. The uterus was subjected to most thorough curetting with the application of chromic acid

internally, and nitric acid to the eroded surface, the result being a complete cure of the endometritis and erosion. Pelvic pain, however, still continued, with difficulty of locomotion, and on February 21st, 1901, I removed a large cystic ovary with a thickened and dilated tube, and resected the other, which was studded with small cysts. She quickly recovered from the operation, but for some time the course of the case was not very satisfactory, as she still complained of pelvic pain, and there was sensitiveness of the remaining ovary. However, on June 4th, 1902, she was confined of twins under the care of Dr. Frederick Evans of Cardiff. Her labour was a very quick one. The sex of both children was female, and there were two amniotic sacs, and two placentæ.

REPEATED PREGNANCIES AFTER SALPINGO-OOPHORECTOMY AND VENTROFIXATION OF THE UTERUS.

The following notes have been supplied to me by Dr. William Bourke:—"Patient, æt. 26, consulted me in April, 1897. Ten weeks after marriage she had had an accident causing miscarriage, for which she was casually treated, being in bed for two days only. Since then she has never been well—sacral aching, fatigue, great pain before and during the periods, walking producing much pelvic distress. Had consulted two specialists. One put her under the 'rest' cure; the other told her to forget her pain and take a long sea voyage. Her husband took her to Australia, and she suffered much increase of trouble during the voyage, and was entirely laid up in Australia. She came home as soon as she could travel, much the worse for her trip. Six months after this she consulted me. I found a retroflexed uterus with the left ovary in Douglas's pouch, swollen, not movable, and very tender. Finding it impossible to keep a pessary of any kind in the vagina, and no good resulting from palliative treatment, I advised operation, but was overruled by three consultants consecutively. I then treated the unhealthy catarrhal state of the os and cervix in the hope of producing conception, which fortunately occurred, and I safely delivered her at full term. In spite of every precaution, after delivery the uterus returned to its former position, and the ovary continuing to give trouble, life became a burden to her. I again advised operation, and had consultations with three other specialists, who were not in favour of it. I told her family that it was useless to try to do more, and there appeared no alternative save chronic invalidism." At Dr. Bourke's request, I saw her in October, 1899, and operated on November 8th, removing the left ovary and performing ventro-suspension. Dr. Bourke summarises the result in the following words:—"The result has been perfect from a surgical, exceedingly so from a matrimonial point of view, for the patient has been twice confined at full term of healthy children, without the smallest complication. A third conception, however, ended in a miscarriage." The uterus has all through maintained its normal position.

The PRESIDENT mentioned an instance in which conception and miscarriage followed the complete removal of both ovaries by himself; the possibility of a third ovary suggested itself.

Dr. MACNAUGHTON-JONES said that in the first case only about one-third of the second ovary had been removed, and, in reply to a question of Dr. Heywood Smith's, that he had, as was his custom, used prepared gut for ligature.

Dr. WILLIAM DUNCAN exhibited a large sarcoma of the uterus, and read notes of the case which will be found in another column under the heading of "Clinical Records."

Dr. BEDFORD FENWICK said that in operating upon a large tumour which dragged the bladder upwards it was very difficult to avoid wounding that organ. A very useful precaution, always adopted at the Soho Hospital whenever there was any question of the bladder being so displaced, was to pass a sound, and make sure of its position. When a cavity in the broad ligaments was left too large to be entirely obliterated, he, and some of his colleagues, had found it well to whip the edges together so as to completely shut the

vacant room in the broad ligament off from the peritoneal cavity, and then to make an opening from the vagina; the vacant space then collapsed downwards, and the healing was very much more rapid, the abdominal wound not being disturbed.

Dr. HERBERT SNOW thought that Dr. Duncan was to be congratulated on his success in dealing with a very difficult case. The existence of the tumour for ten years seemed to point to its being an instance of malignant degeneration of a primarily innocent fibroid; the specimen under the microscope clearly showed its sarcomatous nature. It was a matter of regret that one could not distinguish between myo-sarcoma and true sarcoma produced from connective tissue; he doubted whether the latter ever attacked the uterus; though it might spring from the broad ligament, ovary or tube.

Mr. BOWREMAN JESSETT concurred with Dr. Fenwick as to the advantage of vaginal drainage. It was the usual practice at the Cancer Hospital, and they found that generally the top of the cavity closed down in two or three days, and that a few days later the gauze drain could be safely removed. He had, to his regret, opened the bladder once or twice by accident; he had sutured the mucosa with catgut and then stitched the peritoneum in Halsted's way, which he preferred to Lembert's; he had found one layer of sutures, in addition to those uniting the mucosa, sufficient. In one instance, in which the tumour weighed sixteen pounds, he had had the misfortune to find at the last moment, after the tumour had been removed, that the ureter had been divided in two places; as he could not detect the upper end, he concluded that it had been included in a ligature, and that the kidney would atrophy, but the case ended fatally. In all vaginal hysterectomies he adopted the plan of leaving a self-retaining catheter in the bladder for the first two days, with the end led into a male urinal between the patient's legs; this kept the bladder empty, and saved the patient the worry of having an instrument passed every four or six hours; this plan he also adopted in cases in which the bladder had been injured. He asked Dr. Duncan whether the patient had had no cystitis or other bladder trouble before the operation.

Dr. MACNAUGHTON-JONES thought that the precaution of passing a sound into the bladder ought never to be omitted in any case of hysterectomy. He had had the misfortune to open the bladder once in removing a giant myoma; he closed the aperture, which was not a small one, by a single layer of suture, introduced a self-retaining catheter, and the woman recovered perfectly. After such an accident there was apt to be some bleeding into the bladder. In the case just mentioned he had given adrenalin to control such hæmorrhage, yet nearly a fortnight afterwards the patient passed an organised clot by the urethra. Nevertheless, he thought such coagulation might be less likely to occur when the urine was allowed free and constant discharge through a self-retaining catheter. Coley had given several instances of elevation of the bladder by a tumour unaccompanied by any vesical symptoms, and one in which he removed a portion of the wall as large as the palm of his hand; yet the woman got perfectly well. He saw no advantage in vaginal drainage of such a cavity as that described, provided perfect hæmostasis had been secured.

Dr. DUNCAN, in reply, said that the passage of a sound was undoubtedly a valuable proceeding, but he could not agree with Dr. Bedford Fenwick as to the advantage of vaginal drainage, which he considered, unless there was danger of the accumulation of blood in the cavity, introduced an unnecessary element of danger from infection. As to the tumour, in the recent condition it resembled a myoma, and he quite agreed with Dr. Snow and Mr. Jessett that a sarcoma could not have been going on for ten years, and that the case was one of secondary malignant degeneration. He was not inclined to use a self-retaining catheter in vaginal hysterectomy, but admitted that it might have been wiser to introduce one in this case. Of the ureters he had seen no more than their openings into the bladder.

The patient, when particularly questioned, said she had had slight frequency and also difficulty of micturition, but she had not volunteered any complaint of vesical trouble.

Mr. BOWREMAN JESSETT showed a specimen of an Ectopic Gestation removed about two hours previously from a patient supposed to be suffering from obstruction of the bowels for the past five days. When he first saw her at 2.30 p.m. she had begun to vomit and presented all the symptoms of her supposed condition. At 5 p.m., provided with a Paul's tube, he made an incision for a cœlio-colotomy, proposing to open the colon and insert the tube, and afterwards deal generally with the bowel, but directly he opened the peritoneum an enormous quantity of black venous blood gushed out. Introducing his hand, he turned two quarts of blood-clot out of the pelvis, and, to his astonishment, found an ectopic gestation in the left broad ligament, which he was able to pull up, ligature on both sides, and remove, but it took him three-quarters of an hour to stop the bleeding. The intestines were enormously distended, came out in a body, and greatly impeded the operation. A long tube passed up the rectum removed much of the flatus from the ileum; to relieve the jejunum he had to make an incision, which he sewed up again, and then returned the bowels into the abdomen and closed the wound. The patient, æt. 36, had not been pregnant for nine years, and it was not until after the operation that it was ascertained that she had missed one period. She had complained of umbilical pain for nine days, and probably the hæmorrhage had been going on for that time. The case was a very unusual one, as there was nothing to lead him to suspect a pregnancy; he hoped to report further upon it at some future date.

The President, Sir J. HALLIDAY CROOM, then delivered his Valedictory Address, which we hope to publish in our next.

A vote of thanks to Sir J. Halliday Croom for his services in presiding over the Society during the past year, and for his very interesting address, was proposed by Dr. MACNAUGHTON-JONES, seconded by Mr. BOWREMAN JESSETT, and carried by acclamation.

THE LARYNGOLOGICAL SOCIETY OF LONDON. MEETING HELD FRIDAY, JANUARY 9TH.

The President, Mr. E. CRESSWELL BABER, in the Chair.

The following officers were appointed for the year:—Dr. P. McBride, president; Mr. A. A. Bowlby, Dr. J. Dundas Grant, Dr. P. Kidd, Mr. C. J. Symonds, vice-presidents; Mr. W. R. H. Stewart, treasurer; Dr. StClair Thomson, librarian; Dr. J. Donelan and Dr. E. Furness Potter, secretaries; Sir Felix Semon, Mr. E. Cresswell Baber, Mr. C. A. Parker, Dr. W. Permewan, Mr. R. Lake, and Mr. L. A. Laurence, members of the council.

Sir FELIX SEMON showed a case previously exhibited at the November meeting of the society, of ulceration of the left tonsil with enlargement of numerous cervical glands, in a man, æt. 70, on both sides of the neck (malignancy?). It was now seen that the ulceration had quite disappeared, and the tonsil had become much smaller, whilst the enlargement of the cervical glands had considerably diminished. Malignancy was now completely excluded. The case was shown again as affording valuable evidence that ulceration of a tonsil in old people with enlarged glands must not necessarily be looked upon as malignant.

Dr. P. WATSON WILLIAMS exhibited new design for sphenoidal sinus, cutting forceps, and a laryngeal spray.

Dr. A. BROWNE showed a drawing and read notes of a case of "Suppurative Ethmoiditis and Frontal Sinusitis," after radical operation for nasal polyp. The case had been cured on three occasions with Meyer's ring-knife. Four weeks after the last operation the patient began to have pain, a high temperature, and became semi-comatose. The nose and forehead became swollen. Both frontal sinuses were opened and found to be full of pus. The dura was exposed. The patient was relieved for twelve hours after the operation and then died. The anterior part of the left frontal lobe

was found to be necrosed, and there was extensive purulent basal meningitis.

Dr. H. L. LACK showed a man, æt. 59, with aphonia of six months' duration, who had a similar attack last year. He spoke as if the glottis were closed, but could sing with a natural voice.

Dr. McBRIDE was of opinion that this case was one of spastic aphonia.

Dr. LACK also showed a microscopic section from a large ulcer of the tonsil in a man, æt. 25, showing (?) tubercles. There was no history of syphilis, but the case yielded immediately to iodide of potassium.

Dr. LACK also showed a microscopic section of cyst of ventricle of larynx opened when operating on a case of malignant disease of the larynx.

Mr. R. LAKE showed specimens shewing a new growth of the inferior turbinal (1) of posterior extremity in a male, æt. 52; (2) of septum and inferior turbinal in a male, æt. 28; and (3) of inferior turbinal in a patient, æt. 72 (an old lapsus case).

Dr. H. TILLEY showed a case of large hypertrophy of mucous membrane in the ary-tænoid region (so-called inter-ary-tænoid pachydermia) in a robust-looking man, æt. 48.

Dr. J. DONELAN showed a specimen of large naso-pharyngeal fibro-myxoma with prolongations extending to the anterior nares in a youth, æt. 18.

Dr. BARCLAY BARON showed a case of "Naso-pharyngeal Malignant Disease" in a man, æt. 50. The patient had complained of deafness and nasal obstruction and discharge of blood and pus from the nose for about eight months. Three months ago a hard, irregular growth had been removed by scraping from the naso-pharynx, with relief of all symptoms. The symptoms had again returned and the naso-pharynx was filled with growths which protruded into the nostrils. The nature of the growth was uncertain, but in places it had the appearance of lympho-sarcoma.

The President, Dr. McBride, Mr. Spencer, Dr. Tilley, and Dr. Pegler discussed the case.

Mr. ATWOOD THORNE showed a case of epithelioma of the larynx in a man, æt. 60. There had been hoarseness for six months previously. The left cord was seen to be fixed in the middle line, and the growth observed involving the left ary-tænoid and ary-epiglottic fold. There was slight tenderness to external pressure, and a large gland under the ramus of the jaw on the left side. There was no history of syphilis. Potassium iodide had been given for the last fortnight, but with no appreciable result. The case was discussed by the President, Dr. Lack, Sir Felix Semon, Mr. Waggett, Dr. Dundas Grant and Dr. McBride. The opinion expressed was that the case was not suitable for operation.

Dr. FITZGERALD POWELL showed a case of infiltration of the pharynx and post-nasal spaces in a man, æt. 45, probably syphilitic. Dr Powell also showed a growth in the post-nasal space appearing below the soft palate in an infant æt. 18 months, for diagnosis.

Mr. W. G. SPENCER showed a case of symmetrical swellings of gum at the hinder end of the alveolar border of each upper jaw in a woman, æt. 37.

Dr. W. H. KELSON showed (1) a woman, shown at a previous meeting, suffering from aphonia due to a rounded growth originating in the left ventricle, which prevented approximation of the cords. He had removed the growth, and specimens shown under the microscope pointed to its being a fibroma undergoing mucoid degeneration.

Dr. KELSON also showed a case of recurrent fibrous polypus of the nose in a man, æt. 26.

Dr. DUNDAS GRANT showed a case of chronic laryngitis with inter-ary-tænoid pseudo-pachydermic swelling probably due to purulent rhinitis, in which the hoarseness had much diminished, and the inter-ary-tænoid had become smaller during the use of a nasal wash for one week.

Dr. DUNDAS GRANT also showed a case of hereditary specific perforation of the left anterior pillar of the fauces.

**CORK MEDICAL AND SURGICAL SOCIETY.
MEETING HELD ON WEDNESDAY, JANUARY 14TH.**

Dr. P. T. O'SULLIVAN, President, in the Chair.

THE PRESIDENT showed a man, *æt.* 27, suffering from compression of the spinal cord, as a result of "tubercular disease of the vertebra." The patient had suffered from angular curvature since childhood, but the present symptoms had shown themselves only for the past few months. There were pains in the back and in the intercostal region, and within the past few weeks paraplegia had developed. There was no bladder trouble. The deep reflexes were increased, and ankle-clonus could be obtained. He proposed trying extension for the present, and subsequently a plaster-of-Paris jacket.

Dr. C. YELVERTON PEARSON read notes of a case of successful operation on a patella fractured for the fourth time. The patient was a young man, *æt.* about 30, the subject of osteoporosis. He had sustained over a dozen fractures at different times since childhood, the long bones being usually involved, and some of them having been fractured several times. The patella was found to be very porous. After passing a very fine bradawl he introduced two sutures of silver wire diagonally, not touching the articular surfaces, and then put up the limb in plaster-of-Paris for three weeks. On removing the bandage the patient had good movement in the limb, and had further improved since then.

Dr. T. GELSTON ATKINS showed three specimens of "uterine tumours removed by panhysterectomy." The first was a case of adeno-carcinoma. The patient progressed favourably for nine days after the operation, but then developed acute delirious mania, to which she succumbed six days later. The second specimen was a round-celled sarcoma, and the patient in this instance made a good recovery. The third specimen was a very large myoma. Three weeks after the operation, on the evening previous to her intended discharge from hospital, the patient died quite suddenly, probably either from thrombus or from fat-embolism.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 18th, 1903.

PARALYSIS OF DIPHTHERIA.

At the meeting of the Société Médicale, M. Aubertin spoke of the paralysis so frequently observed after an attack of diphtheria, which he attributed to a kind of slight neuritis uninfluenced by the injections of serum, as he had found in four cases in which he tried this. M. Comby said that for his part he could not do otherwise than recommend serotherapy for that kind of paralysis, as it was a rational treatment and could do no harm.

SUPPURATIVE TONSILLITIS.

Everyone knows how very distressing quinsy is, and those who suffer periodically from it are ready to appreciate any treatment that will abridge their torture. Up to the present and for ages past palliatives externally and local internal applications constituted about the limit of our therapeutics. Belladonna ointments and poultices externally, fumigations of mucilaginous substances, painting the surface with cocaine (more or less dangerous) was the treatment generally prescribed, with salol or salicylate of soda given internally from the presumption that the painful affection was due to an arthritic diathesis. In spite of the intelligent combination of remedies and an earnest desire of the physician to alleviate the suffering of the patient, the malady ran its course in nine days and relief only came when the abscess burst of its own accord, or was opened by the lancet, an operation seldom performed and discountenanced by many surgeons.

However, it seems that the above routine treatment may be replaced by another, much more active and, above all, much more satisfactory to the suffering patient. According to Dr. Durand, of Lyon, dried beer yeast, which has given such good results in furunculosis, erysipelas, chronic bronchitis, pneumonia, &c., has an almost immediate effect on phlegmonous tonsillitis. He cited the case of a young girl, *æt.* 22, who each spring-time was seized with tonsillitis, ending always in suppuration. The beer yeast was given on the fourth day of the affection in doses of four teaspoonfuls a day. In a few hours the patient felt great relief and finally got well after having simply expectorated a few drops of sanguineous pus. MM. Toupet and Terry, of Paris, writing on the same subject, said that the employment of yeast suppresses in the space of ten or twelve hours pain in swallowing and at the same time the distressing lancinating pains in the ears disappear. At the end of one or two days of the treatment, the patient is able to continue his occupation, although the tonsil is still large but not painful. The ordinary dose of the yeast is three teaspoonfuls daily.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 17th, 1903.

At the Medical Society, Hr. Lexer discussed the LOCAL TREATMENT OF SURGICAL GENERAL DISEASES.

Although routine treatment must be rejected, its principles might be discussed. There were three typical groups of such diseases that required special treatment.

First there was the group of toxic infections of which snake-bite was the type. Here the object was to prevent absorption as quickly as possible. As the chemical means of destroying the poison frequently failed, it was proper to try and let out the toxins by large incisions in the injured extremity.

The type of the second group was anthrax. In this the danger lay less in the local process than in the metastasis proceeding from it. He noted particularly the experiments of Schimmelbusch and Friedriech with regard to it. The first of these determined that when a mouse was inoculated with the disease in the tail, the general disease could not be prevented even when the tail was amputated a short time later; but the germ must be rubbed in to the wound. Friedriech infected mice on a smooth cut surface of the tail, and fixed them so that the tail hung in bouillon. In this case the general infection did not come on. From this the speaker concluded that all energetic interference was injurious. Treatment should be limited to a protective salve or protective dressing, and, by fixation or suspension, preventing any injury to the damaged limb, then the fever would quickly subside and recovery take place. During the past eleven years he had treated fourteen cases of anthrax in this way, and had only lost one of them from intercurrent non-specific pneumonia.

In most suppurations, excitants of suppuration entered the blood which stimulated the production of antitoxic material. Only when these excitants were very virulent, or the organism non-resistant, did any dangerous growth of the germs take place. The entrance of large quantities of such germs into the blood should therefore be prevented as much as possible. All rough treatment where there was suppuration, such as pressure and squeezing out of boils, should be avoided. The most sparing agent was the knife.

When the abscess was opened, the dry tampon was preferable. This arrested hæmorrhage and soaked up the poison. It acted more energetically than a caustic or carbolic acid scab could, under which the poison might be retained. On taking out the tampon the wound should be syringed out freely with solution of peroxide of hydrogen, as being but little irritating. For the casting off of necrotic sloughs, when the local process had ceased to advance, moist dressings could be used. Wet dressings were only good at the very commencement of an inflammation. When pus was formed, or in process of being formed, they really favoured the process of necrosis, and were therefore to be unconditionally rejected.

In case of offensive processes, such as abscesses near intestine, infiltration of urine, and phlegmonous pus, the speaker did not use iodoform gauze as it decomposed too readily when the iodoform became absorbed.

The third group was one in which there was direct multiplication of germs in the wound, from which the toxins were taken up. To this group belonged tetanus, rabies, and glanders.

In the case of tetanus, part of the excitants could often be removed along with the foreign body with which they had entered. The greatest difficulty in the way of elimination was presented in the case of large flap wounds packed with dirt. Here timely amputation might still save life, as was proved by a case exhibited.

In the case of rabies, the period of incubation was so long that there was more prospect of success from excision of the wound and trimming of the edges.

The contrary of this was the case in glanders, where treatment was generally too late. Here treatment must be limited to simple incision and the wound must not be scraped out.

At the Society für innere Medizin, Hr. Ruhemann reported on

MESOTAN.

a preparation of salicylic acid, of which it contains 71 per cent. If half a teaspoonful were rubbed into the skin, absorption took place in a short time, and salicylic acid could be demonstrated in the urine. By being used on the skin no after-effects, often noted when salicylic acid was used, were seen, so that the whole surface of the body might be dusted over with mesotan without any ill-effects following. He had had as much as 250 grammes rubbed into a patient during a short space of time without any manifestation of after-effects. In cystitis, after the rubbing in of a few teaspoonfuls of mesotan the pus cells disappeared from the urine; in chronic bronchitis the fester quickly disappeared. It was useful in all cases in which salicylic acid was indicated.

At the Hufeland Society, Hr. Mankiewicz showed a

FOREIGN BODY FROM THE URETHRA

of a man. It was a rubber tube, such as are used for inflating the pneumatic rubber tyres of bicycles, and was found eight centimetres behind the external meatus urethræ of a man who complained of frequent desire to micturate. The man asserted that he had passed the tubing in to prevent the outflow of urine. Before the speaker attempted to remove the foreign body instrumentally he told his patient, as he always did, to take a warm bath. Whilst in the bath the patient stated that the tubing was expelled spontaneously. It had no doubt been placed there in the first instance for onanistic purposes.

THE CLUB DOCTORS' STRIKE.

At Gera, in South Germany, this has been approved by the Leipzig Medical Association. It is felt there as in England, that the terms which were established

many years ago are no longer adequate, but the friendly societies decline to recognise the claim. To render the blockade rigorous, the medical men on strike refuse to attend the members of the recalcitrant societies even as private patients, a step which public opinion is not likely to approve.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 17th, 1903.

CHOLELITHIASIS.

At the Gesellschaft der Aerzte Ullmann showed a patient, a female, æt. 57, on whom he had operated for calculi in the choledochus by the combined method. He commenced by performing cystotomy and attaching the gall-bladder to the wall of the abdomen by a few stitches. On the fifth day he began to inject into the fistula sesama oil, which is less liable to decompose than almond oil. On the ninth day he endeavoured to pass a sound into the cystic duct, wherein lay a calculus which had now become movable and was easily extracted with a pair of forceps.

He related a similar result in another case where the stone was wedged firmly in the ductus choledochus.

Eiselsberg criticised the operation as one of great difficulty, and preferred to perform both choledochotomy and cysticotomy.

ALPINE AND MARINE TREATMENT.

Konrad observed that climates were roughly divided by therapeutists into "dry-cold," "moist-warm," or "dry-warm" and "moist-cold." The two latter, he thought, might be disposed of at once as their therapeutical action was injurious, or, at any rate, non-remedial. In the Alpine ranges of inland seas both of the former are met with. The "dry-warm" atmosphere is usually found in deserts such as the north of Africa; the "dry-cold," which acts as an excitant; while the "moist-warm," or insular climate, acts as a sedative agent. Under the influence of great altitudes the red blood corpuscles are increased as well as the hæmoglobin. There is also a greater intake of oxygen and elimination of carbonic acid. These inland sea regions lie for the greater part between 0° and 5° of the winter isotherm, or extending probably to the tenth isotherm, which occurs in the Tyrrhenian and Adriatic, extending over the South of Italy, Sicily, and Corfu. In the north of Italy there is a cold region in the plain of Lombardy, while in the Lake district it is more temperate. The shores of Dalmatia have a colder summer climate and a warmer winter one than the opposite Italian shores, south of France, or the Riviera. There are elevated sanatoria in central Alpine districts such as Arosa, Davos and Engadine which are beneficial to phthisical patients, as well as many others suffering from abdominal complaints. On the other hand patients suffering from laryngeal tuberculosis profit most by a moist-warm climate. The Engadine is not as suitable in the winter as the summer, owing to a constant wind that prevails there, while Arosa and Davos make excellent winter resorts, having no air currents.

The Southern Tyrol is especially suited for the same reason, having a very mild climate and little wind, particularly at Vitrolio. Gleichenberg, in the same neighbourhood, has a moist-warm climate. The Riviera may be represented as very similar in this respect, as it has a dry warm land breeze, succeeded by a moist warm sea breeze.

Lussin has a moderate temperature resembling that Rome, Corsica, and that of Corfu. The desert climate

of Northern Africa is indicated in cases of arthritis, nephritis and rheumatism.

INFANTILE DISEASES.

At the *Doktoren-Kollegium Weiss* discussed the whole subject of infantile diseases as met with in private practice and hospitals. The death-rate of infants during the first year ranged throughout Europe between 97 per 1,000 in Ireland, to 296 in Russia, while Austria is not so far behind with 254 per 1,000. The causes of this high death-rate may be divided into physical and social. Under the former may be classed the health of the parents, high birth-rate, and other predispositions to disease common in infants, particularly those affecting the alimentary tract. According to the statistics collected in Vienna between the years 1867-88 the deaths of infants are recorded as 190 per 1,000 dying from asthenia; 290 from diseases in the alimentary tract; 40 from tuberculosis; and 73 from infectious diseases.

To the second or social category may be attributed poverty, bad surroundings, and over-crowding. According to the latest statistics of the *Fürstenhäuser* 78 per 1,000 of the children who died were of very poor parents. Among such as clerks, 177 per 1,000; in artisans, 207; labourers, 300; while among those receiving parish relief 363 per 1,000. In one township of Vienna the death-rate is 93 per 1,000, while in the "X Bezirk" it is 299 per 1,000. Another factor in the death-rate is the climate.

In summer the death-rate is twenty-one times greater than at any other season. The greatest enemy, however, is artificial feeding. According to the figures of the Munich Corporation we find that June, 1902, has a death-rate of 70 per 1,000 of breast-fed infants and 930 per 1,000 among the bottle-fed. We in Vienna seem to be in a better position, having an average of 77 per 1,000. This happy result is due, probably, to the large number of orphanages, and the example is being followed in Berlin, Strasburg, &c., with very beneficial results.

There is little doubt that rational artificial feeding can be made to yield as favourable results as breast-feeding. In many of these institutions wet-nurses have been engaged for weaklings, and then six or eight weeks will suffice to remedy the malnutrition and restore the infant to a healthy condition.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

EXTENSIVE OPERATION FOR RECURRENT CARCINOMA OF TONGUE, FLOOR OF THE MOUTH AND LOWER JAW.—Mr. MAYO COLLIER operated on a woman, *æt.* 53, the subject of carcinoma of the tongue, floor of the mouth and lower jaw, on whom three previous operations had been performed for the same affection. Mr. Collier said the present condition of this patient was apparently hopeless. The disease originally appeared as a nodule inside the left cheek near the opening of Stenson's duct. This had been freely removed by one of Mr. Collier's colleagues, but within six months had returned and had invaded the lower jaw. This also had been removed, and with the growth part of the lower jaw, but within three months the old scar became involved and secondary glands appeared below the jaw. These were freely attacked and removed in September last. At the present time a large mass protruded from under the tongue on each side of the *frænum*. This mass invaded the floor of the mouth, and had already extended to the lower jaw in the mid-line. Mr. Collier said in this case the surgeon was on the horns of a dilemma, and whatever course was adopted, an un-

satisfactory result was almost certain. If no operation were performed then death was certain within three months, with all its attendant horrors. If an operation was decided upon then nothing short of the most extensive removal of tissues, with its accompanying disfigurement, discomfort and misery, was likely to be of the smallest avail. The disease was apparently of such a virulent type that, to ensure a measure of success or few months' respite, the whole tongue, floor of the mouth and a greater part of the lower jaw should come away. These points being explained to the patient, an operation was decided upon. The lower lip was divided in the mid-line and separated from the bone for some distance on either side. The lower jaw was sawn through in the bicuspid region on each side and removed. The tongue was next drawn forward and, with the entire floor of the mouth, and growth, was removed with curved scissors. The arteries were easily secured. The parts were adjusted and the stump of the tongue secured with a stout silk thread. The patient was sent to bed with instructions to the attendants to keep the face down so as to encourage natural drainage. Mr. Collier pointed out that this operation, although of an extremely formidable nature, can be performed rapidly and safely without tamponing the larynx and without previous ligature of the lingual arteries. If the tongue be forcibly drawn forwards the parts are almost bloodless during the excision, and the arteries can be easily secured with scarcely any loss of blood by a smart assistant.

"DREADNOUGHT" SEAMEN'S HOSPITAL, GREENWICH.

CASE OF OPERATION FOR DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA.—REMOVAL OF THE PALMAR FASCIA.—Mr. WILLIAM TURNER operated upon a man, *æt.* 38, a sailor, who was suffering from Dupuytren's contraction of the palmar fascia of the left hand, affecting the ring and little finger particularly, and the middle finger to a less degree. The hand was thoroughly purified the morning of the operation and again when the patient was under the anæsthetic with soap and water, turpentine, ether, and 1 to 20 carbolic acid lotion, particular care being taken of the clefts between the fingers. A longitudinal incision was made through the skin over the band which ran to the ring finger from just in front of the anterior annular ligament as far as the web of the fingers, but so placed as to cover the centre of the metacarpal and first phalanx of the ring finger; practically no hæmorrhage occurred at this stage. Then the skin on the outer side was carefully dissected off the adherent palmar fascia beneath, a very tight band of which ran to the ring finger, so thickened as to simulate very closely a small round tendon. This was then easily separated from the structures beneath by extending the finger and divided posteriorly close to the annular ligament and in front, where it was attached to the flexor sheath and sides of the first phalanx. Then a little more separation of the skin enabled the band passing to the middle finger to be similarly dealt with, but here some hæmorrhage occurred from some of the superficial twigs of the palmar vessels, but it was easily controlled by pressure. The inner portion of skin was separated as before, and the portion of fascia going to and affecting the little finger completely removed. The skin was then brought together by interrupted fine silkworm-gut sutures; no vessels had to be ligatured, and the wound was dressed with double cyanide gauze and wool in the usual manner, a splint being placed on the palmar surface to keep the fingers extended for the first few days. Mr. Turner said there was apparently no causation to be discovered for the condition in this

patient. In most cases that he had seen one of three causes had been traced, namely, hard work with the fingers flexed and pressure in the palm, as using a spade all day; or a definite gouty or rheumatic diathesis, when the trouble is usually bilateral and commences in a rheumatic nodule of fibrous tissue in the palmar fascia and gradually spreads along; or, lastly, it may be associated with a congenital tendency, in many cases descending in a family from father to son. This case was, therefore interesting as no cause could be assigned for the condition and the right hand was unaffected, although the man was right-handed in his work, and there was no sign of any definite nodule. He went on to say that he preferred the operation as above performed to the other methods which have been described, namely, subcutaneous division or Kocher's Y-shaped incision, as in both of these the fascia is not removed and the causation of the fibroid thickening and contraction of the same still, acting recurrence is the rule and not the exception. He then went on to state that there were two main difficulties in the operation, first, the purification of the skin, as the epithelial layer gets so thickened and horny, and consequently it is difficult to make the carbolic acid penetrate deeply, again from the attachment of the skin to the fibrous tissue little pits are often seen which collect dirt very readily; and secondly, the separation of the skin from the palmar fascia without injuring or perforating the former or cutting off its blood supply so completely that portions slough and lead to much scarring in place of linear cicatrix. If this occurs it is wiser to skin-graft as early as possible so as to avoid leaving scar tissue in place of the palmar fascia. The wound was stitched up with interrupted sutures and not a continuous one, so as to more easily allow for one or more stitches to be removed in case the necessity should so arise from parts of the flaps being under tension and not retaining their blood supply, or from the unfortunate introduction of sepsis into the wound.

Mr. Turner added that he had not found any alteration in the functions of the hand after the operation, the tendons working quite naturally and well beneath the skin.

MESSRS. LEWIS AND BURROUGHS, the well-known firm of dispensing chemists, have had to pay heavily for an error in transcribing the directions for taking certain calomel pills. Instead of "two pills to be taken at bedtime," they sent twenty-four, two of them being directed to be taken three times a day. The result was that the unfortunate patient developed mercurial poisoning and was awarded by a sympathetic jury the sum of £150 by way of damages. The only defence possible was that the prescription was rather illegible, but the jury evidently thought that chemists are expected either to read prescriptions aright or else to "refer to drawer."

A ROUMANIAN medical man, Dr. Vasile Georgeson, is at present tramping through England in accomplishment of a wager entered into by him to traverse every country in Europe within thirty months, but he has still 11,000 miles to accomplish, and is not over-sanguine of fulfilling his task within the appointed time. He will arrive in London in due course, but will probably receive a less popular reception than that accorded to his *confrère* from Vienna.

WE note that *Truth*, the editor of which is by no means hand in glove with the medical profession, shares our views as to the injustice of the supersession of the ordinary practitioner by the pathologist patronised so extensively by Mr. Troutbeck, the Coroner for Westminster. Our contemporary agrees that Mr. Troutbeck must be labouring under some misapprehension as to the circumstances under which it is desirable to call in the services of a specialist.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX,"

WEDNESDAY, JANUARY 21, 1903.

A FRESH DEPARTURE IN BRITISH MEDICAL ETHICS.

DURING the past week a startling event has disturbed the usual relations of the medical profession of the United Kingdom with the outside public. Briefly stated, a foreign surgeon has demonstrated to a number of English medical men in a London special hospital a particular method of surgery, the details whereof have been fully and minutely reported in the daily newspapers. The operator was Professor Lorenz, and his particular method was a "bloodless" one of operating on congenital dislocations of the hip and other malformed joints by forcible rupture of muscles and manipulation of the bone or bones into position. The method is not altogether new, indeed, the professor has been actually described by one journalist as the "lineal successor of the celebrated bone-setter, Hutton." Professor Lorenz, as most of our readers will remember, has recently visited America, where he performed his "bloodless" operation upon the daughter of an American millionaire. The fee paid him for his services on that occasion was measured on a princely scale, and that fact, together with a precise account of the professor's movements, have formed the subject of frequent foreign telegrams throughout Europe for several months past. According to their wont the Americans made him the hero of the day and showered upon him receptions, banquets, and distinctions of all kinds, including the crowning honour of a doctorship of laws of Chicago. The whole visit, in short, through no fault of the professor's, resembled rather the tour of some showman than the professional visit of a distinguished Continental surgeon to an American patient. Here on this side of the Atlantic the medical profession was content to read the telegrams announcing the professor's progress with a shrug of amusement and a sincere

self-congratulation that our ways were not as foreign journalistic ways. The latter view, however, can no longer be maintained in its entirety, for the visit of Professor Lorenz to London on his way back to Austria has been signalised by a chorus of journalistic notice of pure Transatlantic type. Thus, in various London newspapers of the 15th instant, under the heading "Bloodless Surgery," appeared accounts of half a column in length describing the demonstration of operative methods given on the previous day by Dr. Lorenz at the City Orthopædic Hospital. Seventy medical men were reported to have been present, among them Sir Alfred Cooper and Mr. Alfred Fripp, who have our sincere sympathy at this unforeseen public notice of what to them was doubtless a simple professional visit. Mr. E. Noble Smith, senior surgeon to the hospital, received the professor, and was assisted by the other members of the staff, Mr. John Poland, Mr. Chisholm Williams, and Mr. J. Jackson Clarke. Their names were given in full, with the additional information that they were all Fellows of the Royal College of Surgeons. Mr. Noble Smith discussed shortly the advantages and disadvantages of the procedure to be brought under notice. Professor Lorenz then made a speech, in the course of which he stated that he had performed two hundred and sixty operations with the knife, "with excellent results in all but four cases," and had practised his present operation in upwards of one thousand cases "with great success in every instance." The manipulations that followed were described in minute detail. The age of the patients, the length of time they were under chloroform, the nature of the disease and of the surgical treatment were given in detail that would have been seemly only in the clinical columns of a medical journal. Thus, one patient, a girl of seven, with congenital dislocation of the hip, underwent a forcible manipulation which ruptured the adjacent muscles, and the head of the bone was finally heard to "jump into its socket." The after-dressing in a plaster case, the after-pain, everything, was minutely described. There is no need to enter into the remaining cases. The chief thing that will interest the medical profession of this country is to learn how reporters were allowed to invade the sanctity of a surgical operating theatre. The whole affair is contrary to all the unwritten laws of the medical profession in the United Kingdom. If this kind of thing be permitted in one hospital, where is it to stop? American professional methods have, happily, not made much progress so far among our countrymen, and it is to be hoped that the carelessness which has permitted the present outrage upon professional dignity and decency to be perpetrated will be traced to its proper source.

THE IMPERIAL VACCINATION LEAGUE DEPUTATION.

THE deputation from the Imperial Vaccination League, which was received by the President of the Local Government Board last week, may be congratulated on having cleared the decks for action.

The deputation was influential and representative, although the President, the Duke of Northumberland, was unable to be present. One point to which attention was drawn, and it is one which, it may be hoped, will appeal to the public at large, is the enormous expense which epidemics, such as prevailed last year and are still rampant in the provinces, entail on the community, the cost of which runs into millions of pounds. This represents the pecuniary consequences to the nation of the anti-vaccination propaganda, but after all, the waste of money is trivial compared with the suffering and sacrifice of life which the spread of the disease among the unvaccinated or imperfectly protected entails. Three great questions will have to be decided in view of future legislation: first, the means of securing the uniform and efficient vaccination of the young; secondly, re-vaccination at the termination of school life; and, thirdly, by what authority the vaccination laws would best be enforced. It is generally agreed that the carrying out of the law cannot safely be left in the hands of boards of guardians. As a matter of fact, these bodies, which are largely recruited from the small shopkeeper class of the population, unfitted by education to grasp the bearing and importance of the law which they have hitherto been called upon to administer and subject to every little gust of popular passion and prejudice, have shown themselves in this respect untrustworthy depositories of authority. Incidentally, the question of a more adequate supply of Government lymph was mooted, but this, though an important detail, is not likely to give rise to any difference of opinion. As might be anticipated, Mr. Long, though obviously unable to commit himself to any definite statement in respect of the intentions of the Government, gave unmistakable evidence of sympathy with the object of the deputation. They had, he said, at the Local Government Board, a constant and growing experience of the advantages of vaccination, and the only wonder they felt was that it should be necessary at this period of the world's history for them to come to support that which they in the office, at all events, believed ought to receive the support of every intelligent person. He added that the more he studied the question the more difficult he found it to understand how anyone could fail to give a hearty support to one of the greatest instruments of preventive medicine in the world. Admitting that isolation was in itself an excellent thing he pointed out how impossible it was that isolation alone could have brought about such a remarkable change as had occurred since small-pox was a common disease. Last, but not least, Mr. Long gave a useful hint when he suggested that if the facts were only made known and the evidence placed before the people they would have a much larger majority even than they had at present in favour of vaccination. These assurances will materially assist the League in the task to which they have set their hands, and it behoves every member of the profession to do what in him lies to bring before the public the

facts and figures upon which the protective effect of vaccination is based.

SYPHILIS AND LIFE ASSURANCE.

THE influence of syphilis on mortality is a subject of pressing importance to all engaged in assurance work. Unfortunately, wide difference of opinion exists, and there is a conspicuous lack of uniformity in practice. The matter has of late attracted considerable attention, and it is to be hoped that as a result of the discussions which have recently taken place clearer indications for judicious selection will be rendered apparent. Dr. Byrom Bramwell, in the last issue of his very attractive *Clinical Studies*, deals with the relationship of syphilis to life assurance with well-ordered care. He shows that while Mr. Jonathan Hutchinson considers that the fact that a man has had syphilis ought not to weigh for anything at all in reference to assurance, and that for such purposes it may actually have been an advantage for a man to have had syphilis, on the other hand there are others who would not accept anyone who has had syphilis as a first-class life. The majority of medical advisers at the present time, however, generally accept at ordinary rates a proposer who has suffered from primary and secondary syphilis, in which adequate mercurial treatment has been carried out, and in which a sufficient time has elapsed since the onset of the disease and since the secondary symptoms have disappeared. Dr. Greene, whose recent work on "Examination for Life Insurance" is deserving of careful study, states, speaking mainly from American experience, that: "Most companies will insure syphilitics at ordinary rates if treatment has been efficient, and a period of not less than five years has elapsed since the disappearance of all symptoms. The author firmly believes this to be an error, and would, under no circumstances, advise that a straight-life policy be issued to a man who has a syphilitic history." Dr. Bramwell believes that syphilis very definitely tends to shorten life, and he advises assurance companies to protect themselves by imposing an extra rate on every case in which there is a history of syphilis. Dr. Graham Brown, in the current number of the *Scottish Med. and Surg. Journ.*, expresses a somewhat similar opinion, declaring that "a man infected with syphilis has not a normal longevity, and should not be insured at normal rates." The question is one of great importance. Syphilis is still unfortunately a very common form of infective disease. Life assurance has now become a customary procedure with almost every thoughtful and judicious citizen. Hence not only in the interests of the assurance offices, but in common honesty to their clients, it is most desirable that this matter should not be left to the haphazard of directors or the prejudice of examiners, but should be controlled by some uniform procedure which should be based on extensive and well-investigated medical experience.

Notes on Current Topics.

A Pioneer Physiologist.

THE remarkable case of Alexis St. Martin, and the important advance in our knowledge of the physiology of the stomach which followed from it have been again brought back to the medical mind by an address delivered by Professor Osler some little time ago before the St. Louis Medical Society. Professor Osler took as the subject of his address the life of St. Martin's preserver and patron, "Dr. William Beaumont, a Pioneer American Physiologist." The story of St. Martin may be unknown to many. He was wounded in the stomach at a distance of two or three feet by a shot-gun on the morning of June 6th, 1822, outside a fort on the island of Michilimacinae. Beaumont, who was stationed there in the position of army surgeon, was the first to attend to him. Besides extensive laceration of the walls of the thorax, there was also a direct perforation into the stomach, through which food escaped. At first sight, the case appeared hopeless, but, doubtless owing to the wonderful vitality of the young Frenchman, he survived, and the wound gradually healed with the exception of a fistulous opening into the stomach. The American Government, with a tender-hearted regard for economy, then decided that he was a pauper and useless to them. They accordingly decided to transport him to his place of nativity, and would have done so, at the cost probably of his life, but that Beaumont intervened and took him into his own house and looked after him for two years at his own expense. In 1825, Beaumont began his subsequently well-known experiments, which he continued at intervals up to 1833. During this period the exigencies of military service took him to various parts of America, and in most instances he was accompanied by St. Martin, who in an interval of respite had temporarily returned to Canada and married. In 1856, St. Martin came under the observation of Dr. Francis Gurney Smith, of Philadelphia, for a little time, and finally died at Quebec in his eighty-third year; but, although Professor Osler himself endeavoured to obtain an autopsy, "the man with a lid on his stomach" was buried without such an examination having been made. The results of Dr. William Beaumont's experiments were published in 1833 as a work entitled "Experiments and Observations on the Gastric Juice and the Physiology of Digestion," and a second edition appeared in 1847. Their value—as was pointed out by Combe, who issued an edition in Scotland—was greatly enhanced by the candid and truth-seeking spirit in which all his inquiries were conducted, and in his freedom from the trammels of prejudice or theory. Moreover, their appearance at a time when "some physiologists will have it that the stomach is a mill, others that it is a fermenting vat, others, again, that it is a stew-pan," enormously increased its importance. Beaumont's accurate and complete description of gastric juice still finds its place in many text-books. He con-

firmed the observation of another investigator that hydrochloric acid was the important acid present. He recognised that the essential elements of the gastric juice and the mucus with which it was mixed were separate secretions. He established the profound influence of mental disturbance on the secretion of the gastric juice. He established a number of minor points notably the rapid disappearance of water from the stomach through the pylorus, the motions of the stomach, and the digestibility of different articles of diet. All the time he speaks of himself as "a humble inquirer after truth and a simple experimenter," and yet, as Professor Osler points out, he anticipated many of the most recent advances which have been made in the knowledge of the physiology of the stomach, Professor Osler has enriched medical literature by the address to which we have referred, and has proved himself a most interesting biographer. To those who are desirous of increasing their knowledge of the pioneer worker in the field of stomach physiology we commend the perusal of the address itself.

Divers' Paralysis.

THE curious paralytic symptoms to which pearl divers appear to be subject are well described in a very interesting communication published in a recent number of the *St. Mary's Hospital Gazette* by Dr. Graham Blick, the Government medical officer for Broome, in North-West Australia. The affection presents many points of resemblance with "caisson disease," and no doubt has the same physical origin. No symptoms are experienced while at work, it is only on coming to the surface that the victim develops sudden loss of consciousness with more or less widely diffused paralysis. These cases, in spite of the startling gravity of the symptoms, do not invariably prove fatal, though when recovery does take place, it is extremely protracted. In one case recorded by the author there was paralysis below the level of the neck, even deglutition being difficult, and there is almost always incontinence of urine and fæces. Sensation is in most cases extensively affected. In all the autopsies hæmorrhage into the fourth ventricle was discovered and occasionally slight vascular ruptures in the brain substance. Dr. Blick suggests that bleeding might minimise the lesion, but in practice no treatment at all is adopted, the pearl divers working several days' journey from medical assistance. No explanation has been suggested of the occurrence of hæmorrhage into the fourth ventricle, but the lesions are no doubt occasioned by the sudden liberation, under reduced atmospheric pressure, of the surplus gases which have accumulated in the blood, giving rise to gaseous embolism, and by enhancing the intravascular pressure to rupture of vessels. Contributions of this kind from former students add materially to the interest and value of hospital journals and reports and it would be well if the example were more uniformly followed in view of the special opportunities for original observation which many of them must obtain.

Hospital Clocks.

PUNCTUALITY is a virtue which hospital authorities cannot afford to lack. Not a few hospitals in different parts of the country render the general public a valued service by a well-placed and readily discernible clock. But some institutions for the sick seem more regardful of the man in the street than of their patients, prisoners of suffering, in the matter of time registers. The *striking* clock may become an instrument of exquisite torture, especially during the slow-moving hours of night. From a correspondence in a provincial paper it would seem that the suffering inmates of a large public hospital for years endured the penance of an hourly infliction from the crash and bang of a three-ton clock bell. The clients of hotels in the neighbourhood complained, and fortunately for the interests of the patients, at last secured an abatement of the nuisance. We certainly are of opinion that a noisy bell can hardly be considered a desirable soporific for hospital patients, and certainly, wherever a hospital may be placed, the interests of the sick poor should receive first consideration.

A Medical Colony.

ONE of the most interesting features of London life is the remarkable way in which various nationalities, trades, and professions tend to concentrate in definite colonies. There are many explanations for such, but undoubtedly the chief factor is convenience. And medicine can claim no exception. Harley Street is known throughout the civilised world as the hub of British medicine, the premier residential quarter of those who practise the healing art in England's metropolis. Mr. E. Muirhead Little has recently made inquiry as to the growth of this concentration camp. In 1862, according to the "London Medical Directory," there were 22 practitioners in Harley Street, and 4 in what was then Upper Harley Street. As early as 1850 there were 14 doctors in the local list. By 1855 these had increased to 19, and thence onward the colony flourished; 30 in 1865, 51 in 1875, 68 in 1885, and 125 in 1895. And now, in the beginning of 1903, there are no less than 186 practitioners who claim Harley Street as their address, although, as Mr. Little quaintly puts it, "a few of them must be sought well round the corners of cross streets."

Enteric in South Africa.

DR. P. MURISON, addressing the Durban Town Council last month, said enteric and dysentery were the two greatest scourges in Natal, and in 1901 formed 96 per cent. of deaths. A person suffering from enteric ought to come under the Contagious Diseases Act; he was a danger to the community and a manufacturer of typhoid infection. Fifty per cent. of the cases nursed at home either had their soiled linen washed there or sent to a public laundry. If at home there was often no sewerage, and the waste water was thrown over the back-yard, or allowed to run into the street. He urged the erection of a Thresh's Steam Disinfecter in or near the Fever Hospital grounds, and

the supply of a special soil-pan to unsewered houses containing enteric cases, these pans and the soiled linen to be taken away periodically by authorised persons from the Board of Health. By disinfecting pans and linen as far as possible the chances of spreading infection would be diminished. The grave fact that annual deaths from diarrhoea diseases had for the past three years exceeded one death in every three made the notification and inspection of such cases an urgent necessity.

The Micro-Organism of Hydrophobia.

PROFESSOR SORMANI, of Pavia, in a communication read before the Medical Institute of Lombardy a few days since, described an organism which he believes to be the specific organism of hydrophobia. He describes it as belonging to the group of polymorphous microbes occurring sometimes in the form of micrococci, at others in that of bacilli, and more rarely as blastomycetes, and he designates it provisionally *coccus babyllus polymorphus lissa*. His cultures were obtained from the nervous substance and salivary glands of infected animals, and the organism is stated to grow readily in milk, on potatoes and other media commonly employed in bacteriological research. Obviously the discovery, if duly authenticated, is one of far-reaching importance, this particular organism having hitherto eluded the efforts of investigators to isolate it. Until we are in possession of the technical data upon which the alleged discovery is based it is obviously impossible to offer an opinion as to the validity of the claim, but as the details will shortly be public property, it will not be long before we shall know what importance to attach to the results of Professor Sormani's researches.

The Phonograph in Dentistry.

MUSIC and tooth-drawing—an association first formed by a Paris dentist—is gaining favour in America, where doubtless wonderful and startling improvements on the idea will be made. The Parisian noticed that patients awaking after an anæsthetic showed very unfavourable symptoms, their condition being largely due to the noise of traffic outside. Now, when a patient is seated in the chair he adjusts the phonograph tubes to his ears and the instrument sets to work. Then the anæsthetic is given and he finds unconsciousness comes on quicker and easier, while less anæsthetic is required. The patients, we are assured, awake without headache or discomfort of any kind. A phonograph playing cheerful and inspiring airs will doubtless soon be found in every doctor's ante-room to raise the spirits of anxious patients.

Pure Food.

ACCORDING to the Bill just passed, the American Secretary of Agriculture will have as duty in that country to fix standards of food products and determine the wholesomeness or unwholesomeness of preservatives and other ingredients. One man's food is no longer to be another man's poison. It must be food or poison for all men, as the Secretary

of Agriculture shall determine. The editor of a Chicago paper, who doubtless has interests in some patent sauce or food, asks bitterly: "Where will all such legislation end? And for this particular measure, in view of the fact that the Senate does not seem to greet it with enthusiasm, it may end just where it is, and if it should, the mourning over its demise will not be wide-spread."

The Opium Traffic.

CONSISTENCY is not a distinguishing feature of nations, even when they profess to frame their codes of morality upon the high ideals of Christianity. Thus, the British nation, in dealing with other communities rarely imposes any restrictions upon gunpowder, spirits, opium or other articles the sale of which may be fraught with untold disaster to the civilised or uncivilised people who are the purchasers. In the case of opium the terrible results of the traffic have long been known, but no step has ever been taken by the British Government to prevent the importation into China of that drug by British merchants against the wishes of the Chinese themselves. The late Archbishop Temple studied the question of the Anglo-Indian opium trade with an unbiassed mind. He concluded that such a traffic, carried on by the Government itself, was unworthy of a nation professing the Christian faith, an opinion which must surely be supported by all consistent Christians. The British Legislature has recently passed a law of a most stringent nature restricting the right of their constituent lieges to get drunk. That measure is founded on the assumption that the State is bound to care for the moral well-being of the people. How can a Government of such ideals sanction, or rather actually conduct, an illegal and degrading traffic against the expressed wishes of the Chinese nation?

The Gifts of Patients to Medical Men.

THE relations existing between medical men and their patients are clearly often of a fiduciary nature. In their case, as in that of certain others, the law has asserted a right of control over the extent to which medical men may be entitled to accept gifts at the hands of their patients. It has been established that a medical attendant cannot defend his claim to large sums of money—that is, sums not measurably in proportion to services rendered and to his usual fees—supposing such sums to have been given him informally by a patient. The medical man, however, is entitled to receive a legacy, provided it can be proved that the testator was in possession of proper faculties and was not unduly influenced at the time of making the disposing will. It need hardly be pointed out that a medical man would not have a legal title were he to draw up a will in his own favour at the request of a patient. Under corresponding circumstances a lawyer would be similarly disqualified. A knowledge of these points would now and then save a medical man from being placed in an extremely awkward

position. It would be wise for any member of the profession to decline any large sum of money offered him by a patient. At the same time it would be open for the benefactor to carry out his intention by means of a deed of gift under formal conditions known to every lawyer.

Is Lunacy on the Increase ?

THE vexed question as to whether the increase of insanity in the United Kingdom is real or apparent appears to be answered emphatically in the affirmative, so far as the West Riding of Yorkshire is concerned. That part of the county is particularly well provided with lunatic asylums, but, for all that, further accommodation of the kind will shortly be required. For some years past the undue annual increase of insanity in the county has been the subject of comment. In the year 1902, with a total of 5,061 patients, there has been a total net increase of West Riding chargeable patients of no less than 195. This large total includes neither private and out-county patients, nor 914 insane persons who are housed in the workhouses. In consequence of this influx the local County Council will proceed at once with the erection of the main buildings of the new asylum at Storthes Hall, which it was hoped would not be required for several years to come. The fact that insanity has increased unduly of late years in the West Riding appears to be established. It is to be hoped that the asylum experts in that division of the county, which has often led the way in the scientific investigation of insanity, will be able to offer some satisfactory explanation of this state of affairs. The busy mining and industrial populations of Yorkshire may possibly be showing in this generation a degeneracy resulting from the exposure of their progenitors to long-continued unfavourable conditions.

The Law as to Inquests.

IT is sometimes very difficult to distinguish between deaths due to accident and those due to disease, and some allowance must be made for medical men who unwittingly fail to establish a strict line of demarcation between the two. A case in point occurred last week in London and called down another censure from the Coroner for Westminster on the authorities of St. Thomas's Hospital, this institution being just now in Mr. Troutbeck's bad graces. A lad was admitted who had a sore place on his lip and another on his finger, together with symptoms attributed to rheumatic fever. He ultimately proved to be suffering from pyæmia, to which he succumbed. It was then ascertained that the sore on the mouth was due to a burn caused by a spark from the furnace, and on this ground an inquest was held. A verdict was returned to the effect that death was due to heart failure consequent on blood poisoning, there being nothing to show how the latter had been caused, a verdict which does not throw much light on the point under investigation. It follows that a pin-prick within a year and a

day of death may render an inquest necessary whenever the cause of death does not obviously exclude the possibility of the injury having been the primary cause.

Ritual Circumcision and its Consequences.

AN inquest was held by the Coroner for Westminster a few days since on the body of a child who had died of pyæmia following ritual circumcision. The case was inquired into very carefully, and it appears that in addition to sundry medical operators a certain number of persons are trained to perform the operation with due regard to surgical cleanliness. Dr. Freyberger, who was called in to assist the Coroner, unhesitatingly condemned the way in which the instruments were kept, and the absence of precautions to prevent contamination. A verdict in accordance with the medical evidence was returned. It is obvious that circumcision, when performed by unskilled persons—that is to say, persons not familiar with the practice of surgical cleanliness—presents certain dangers, though it must be admitted that the occurrence of dangerous complications is very rare. It is especially among the poor that the danger exists, since the better-class Jewish parent usually provides for medical superintendence of the operation. Doubtless a lesson of this kind will not be thrown away, in that it will serve to inculcate the necessity for the strict observance of the regulations laid down by the Jewish authorities.

The Spitting Nuisance.

THE Council of the National Association for the Prevention of Consumption have passed a resolution advocating the prohibition of spitting on floors of public buildings, in public carriages, and generally in any covered place of public resort. From a hygienic point of view we are unable to see much difference in the danger between covered places of public resort and others, and from an æsthetic point of view we should very much like to see spitting on footpaths also prohibited. As this is such an altogether new departure, however, we must be thankful for small mercies—when they shall have been accorded by the authorities.

Small-pox in the Provinces.

SMALL-POX continues to spread in the provinces, and fresh cases are daily being notified in Bradford, Nottingham, Leicester, Stockport, Widnes, Newbury, St. Helens, Chesterfield, Derby, Salford, and elsewhere. Although the number of cases in the respective districts is nowhere very large, it is evident that we are confronted with a wide-spread epidemic which it will tax the resources of the local authorities to circumvent. In some instances especially in the smaller towns, accommodation for patients has had to be improvised at short notice, thereby adding greatly to the difficulty of ensuring prompt and efficient isolation. Moreover, isolation is a costly and uncertain process compared with vaccination, and the lesson is one which will perhaps be appreciated elsewhere than in Leicester

Abattoirs v. Slaughter-houses.

THE practical administration of public health in the United Kingdom is, on the whole, possibly the best attainable under existing social conditions. At the same time there is abundant room for improvement in many points. The constitution of local governing bodies, with whom rests the duty of protecting the health of the people, of necessity implies the election of councillors who are interested in various trade interests, the control of which is necessary. In this way we find bakers, publicans, butchers, electricians, and house and land agents often strongly represented on the public bodies in question, to say nothing of other commercial and financial interests. Their presence doubtless serves to protect the trade with which they are associated; but, on the other hand, it often exerts an undue influence in checking the wheels of progress. Instances of that kind of passive obstruction are familiar to everyone who has had much experience of the ways of local governing bodies. There is no more flagrant instance of the harm that can be done than by the retention of slaughter-houses in crowded town localities in the interests of owners who are usually butchers and councillors. In London, as in most of our great towns, the evil of private slaughter-houses is nothing short of a public scandal. Parliament might well insist on the compulsory establishment of public abattoirs within a reasonable number of years. Otherwise the slaughter-houses are likely to linger for many years to the injury of the public and the benefit of the butcher.

St. Bartholomew's Hospital.

THE recent appeal of St. Bartholomew's Hospital for the aid of the Mansion House in its contemplated extension has led to an unexpected storm of hostile criticism. St. Bartholomew's, as everyone knows, is the richest medical charity in the United Kingdom. Roughly speaking, it is built on a site worth about three quarters of a million of money, it is endowed to the extent of several millions, and it enjoys an annual income of £72,000. At the present time only about two-thirds of the available beds of St. Bartholomew's are occupied. In spite of that pertinent fact, however, the honorary treasurer, Sir Trevor Lawrence, is anxious to put in motion the machinery of a Mansion House fund. The plea is that the hospital authorities have bought an acre and a half of the enormously valuable adjacent site of Christ's Hospital at a cost of about £300,000, and want an equal sum of money to build thereon. Hitherto the Mansion House collection has been confined to national purposes, and the proposal to use it for the benefit of a local City charity has naturally attracted a good deal of attention. The policy of going to the public for more money to add to the existing enormous wealth of St. Bartholomew's has been vigorously attacked. The original population around the hospital has decreased, according to some estimates, by 70 per cent. The present vast influx of patients, both out and in,

is to a great extent drawn from the provinces and from northern districts of the Metropolis. With the foundation in the neighbourhood of ample casualty and emergency wards, both out and in, the main hospital would probably be just as available if built in an outlying suburb, where land could be bought at, say, a thousand pounds an acre, instead of a million, the value, roughly speaking, of the present site. A large modern hospital could be erected there with ample and wholesome accommodation for resident staff as well as patients. Teaching could be carried on equally well in a suburb, as students rarely live near a hospital nowadays. As to the convenience of the medical staff, it would be about as easy to go from Harley Street to, say, Hampstead, as to the City. At present we believe that hardly a single member of the senior staff of physicians is engaged in active teaching at the school. The controversy will serve a useful purpose by bringing the question of decentralisation of hospitals before the public.

An Ambulance Service in London.

THE London County Council is awakening to a sense of the scandalous lack of ambulances in the Metropolis, and the subject is at present being investigated by the General Purposes Committee. In most provincial towns the ambulance service is largely worked by the aid of the police, but this plan is impracticable in London, seeing that the police are not under the control of the Council. The other alternative is for the Council to organise an ambulance service of its own, maintained at the expense of the rates, and worked mainly through the agency of the Fire Brigade. This suggestion has much to recommend it, the brigade being well provided with telephones and means of transport, so that we may hope in the near future to see London as well provided with ambulances as some of the large provincial towns.

Building Acts and Fire.

THE fatal fire in the City of London last summer, on which occasion a number of persons were burnt to death on the fifth floor of a warehouse, has not yet been followed by adequate preventive measures. The Metropolitan Fire Brigade, it is true, have done much to improve their apparatus and methods, and at all fires ladders are now available long enough to reach a fifth floor. So far little has been done towards amending the Building Acts, as recommended by the coroner's jury that sat on the fire. The London County Council have decided to urge the necessity of fresh legislation upon Parliament. The City Corporation, however, on the other hand, have shelved similar advice given them by a special sub-committee. Their objection appears to be based on the ground that the carrying out of the alterations required to provide safety exits by roof and otherwise in all existing buildings would entail an enormous cost upon property owners. This evasion of responsibility, if permitted, will leave a vast day population of workers within the City in a state of continual

peril from fire. It is notorious that, owing to faulty construction, a large proportion of the warehouses and other City buildings are simply death-traps in the presence of fire. If the present Building Acts be made retrospective as regards the provision of proper fire exits the cost must clearly fall upon some one, and it seems only fair that the owner of the property should bear the brunt of the expense rather than the heavily rented and heavily rated tenant. The question is one of great importance, not only to Londoners, but to residents in all other parts of the United Kingdom.

The Hygienic Regulation of Barbers' Shops.

THE extremely insanitary, not to say dangerous, manner in which barbers are allowed to conduct their business at present is a subject which would advantageously engage the attention of sanitary authorities. At present, the number of establishments, even of the highest class, in which the necessity for sterilising brushes, scissors, &c., after use is recognised is extremely small, while among the poorer class of barbers such measures are practically unheard of. When we reflect upon the number of diseases—some of them of a severe constitutional type—that can be propagated in this manner, the necessity for reform is very evident. Unfortunately, however, our sanitary authorities as a rule are not remarkable for the spirit of initiative, and are therefore unlikely to agitate for reform of their own accord. It is indeed open to question whether medical journals and medical authorities generally have done their utmost to bring pressure to bear in this direction. We learn from a contemporary that the Canadians are in front of the Mother Country in endeavouring to obtain tonsorial reform. The Ontario Provincial Board of Health have drawn up regulations for the guidance of barbers with the object of ensuring greater cleanliness and of preventing the spread of skin, scalp, and other diseases. These regulations have been brought before the various barbers' associations in the hope that they may be led to adopt them. They are very practical in character, and, with the exception of a direction to boil razors for five minutes after use, are such as would entail but little trouble or expense. We strongly commend them to sanitary authorities who are anxious to justify their own existence by accomplishing a really necessary reform.

Peers' Donations to King Edward's Hospital Fund.

THE acknowledgment by the secretaries of King Edward's Hospital Fund of the receipt at the Bank of England of the sum of £4,094 2s. 4d., "being the first quarterly dividend arising from the securities so generously given to the Fund by Lord Mount Stephen and Lord Strathcona," gives at least a definite idea of the magnitude of the sum which has been given to the Fund by these peers. Securities which yield an annual income of £16,376 13s. 4d., are indeed a munificent gift, and one which well deserved the reference made to it

by the Prince of Wales, who called it the "splendid endowments from Lord Strathcona and Lord Mount Stephen, who have thus extended to King Edward's Fund that open-handed generosity by which they have in Canada created and endowed so many great works of charity." Without in the least wishing to decry the importance of placing London hospitals on the soundest financial basis, we should very much like to see a more universal distribution of the large sum which has been collected for these hospitals of late years. In Ireland, particularly, there are many hospitals which are severely handicapped in their efforts by want of funds. The expenses of hospital management have increased enormously during the last twenty years, both on account of the higher standard of comfort deemed necessary and the introduction of antiseptic and aseptic methods; while at the same time in many instances the receipts of the hospitals in Ireland have diminished in consequence of the depreciation in the value of land. The latter fact prejudicially affects all hospitals indirectly, by depriving them of would-be subscribers, and, worse still, it hits directly many hospitals formerly in receipt of a permanent income from land. No wonder then that the managers of Irish hospitals cast longing eyes at the enormous sums which have been collected of late for London hospitals.

Ocean Travel for the Inebriate.

A SEA voyage is sometimes advised as affording an opportunity for loosing the links of the alcoholic habit. Unfortunately most passenger boats present almost unlimited means for ready access to alcohol, and make isolation from an alcoholic environment practically impossible. Hence medical men now generally recognise that to advise ocean travel for inebriety is worse than useless. We understand, however, that the authorities of a well-known sanatorium for this class of case is about to undertake an interesting experiment. Arrangements are being made whereby the whole passenger accommodation is engaged. A cruise of some eight weeks in the Mediterranean under the personal supervision of a medical man, with complete isolation from alcohol, and constant change of environment, may be expected to afford conditions which should prove of lasting benefit. We shall be glad to learn the result of this praiseworthy experiment.

Ankylostoma in Great Britain.

THE outbreak of ankylostomiasis among the men employed in the Dolcoath mine in Cornwall has been reported upon by Dr. Haldane, F.R.S., and his report has just been published in a Blue Book. The salient feature of the investigation show that the spread of the disease is largely due to carelessness on the part of the men themselves and certain steps are advised with the object of preventing the pollution of mines. Dr. Haldane points out that unless proper precautionary measures are enforced there is no reason why the parasite should not, metaphorically

speaking, gain a footing elsewhere, as well in coal as in metalliferous mines. After this warning it is to be hoped that effectual measures will be taken to stamp out the invader.

The London Hospital Pills.

THE eloquent statistical appeal of the Hon. Sydney Holland on behalf of the London Hospital will, we trust, meet with due recognition at the hands of the charitable public. His figures are startling—92 miles of lint and 476 miles of bandage, plus nine miles of plaster, are serious items; but they pale before 2,500,000 pills and three tons of cough lozenges. There is a proverb that every bullet finds its billet, but we doubt whether as much could safely be affirmed of this arsenal of pills. It is doubtful, indeed, whether the proportion of billets would, on inquiry, be found to rival with the bullets of the French army in 1870, when only one bullet out of six thousand is said to have hurt anyone. The figures, moreover—to those who are cognizant of the lavishness with which medicines and medical appliances are dispensed at our large general hospitals—suggest the possibility and propriety of greater economy in this department. Economically disposed patients have been known to make use of the cod-liver oil for illuminating purposes, and infants in perfect health have been known to partake greedily of the cough lozenges intended for their elders, not always with satisfactory results. Seriously, however, it cannot be denied that a very large proportion of this ocean of medicine runs to waste, and the problem of checking this leakage of much-needed funds is one which might well engage the attention of those who are responsible for the management of our hospitals.

Revivification of the Human Heart.

At the last meeting of the Academie des Sciences a case was reported in which pulsation of the heart in a child of three months of age who had died of double pneumonia, after removal from the body twenty hours after death. An artificial circulation of saline solution containing the mineral elements of the blood, with the addition of a small quantity of dextrose warm and saturated with oxygen, was established, and after twenty minutes weak rhythmic contractions were produced first in the right ventricle, and finally the whole heart resumed regular pulsations which persisted for one hour. The author repeated the experiment on other human hearts, and succeeded several times in provoking pulsations in the auricles thirty hours after death, in spite of the formation of large clots in the organ.

WE are asked to announce that the Annual Dinner of the Gynæcological Society will take place at the Café Monico, Piccadilly Circus, on Thursday, January 29th, at 7 for 7.30 p.m. The president, Sir John Halliday Croom, will occupy the chair. Tickets may be obtained from the hon. secretary (J. H. Swanton, 40, Harley Street, London, W.), price 10s. 6d. each, and ladies may be invited as guests.

The Chelsea Hospital for Women has received from its good friend, "H. M. E.," a further munificent donation of £2,000.

PERSONAL.

DR. S. E. JOHNSON, of Moseley, has been elected an alderman of the City of Birmingham.

MR. JOHN LYNN THOMAS, C.B., F.R.C.S., has been appointed on the commission of the peace for Cardiganshire.

It is proposed to erect a memorial at Munich to the late Professor Pettenkofer, and Dr. Corfield invites the co-operation of sanitarians in this country.

PROFESSOR VON ESMARCH celebrated his eightieth birthday on January 9th, and a memorial to him has been raised in his native place, Tønning, in Schleswig-Holstein.

DR. J. N. LANGLEY, F.R.S., will deliver the presidential address at the annual meeting of the Neurological Society on January 22nd, taking for his theme the "Autonomic Nervous System."

DR. PERCY ATHELSTAN NIGHTINGALE has been authorised to wear the insignia of the Fourth Class of the Royal Siamese Order of the White Elephant, conferred upon him by the Government of Siam for services rendered.

MRS. DEACON, the wife of the Postmaster-General of the Gold Coast, has been appointed Medical Officer of Health to the Colony. Mrs. Deacon was formerly a student at the School of Medicine for Women, London.

THE Lord Chancellor has appointed Mr. Charles S. Bagot to be an honorary Commissioner in Lunacy, in the room of Mr. John D. Cleaton, deceased. The appointment of Mr. F. A. Inderwick, K.C., to be a paid Commissioner in Lunacy, in the room of Mr. C. S. Bagot, is gazetted.

DR. HENRY MOORE, the organising secretary of the most successful bazaar ever held in aid of the Royal City of Dublin Hospital, was presented on Wednesday last with a service of plate in recognition of the importance of the aid which he had rendered to the Hospital. The funds of that institution benefited to the extent of £9,000 by the bazaar, a result which was largely due to the indefatigable manner in which Dr. Moore worked in its interests. Mr. Croly, F.R.C.S., in making the presentation, referred to the fact that this was the second bazaar in aid of the hospital at which Dr. Moore had assisted, and to the extremely satisfactory result of each.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH UNIVERSITY UNION.—EXTENSION SCHEME.—A public meeting in support of the extension of the University Union was held in the M'Ewan Hall on January 1st. Owing to the indisposition of Mr. A. J. Balfour, the chair was taken by the Lord Rector, who was also the principal speaker on the occasion. Opened some thirteen or fourteen years ago the Union

has probably done more than any other single institution for the comfort and general well-being of the undergraduates, and has promoted good feeling among them by serving as a centre for all kinds of student activity. For several years after its opening the Union was not financially successful—indeed, not until it undertook its own catering was it able to make both ends meet. For a time, too, certain sections of the undergraduates stood aloof from membership, but now the numbers who join are sufficient to over-crowd the building uncomfortably, hence the appeal that funds may be provided to house all who wish to become members of this students' club satisfactorily. The Lord Rector in his speech alluded to the dining accommodation, the library, and the facilities for recreation as being most conspicuously inadequate; to remedy the last-named it is proposed to have two fives courts when the extension is complete. The following resolution, moved by Lord Robertson and seconded by the President of the Union, was carried unanimously:—
 "That this meeting recognising the important position which the Union now holds in the social and academic life of the University, and having had placed before it a statement as to the necessity for its immediate extension, pledges itself to do all in its power to assist in raising the necessary funds." An influential committee was then appointed to co-operate with the Union committee of management in the work of raising the £20,000 which is desired. It is to be hoped that old Edinburgh men in all parts of the world, particularly those who know the advantages which the possession of such an institution as the Union affords to the undergraduates, will come forward liberally and help their successors in the task of enlarging and extending the benefits of the Union.

THE CRUSADE AGAINST TUBERCULOSIS.—PUBLIC MEETING IN GLASGOW.—A public meeting was convened by the Lord Provost of Glasgow on January 14th, to consider the prevention of phthisis and to institute a fund to assist the local branch of the National Association for the Prevention of Consumption in its work. The immediate object of the meeting was to institute a fund for the erection of a sanatorium on a site which the Association has acquired. Mr. Quarrier, whose "homes" are known throughout Scotland, and who has founded sanatoria for the treatment of phthisis, protested against the Association ignoring the work already done, and thought the new Association should be amalgamated with the old one. Dr. Duncan moved, as a rider, that the proposed sanatoria should be for males only, in view of Mr. Quarrier's work at Bridge of Weir for female cases. He said he had at present twenty-three applications by artisans for admission to one of three consumptive beds in which he was interested. It was pointed out that meanwhile the Association proposed only to deal with males, and Dr. Duncan's amendment was accordingly withdrawn.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

AUTOBIOGRAPHY OF THE PRESIDENT, B.M.A.—It is not often that a medical man allows others the opportunity of considering his own view of himself and his doings—save through the columns of the Medical Directory. The distinguished President of the British Medical Association has, however, cast all modesty to the winds, and in the current number of the *Manchester Medical Students' Gazette* indicates the truth of the old saying that "the child is father to the man" by humorously revealing the doings of the "Days of my Youth." We seriously hope that Mr. Walter Whitehead's action in publishing his autobiography, although "writ humorous like," will not become a necessary precedent to be followed by all Presidents of the B.M.A.

MUNIFICENT BEQUEST TO OWENS COLLEGE.—I am in a position to state authoritatively that the late Dr. Schuster, who died last week, has left his valuable laboratory and buildings connected therewith to Owens College.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

PROF. LORENZ AT THE ROYAL SOUTHERN HOSPITAL.
 ON January 10th, Professor Lorenz visited the Royal Southern Hospital, Liverpool, for the purpose of demonstrating some of his methods. A large audience of medical men filled the Clinical Theatre. Seventeen cases of congenital dislocation of the hip had been collected by Mr. Robert Jones, together with seven of club-foot and some cases of hip disease with marked deformity. Professor Lorenz first demonstrated his bloodless method of reduction in a case of unilateral dislocation of the hip in a girl, æt. 8. For practical purposes this is the age limit beyond which cases are generally unfavourable. After thoroughly stretching and tearing the tense adductors and extensors, and rendering the parts about the hip "flail," he reduced the dislocation by causing the upper end of the femur to rotate around the lower margin of the acetabulum and enter the socket. By forced manipulation the socket was made more like an ordinary acetabulum, and he was able to demonstrate clearly the slipping in and out of the bone. The thigh was then put up in plaster of Paris by Dr. Müller in the most finished and perfect manner, the position being that of abduction, external rotation and extension at a right angle to the body so as to jamb the head of the bone against the anterior part of the acetabulum. He next proceeded to replace the dislocated heads in a case of double congenital dislocation in a child, æt. 3. This being a suitable age for his method the reduction only took a few minutes, and the patient was fixed in plaster in the same way. A demonstration was next given of his "modelling redressment" of talipes equinus varus, the foot afterwards being placed in plaster. The apparatus which he uses for correcting "short leg" in hip disease was next explained. The audience, which consisted of well-known surgeons from London, Birmingham, Liverpool, Wales, &c., was a most enthusiastic one, and the Professor's demonstration was received with great applause, everyone agreeing that for lucidity and completeness it could not be surpassed.

BELFAST

[FROM OUR OWN CORRESPONDENT.]

EXCESSIVE DISPENSARY EXPENDITURE.

IN connection with the late inquiry into the expenditure on medical and surgical appliances and medicines, some interesting figures were presented to the Board of Guardians last week, giving comparisons between the years 1880, 1890, and 1900. In 1880 there were two visiting medical officers, one resident, and an average of 895 patients weekly, with an average weekly cost per patient for medicines and appliances of 5½d. In 1890 there were two visiting medical officers, two resident, an average of 1,114 patients, and an average cost for medicine, &c., per week of 4½d. In 1900 there were three visiting medical officers, four resident, and an apothecary, an average of 1,468 patients, and an average cost of 10½d. for medicines, &c., per week. It would be interesting to know how these figures compare with those of some large unions in Dublin and the South.

DISPENSARY DOCTORS' FEES—A TEST CASE.

AT the Downpatrick Quarter Sessions on January 16th, before Judge Orr, Dr. MacLaughlin, of Strangford, prosecuted the Guardians of Downpatrick Union to recover a sum of £5 5s., balance of salary alleged to be due to him by the defendants. It appeared that the

um had been deducted by the guardians with the approval of the Local Government Board, being the amount paid by the guardians to Dr. Smyth, who had been employed to act as *locum tenens* when the plaintiff was acting as witness in civil cases at the Down Assizes and Downpatrick Quarter Sessions. The Local Government Board authorised the deduction on the ground that, the cases being private ones, the plaintiff could have arranged for proper fee and expenses before appearing in court. It was contended for the guardians that the Local Government Board had power to authorise the deductions made under Article 24 of the Dispensary Regulations of 1899, and that they were bound by the direction of the Local Government Board.

Upon behalf of Dr. MacLaughlin it was contended that these regulations, on which the defendants relied, gave them no positive power of deduction, nor to the Local Government Board any power to authorise any deduction from a medical officer's salary in a case of this nature. Article 24 was purely negative, restraining the guardians from making any deduction except under certain circumstances, and this article, having been inserted for the protection of the medical officers, was now being used by the guardians as a weapon of destruction.

His Honour considered that upon a general interpretation of the Dispensary Regulations the guardians had the power of deduction given to them in a case in which the medical officer was incapacitated from acting as in this case, and consequently he considered the action must fail, and dismissed the process, expressing the opinion that the case was one which would in all probability go further, and that, although there was some doubt about the case, he would not reserve judgment, but would do all he could to expedite an appeal.

Correspondence.

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

THE CONTAGIOUS CHARACTER OF LEPROSY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a reply to the remarks of Mr. Jonathan Hutchinson, in a recent number of the *Polyclinic*, to which you allude in your editorial of December 10th, 1902. I ask for space in your columns in reply thereto.

In the Berlin lepra Conference the non-contagion party of Great Britain and its possessions stood an obstacle to our obtaining the declaration that official delegates should authorise their respective governments to form a permanent international committee against emigration of lepers; that every country which had leprosy colonies should see to it that they were properly isolated, etc. These people claimed that there was no necessity of caring for the 200,000 lepers of India.

As one of the provisional committees of the Berlin Lepra-Conference which promulgated the declaration to the governments of the world that leprosy is contagious, and that isolation of lepers is necessary, let me state further that London, as the place of meeting of that congress, was not selected because Mr. Jonathan Hutchinson had proposed the Prince of Wales as president. Dr. Unna, of Hamburg, thought that this would not do, as his Royal Highness was a pronounced non-contagionist. Moscow, Russia, was defeated because it would give us contagionists too much power, as the Russian leprologists were bitter contagionists. Berlin, therefore, in the interests of the Scandinavian "mixed" isolationists, was chosen.

There is to the isolation of lepers only one great national opponent to-day. That is England. The maintenance of her 200,000 Hindoo lepers, not to speak of her West Indian and other lepers which, as Dr. Beaven Rape, of the Trinidad Leper Asylum, wrote me, are the result of importations of Hindoo lepers to the West Indian British possessions, to work the sugar plantations, would be an enormous

expense. England is opposed to isolation from utilitarian considerations. Recently, as Mr. Hutchinson wrote me, measures for the isolation of lepers in India were withdrawn from Parliament because of the opposition which he led against them. His opposition was certainly not of a scientific, and still less of a philanthropic character.

As for the contagiousness of leprosy, I know of the case of a man who became leprosy by being massaged by Swedish woman whose fingers were diseased. The time of negation is past, and it would be well for him to open his eyes to what is evident. The great Kaposi in 1881 said: "The contagiousness of leprosy, received formerly as a patent truth and then systematically denied, has become again a problem which refuses to be disregarded. What physician," he says in a critical study on this subject (*Gaz. Hebdom.* 1880) "would dare now to inoculate leprosy?"

And you cannot explain the importation of leprosy from one nation to another in the course of the centuries if it is not by contagion. The condition of transmission of which we know nothing; the long incubation of the disease, due, in my opinion, to a prebacillary spore life; the indefinite duration of its latent period, are doubtless so many causes of the obscurity which prevails on this subject. So long as this question is not scientifically answered in the negative, we are of opinion that any measures of general or public precaution are justified, and by such measures alone can leprosy be rooted out or localised.

Founded on facts and modern opinions, the theory of contagion of leprosy is now predominant. Some, for purposes of expediency or other reasons, may not admit it, but they are to-day in a minority. The logical conclusion of all the great leprologists is that the disease is insidiously contagious; that for 100 or 200 years it remains after inoculating a virgin country very slowly endemic, and then suddenly appears in its most hideous form, epidemic leprosy, as in Colombia and South America to-day, and that the people, even the most liberal, are justified in defending themselves by measures of rigour.

Let me state the general laws which govern the invasion of this disease: First, that the leper carries leprosy with him, and that those parts of the world which are now leprosy are so through contact with leprosy individuals. Never have virgin countries produced lepers. The second proposition shows the gradual increase of the disease and the influence of isolation, one being in inverse ratio to the other. The recrudescence of the awful scourge in the whole world to-day constitutes truly an international danger, and every nation must protect itself in the measure of its progress and civilisation.

I am, Sir, yours truly,

ALBERT S. ASHMEAD, M. D.

New York, December 27th, 1902.

DUBLIN UNIV. PARLIAMENTARY ELECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—As an elector of the University of Dublin, as a Poor Law Medical Officer of 25 years' service, and as one who has suffered, in common with many others of my profession, hardships and injustice from those at present in power over us, I am deeply interested in the coming election, and as the result may have far-reaching consequences for Poor Law Medical Men, to whom I principally address myself, I ask them to look on the situation as practical men.

We have two candidates before us—one the Solicitor-General of a Government which, during the passing of the Local Government Act, and since that Act, has had abundant opportunities of improving the condition of the Irish Poor Law Medical Service, and redressing the many grievances of its members, who are men of abilities, men of education, but who are compelled to live on starvation wages—wages which would be refused by an artisan—and then, when worn out in the service, are often left to die in indigence. Thanks to our organisation, and the fact that medical men are

at last beginning to see that unless they look after their own interests no one else will. We are no longer the nonentities we were, we are now a body of men who have to be reckoned with, and Mr. Campbell now suddenly offers, if returned as a Government official, to look after our interests. *Sed timeo Danaos et dona ferentes*. As a law officer of the present Government, I fear his ability to serve us—it must be limited. It will be impossible for him to ask questions, move resolutions, introduce legislation, or discuss amendments, except from the Government point of view.

On the other hand, we have in Mr. Samuels a man who will be independent and unfettered by office, and ready and willing to serve us in every way, *vide* his letter to Dr. Kinkead of 30th October, 1902, published in your Journal of the 7th inst., and other papers. He gave me his promise some months ago, and recently renewed it, that he would do all in his power to bring to notice and try to remedy the scandalous abuses from which Poor-law Medical Officers in this country suffer. I, therefore, appeal to my brethren in the Poor-law Service who have votes, to give them to Mr. Samuels, and to try and induce their College contemporaries, who are living in England under happier circumstances, to think of us, the poor Dispensary Doctors of Ireland, and assist us to return a man who will, I feel confident, do his best to remedy our unfortunate condition.—I am, Sir, yours truly,

F. P. MACLAUGHLIN, M.Ch., Dublin.
Vice-President for Ulster of the
Irish Medical Association.

Strangford, January 16th, 1903.

Literature.

AGE AND OLD AGE. (a)

THIS excellent little handbook will fill a gap in many a medical bookshelf. While there are many books dealing with childhood from every conceivable point of view there are exceedingly few that treat of the opposite extreme of life. Indeed, the author is the only medical writer, if we remember aright, who has approached the subject as a whole for at least fifteen or twenty years. The little monograph by the late Sir George Humphrey, valuable though it be, is confined to old age, pure and simple. The author, on the other hand, is careful to discuss "age" and premature senility as apart from old age. In a simple, attractive style he has treated the subject systematically and with sufficient detail to secure the attention of the reader without losing sight of the main principles. Hence medical practitioners, especially those who are entering upon active practice, will find a variety of useful information between the covers of this little volume. The chapter headed "The young man old before his time" contains a deal of suggestive matter, and the influences of alcohol, dissipation, athletics, occupation, exposure and so on upon the advent of senility, are temperately and reasonably discussed.

The author's classification of his subject is somewhat novel. He improves on the commonly accepted definition of old age as that period of life following maturity in which the degenerative processes become marked. His more extended view describes it as "That condition following maturity in which the bodily and mental powers begin to wane, first gradually (senescence) and then in a more marked way (senility), the former appearing naturally about the 50th to the 60th year, but sometimes occurring prematurely at any period of middle age, while senility may come on at any subsequent period, but usually about the 65th or 70th year." This definition provides for the prematurely aged, the ageing, and the aged man. All the varieties of age and old age are discussed from various points of view, and many instructive and original

observations are made. The whole book from beginning to end is characterised by sound common-sense and clear expression. Dr. Walsh's little volume may be cordially recommended to all who want information as to the decline of life, a period for which preventive medicine is doing more and more.

CREIGHTON ON CANCERS AND TUMOURS. (a)

THE object of Dr. Creighton's book is to prove that glandular structures, having the anatomical character of axillary sweat glands are present in a surprising number of breasts, and that they are "the true seat and anatomical cause of all varieties of mammary tumour, not only of the soft intracystic and intratubular, but also of sarcoma in general, of scirrhus, of colloid, of steatoma or pearly tumour, of fibroma and of simple cysts." He considers that the proper mammary structure always remains passive. In an anatomical introduction the author deals with the comparative anatomy and evolution of the skin glands in different animals. The conclusion is come to that the primitive mammary gland is of the sweat gland type. Several cases are recorded where structures, which Dr. Creighton considers to be sweat glands, were found in the breast, but so far as we have been able to follow the description he considers every tube with muscular fibres in its wall to be of necessity a sweat gland. He expresses the opinion, "both upon antecedent grounds and on the evidence of an original case," that the peculiar cancer of chimney-sweeps and of workers in tar is traceable to a special deposit of sweat glands in the scrotum and groins. In the original case of this disease that he describes he appears to have examined only a small portion at the edge of the excavation. He considers it is sarcoma not epithelioma, and adds "I suspect that this kind of tumour of the cutis in chimney sweeps and the like is always sarcomatous."

A number of tumours in the mammary glands of butchers are described, and the inference is drawn that they originate in connection with sweat glands, and there is a chapter on "Scarcomatous tumours of sweat glands in non-mammary regions of the dog's skin." In this twelve cases are described, but in all the origin of the tumour from sweat glands appears to us to be purely an assumption; thirty-six breast tumours of various sorts in the human being are related in the book, and each is considered, on evidence that we believe to be entirely insufficient, to originate from sweat gland structures. The book is illustrated with numerous lithographs.

LITERARY NOTES.

OUR contemporaries the *Lancet* and *British Medical Journal* have referred to the rapid printing and publishing of Dr. Latham's *King's First Prize Essay* on "The Sanatorium Treatment of Consumption," as forming a "record" in the medical book world. This work of 254 pages, with separate charts, &c., was passed for the press by the author on Monday, a thousand copies were printed on Tuesday, bound in cloth gilt lettered on Wednesday, and delivered by Messrs. Bailliere, Tindall and Cox at the offices of the leading medical journals on Thursday for review. Such a remarkable piece of publishing enterprise, which heretofore would have been considered impossible, deserves a note of recognition as evidence of progress in the production of medical literature.

DR. G. H. R. DABBS, physician, novelist, dramatist, poet and journalist and author of many delightful works for children, has for six years conducted with considerable success a remarkable little journal called *Vectis*, which, although well known and much valued by a privileged few in the Isle of Wight, was deserving of a wider field. We are glad to know that Dr. Dabbs, having now removed to London, proposes to continue

(a) "Age and Old Age: a Handbook and Guide to the Care of the Aged in Health and Disease." By David Walsh, M.D., late Hon. Sec. to the Rontgen Society; Hon. Physician Western Skin Hospital. London: R. A. Everett. Price 2s. 6d.

(a) "Cancers and other Tumours of the Breast: Researches showing their True Seat and Cause." By Charles Creighton, M.D. London: Williams and Norgate.

the publication of *Vectis*, which, however, now takes its proper place among our Metropolitan monthly reviews devoted to literature, social and dramatic matters. The first number of the new series is dainty in appearance and delightful in substance, and we have no hesitation in heartily recommending it to all members of Dr. Dabbs' profession.

IN the recently issued Vol. XXXI. of the new series of the Encyclopædia Britannica there is much that will prove of service to the student of medicine. Particular mention may be made of such articles as those on Pathology, by Professors Hamilton and Woodhead, with shorter articles by various physicians on systemic affections; Pharmacology, by Professor Stockman; Physiology, by Dr. Pembrey; and Plague, by Dr. Shadwell.

Obituary.

ROBERT THOMAS ALEXANDER O'CALLAGHAN F.R.C.S.I.

WE regret to have to announce the comparatively sudden death of Surgeon Lieutenant-Colonel Robert Thomas Alexander O'Callaghan, of the 1st Flintshire Royal Engineers (Volunteers), at his residence in Harley Street, W., on Monday, the 12th inst. Mr. O'Callaghan was educated at Trinity College, Dublin, in which city he formerly held the appointments of resident surgeon of the Meath Hospital and house surgeon at the Children's Hospital. Having removed to London, Mr. O'Callaghan was appointed surgeon to the Chelsea Hospital for Women, and two or three years since, surgeon and gynaecologist to the French Hospital. During the war he volunteered for service with the Royal Army Medical Corps, to which he was attached, with the rank of major, and he proceeded to South Africa as surgeon-in-chief of the Langham Hospital. For his service in the field he was mentioned in despatches, and received the medal with clasps. He was a frequent contributor to our columns on his special subject, and his untimely death at the age of 44, cuts short an active and useful career.

DR. J. O'SHAUGHNESSY, D.L., OF LIMERICK.

WE regret to announce the death of Dr. J. O'Shaughnessy, of Limerick, who was, probably, the oldest medical practitioner in the three kingdoms. Dr. James O'Shaughnessy was born in 1810, at Toomevara, in the county of Tipperary. In 1836 he became a L.H.H., and in the following year he took the M.R.C.S. of London. On his return to Ireland he commenced practice in Limerick, and soon afterwards bought a partnership or interest in the old-established Medical Hall of McMahon and Company. In time he gradually acquired a large number of clients and gained many medical appointments. He throughout life avoided politics, but was well known as a liberal contributor and active friend to the many city charities. He took a deep interest in Poor-law matters, and as a guardian promoted every measure that he considered to be for the benefit of the medical profession and the welfare of the public. His busy life left little time for medical writing, so that his ripe experience was practically lost to all but his circle of professional and personal friends. That his last public appearance, on the 16th of December last, was on behalf of the Society for the Protection of Children tells the character of the man and was a fitting exit for a life spent in good works. He was a J.P. and a D.L. of the city of Limerick.

Died on the Field.

DR. R. H. DAWSON, of Saundby Grove, near Retford (Yorks), was called to see a tramp who had been taken ill on the roadside a few days since, and he was walking thither when he suddenly succumbed to an attack of heart failure. Dr. Dawson was 63 years of age, and was a very popular practitioner.

Medical News.

The British Gynaecological Society.

At the annual meeting, held on Thursday, Jan. 8th, 1903, the election of the following officers and council for the year took place:—Hon. President: R. Barnes, M.D., F.R.C.P. President: Heywood Smith, M.A., M.D., M.R.C.P. Vice-Presidents: E. Stanmore Bishop F.R.C.S., Professor Murdoch Cameron, M.D., John Campbell, M.A., M.D., F.R.C.S., F. W. N. Haultain, M.D., M.R.C.P., Skene Keith, M.B., F.R.C.S., Professor L. Landau, M.D., H. MacNaughton-Jones, M.D., F.R.C.S.I., J. A. Mansell-Moullin, M.A., M.B., M.R.C.P., Christopher Martin, M.B., C.M., F.R.C.S., F. F. Schacht, M.D., B.A., John Shaw, M.D., M.R.C.P., Professor Alfred Smith, M.B., F.R.C.S.I. Treasurer: Wm. Travers, M.D., F.R.C.S. Council: A. H. F. Barbour, M.A., B.Sc., M.D., G. Roe Carter, M.R.C.P.I., Eber Chambers, M.D., M.R.C.S., R. J. Colenso, M.A., M.D., Sir John Halliday Croom, M.D., F.R.S.E., F.R.C.P., F.R.C.S.E., E. T. Davies, M.D., F.R.C.S., T. M. Dolan, M.D., F.R.C.S., Fred Edge, M.D., M.R.C.P., Bedford Fenwick, M.D., M.R.C.P., Clement Godson, M.D., M.R.C.P., Arthur Helme, M.D., M.R.C.P., Robert Hugh Hodgson, M.D., James Jardine, M.B., C.M., Henry Jellett, M.D., F.R.C.S., F. Bowreman Jessett, F.R.C.S., F. W. Kidd, M.D., B.A., Mayo Robson, F.R.C.S., Charles Ryall, F.R.C.S., W. Slimon, M.D., F.F.P.S., Richard T. Smith, M.D., M.R.C.P., W. J. Smyly, M.D., F.R.C.S.I., Herbert Snow, M.D., W. D. Spanton, F.R.C.S., Septimus Sunderland, M.D., M.R.C.P. Editor of the *Journal*: J. J. Macan, M.A., M.D. Hon. Secretaries: J. H. Swanton, M.A., M.D., Sol Jervois Aarons, M.D. Auditors: C. H. Bennett, M.D., F. A. Purcell, M.D. 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.

Liverpool Medical Institution.

At the annual meeting held on Thursday, Jan. 8th, the following list of office bearers, members of council, and committees was adopted. Those marked (*) did not hold the same office last year:—President: Rushton Parker. Vice-Presidents: John E. Gemmell, W. Permewan, *Henry Briggs, and *G. W. Steeves. Hon. Treasurer: *T. H. Bickerton. Hon. General Secretary: J. R. Logan. Hon. Secretary to Ordinary Meetings: J. Hill Abram. Hon. Librarian: *F. H. Barendt. Council: Edgar A. Browne, W. Murray Cairns, D. Douglas-Crawford, Ernest Nevins, W. B. Warrington *F. C., Larkin, *W. J. R. Dunn, *Frank T. Paul, *James Pinkerton, *Alex. Fisher, *C. T. Street, and *A. G. Grunbaum. Auditors: *D. Douglas Crawford and *George Westby. Pathological and Microscopical Committee: R. Boyce, R. J. M. Buchanan, D. Douglas-Crawford, *R. J. Ewart, *Ernest Glynn, *A. G. Grunbaum, John Hay, K. W. Monsarrat, C. G. Sherrington, and W. B. Warrington. *Journal* Committee: The Hon. Secretary to Ordinary Meetings, K. W. Monsarrat, F. H. Barendt, F. C. Larkin, G. P. Newbolt, A. M. Paterson, W. Thelwall Thomas, Arthur Wallace, and W. Permewan.

The Society of Medical Phonographers.

THIS Society will hold its next Annual Shorthand Examination early in May, 1903. 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 to any registered medical student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations. It will be held simultaneously in London, Edinburgh, Dublin, and at any provincial medical centre in the United Kingdom at which a candidate or candidates shall offer themselves. There is no entrance fee for the examination. Intending candidates should send in their names as early as possible to Dr. P. G. Griffith, Bonhams, Farnborough, Hants, who will furnish them in return with a detailed

Prospectus of the examination. The latest date for receiving enquiries will be April 15th, 1903.

A Medical Strike.

THE medical men at St. Annes are waging war with the Fylde Guardians, and as a result, the parish has been without a resident medical officer for two years. The guardians refuse to offer more than £15 per annum, and the doctors are unanimous in refusing the position unless £20 or £25 is offered. Dr. Eason, the medical poor-law officer for Lytham, has so far "been acting without payment for a district to which he has not been appointed," in the words of the Local Government Board report, and the Board have written the guardians that "the matter should without delay be put on a regular footing." At the last meeting of the guardians it was again decided to advertise for a doctor. A conflict between the Local Government Board and the guardians is imminent.

Medicine or Refreshment.

A CURIOUS case has just been decided at the Bristol Quarter Sessions in which a herbalist appealed against a conviction for selling refreshments in a house not licensed for that purpose. The case turned upon the question whether a product known as "sarsaparilla and dandelion stout" was a medicine or a refreshment. The drink was shown to contain small quantities of sugar and yeast, with about 1 per cent. solids. Evidence was given to the effect that the drink had a distinctly disagreeable taste, and that customers made wry faces when drinking it; but on the ground that people went in for it at late hours and often did not finish it owing to the taste, thus showing that it was refreshment and not medicine that they wanted, the Bench held that the case had been made out, and dismissed the appeal.

Pharmaceutical Delinquencies.

SEVERAL chemists in the potteries have recently been prosecuted for selling mercurial ointment deficient in mercury, the defence being that there was a commercial standard for the article in addition to the pharmaceutical standard. The magistrates summarily dismissed this contention, and fined the defendants, remarking that the offence was aggravated by the defendants having usurped the functions of medical practitioners, and having taken advantage of the opportunity to foist a worthless article upon their customers. In London a retail chemist has been fined for selling Gregory's powder compounded with the light carbonate of magnesia.

Society for relief of Widows and Orphans of Medical Men.

A QUARTERLY Court of the Directors of this Society was held on Wednesday last, the President, Mr. Christopher Heath, in the chair. Three new members were elected, the deaths of seven members were reported; among the deaths were two vice-presidents, Mr. Fregart and Mr. Manley Sims; both had been most energetic members and had taken great interest in the Society. Two members had ceased to belong to the Society. Two widows and three orphans made application for assistance, and grants were made—all had been left without any means of subsistence. It was resolved to distribute £1,376 10s. among the fifty-six widows, thirteen orphans, and five receiving special grants from the Copeland Fund. £590 had been given as a present at Christmas to the widows and orphans in receipt of grants. The expenses of the quarter amounted to £74 15s. 6d.

Medical Charges.

An action was tried at the Cardiff County Court last week in which Dr. W. J. Corrigan sued a gentleman for fees, among the items being one of thirty guineas for the medical cure of hydrocele. This item, among others, was resisted as exorbitant, and several medical witnesses, including the President of the Cardiff Medical Society, expressed the view that from £10 to £15 would be the maximum charge for such an operation. The judge commented upon the unpleasantness of having to adjudicate upon such questions, and gave a verdict for £25, the sum paid into Court, in lieu of the

£50 7s. claimed. The case is one on which we forbear to comment, beyond saying that it is regrettable it should have been brought into Court.

FROM THE "TIMES" OF 1803.

WEDNESDAY, JAN. 19.

EXTERMINATION of the SMALL POX.

London, Jan. 10, 1803.

The invaluable Discovery of Dr. JENNER, for the extermination of the SMALL POX, having undergone the most rigorous investigation, and received the sanction of Parliament, a MEETING will be held at the London Tavern, Bishopsgate-street, on Wednesday, the 19th instant, at 12 o'clock, to consider of the best means of carrying the same into effect; when the company of every Gentleman disposed to concur in this laudable Undertaking is earnestly requested. The Chair will be taken by the LORD MAYOR, precisely at one o'clock.

William (Duke of Clarence), Berkeley, Egremont, Darnley, Somerville, G. C. Berkeley, M.P., J. W. Anderson, M.P., William Wilberforce, M.P., Henry Thornton, M.P. Richard Carr Glyn, Ald., George Hibbert, Ald., William Leighton, Ald., John Julius Angerstein, E. G. Bolero, Thomson Bonar, William Bentham, Henry Hoare, John Maitland, William Vaughan, Nathaniel Fenn, Richard Sharpe, Benjamin Travers, Joseph Travers, Timothy Brown, J. H. Tritton, Robert Cowie, John Gurney, Thomas Wilson, Robert Barnewall, Casten Rhode, Jacob Wrench, Samuel Thorpe, John Nichols, Samuel Parker, Ebenezer Jonnston, James Bell, William Bell, Joseph Benwell, Henry Waymouth, Walter Farquhar, M.D., J. C. Lettsom, M.D., Thomas Denman, M.D., Richard Croft, M.D., Thomas Bradley, M.D., Gilbert Blane, M.D., Alexander Crichton, M.D., William Hawes, M.D., William Babington, M.D., Robert Willan, M.D., Richard Powell, M.D., William Lister, M.D., James Hamilton, M.D., James Sims, M.D., Alexander Marcet, M.D., W. P. Dimsdale, M.D., Samuel Pett, M.D., Henry Cline, John Ring, John Abernethy, Astley Cooper, Edward Ford, John Pearson, John Griffiths, C. R. Aikin, John Addington, William Chamberlain, James Simpson, Joseph Fox, Charles Johnson, William Allen, George Johnson, J. Potts, John Christie, Joseph Leaper, John Buxton, Ives Hurry, Thomas Walker, E. L. McMurdo.

Indian Medical Service.

The following is an official list of the Candidates for His Majesty's Indian Medical Service who were successful at the competitive examination held in London on the 13th January, 1903, and following days, arranged in order of merit:—

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| C. S. Parker, M.B.Lond. M.R.C.S., L.R.C.P. | 3413 |
| F. N. White, M.B.Lond. M.R.C.S., L.R.C.P. | 3068 |
| T. C. Rutherford, M.B., B.S.Durham M.R.C.S., L.R.C.P. | 3037 |
| D. Heron, M.B., B.Ch.Edin. | 3018 |
| L. Reynolds, B.Ch.Camb., M.R.C.S., L.R.C.P. | 2987 |
| H. H. Broome, M.B., B.Ch.Fdin. | 2940 |
| C. G. Seymour, M.R.C.S., L.R.C.P. | 2930 |
| E. C. Taylor, M.B., B.Ch.Camb. | 2890 |
| D. P. Goil, M.B., B.Ch.Edin. | 2865 |
| H. C. Keates, M.B., B.S.Lond. | 2860 |
| R. N. Needham, M.B., B.S.Vict. M.R.C.S., L.R.C.P. | 2827 |
| J. Kirkwood, M.B., B.Ch.Edin. | 2812 |
| A. Whitmore, M.B., B.Ch.Camb. | 2782 |

The Unqualified Assistant.

In an inquest held at Stepney last week by Mr. Wynne Baxter, one Zephr, who was stated to be acting as dispenser to Mr. J. J. Harvey, L.S.A., appeared to have paid a professional visit to the deceased child, and according to the Coroner this was not the only occasion on which he had thus intruded. The jury appended a rider to their verdict requesting the Coroner to call the attention of the Medical Defence Union to the facts of the case.

Notices to Correspondents, Short Letters, &c.

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

ACCEPTED COMMUNICATIONS.

THE following papers, lectures, and cases have been received and will appear in due course:—

"On the Curative Treatment of Trachoma by X-Ray Exposure and by High Frequency Current." By Sydney Stephenson, M.B., F.R.C.S., and David Walsh M.D.Ed.

"On Tuberculous Peritonitis in Children." By George Carpenter, M.D., Physician to the Evelina Hospital for Sick Children.

"A Case of Leukæmia Associated with Tuberculous Mesenteric Glands." By George Carpenter, M.D.

"The Prognosis of Tuberculous Peritonitis in Children." By G. A. Sutherland, M.D., M.R.C.P.Lond.

"A Case of Scrotal Hernia." By Stanley Barling, M.R.C.S., L.R.C.P., of Lancaster.

"Ocular Headaches." By Sydney Stephenson, M.B., F.R.C.S.

"A Case of Renal Sarcoma, Nephrectomy." By S. J. Ross, M.B., Ch.B., of Bedford.

"Cases from the Dermatological Clinic." By G. Norman Meachen, M.D., M.R.C.P.Lond.

"The Diagnosis of Facial Neuralgia of Dental Origin." By Hy. Sewill, M.R.C.S., L.D.S.

GROUP D.—We insert nothing in our columns that is sent us anonymously.

A LIVERPOOL SURGEON.—We shall be pleased to give you an opinion if the pros and cons of the case are placed fairly before us.

Mr. J. L. S. is thanked for his communication, which is, however, scarcely suitable for our columns.

SIR J. HALLIDAY CROOM'S address is unavoidably held over, corrected proof not having been received until too late for present number.

UNAUTHORISED PUBLICITY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention having been called to the undue prominence given to my name in a pamphlet on "Catarrhal Deafness," published by the Akouphone Manufacturing Company of New York, I trust it is hardly necessary for me to state that this has occurred entirely without my knowledge or consent. I have requested the company to discontinue the use of my name.

I am, Sir, yours truly,

DUNDAS GRANT.

18, Cavendish Square, London, W., Jan. 8, 1903.

J. V. R.—We have no reason to believe that any radical change of the kind you suggest is contemplated. In any event it would not be retrospective, so would not apply to your case.

D. R. W.—We cannot advise legal action since this is both costly and uncertain. A vigorous protest would probably attain your object which is of course the cessation of the annoyance. If you are in a position to show actual damage as the result of the publication an action might lie, but this is a point on which we must refer you to your legal adviser.

LIEUTENANT H.—We do not see that you have any legitimate ground for complaint. Most medical men would have acted in like manner if approached in the way you so graphically describe. In any event the remedy is in your own hands.

A PROTEST.

WE have received letters of protest from two medical men, both of whom complain that their signature has been appended to testimonials in favour of a product known as "Odol," not only without their authority but without their having given any testimonials of the kind. The legal remedy for an abuse of this kind is not very easy to enforce, but we are at a loss to imagine what benefit the proprietors of an article of commerce can expect to derive from publishing fictitious testimonials, which are sure to be promptly repudiated. The moral is obvious, viz., that practitioners cannot be too guarded in their communications with tradesmen whose only object is to push their products without regard to medical etiquette or even ordinary propriety.

H. R. F.—The absence of gonococci is not altogether trustworthy evidence of freedom from infection. Several such tests should be applied at intervals, and the urine should be examined for filaments. Even if all the tests prove negative, a guarded assurance is all that can be given.

Meetings of the Societies, &c.

WEDNESDAY, JANUARY 21ST.

ROYAL METEOROLOGICAL SOCIETY (Institution of Civil Engineers, Great George Street, S.W.).—7.30 p.m. Ordinary Meeting. 7.45 p.m. Report of the Council. Election of Officers and Council for the ensuing year. Address:—Mr. W. H. Dines (President): The Method of Kite-Flying from a Steam Vessel and Meteorological Observations obtained thereby off the West Coast of Scotland.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. The President will deliver his Annual Address.

THURSDAY, JANUARY 22ND

NEUROLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Annual Meeting. Dr. J. N. Langley: The Autonomic Nervous System (Presidential Address).

FRIDAY, JANUARY 23RD.

CLINICAL SOCIETY OF LONDON. (20, Hanover Square, —).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

Appointments.

BYRNE, JOSEPH P., L.R.C.S.I., L.R.C.P.I., House Surgeon to the Dewsbury and District General Infirmary, Yorkshire.

GRÜNBAUM, OTTO, M.A., M.B., B.C. Cantab., M.R.C.P. Lond., D.Sc. Lond., Medical Registrar at the London Hospital.

LYSTER, ROBERT ARTHUR, M.B., B.Ch. Birm., B.Sc. Lond., D.P.H. Birm., Assistant to the Chair of Hygiene and Public Health in the University of Birmingham.

MOON, R. O., M.D., M.R.C.P., Physician to the Out-patient Department of the Infirmary for Consumption, Margaret Street, London, W.

PALMER, HORACE J., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg. Medical Officer and Public Vaccinator of the Gamlingay District of the Caxton and Arrington Union, Cambridge

STRATFORD, H. M., M.R.C.S., L.R.C.P. Lond., Senior Resident Surgeon to the Western General Dispensary, Marylebone, N.W.

THOMAS, J. C., M.D., M.R.C.P., Physician to the Out-patient Department of the Infirmary for Consumption, Margaret Street, London W.

Vacancies.

Borough Hospital, Birkenhead.—Senior Resident Male House Surgeon. Salary £100 per annum, with board. Applications to Chairman, weekly board.

Catholic University Ireland Medical School.—Professor of Surgery. Applications to the Registrar. (See Advt.)

Chichester Infirmary.—House Surgeon. Salary £100 per annum, with board, residence and washing. Applications to the Secretary, 9, East Street, Chichester.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £150. Furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Earlwood Asylum, Redhill.—Two Assistant Medical Officers. Salary of the senior £160, rising to £200. Salary of the junior, £130, rising to £150. Furnished apartments, board, washing, and £5 per annum in lieu of stimulants. Applications to the Secretary, 36, King William Street, London Bridge, E.C.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing.—Applications to Dr. Finch, Salisbury.

Hampstead Hospital.—Resident Medical Officer. Salary £120 per annum, with rooms, coal, and gas.—Applications to R. A. Owthwaite, Honorary Secretary, Parliament Hill.

Manchester Royal Infirmary.—Resident Medical Officer. Salary £150 per annum, with board and residence. Applications to W.L. Saunder, General Superintendent and Secretary.

King's College Hospital, Lincoln's Inn Fields, W.C.—Clinical Pathologist. Salary £250 a year.—Applications to the Secretary.

North Riding Asylum, Clifton, York.—Senior Assistant Medical Officer. Salary £150, with furnished apartments, board, washing, and attendance. Applications to Medical Superintendent.

St. John's Hospital for Diseases of the Skin, 49, Leicester Square W.C.—Superintendent. Salary £200 per annum.—Applications to J. Dunlop Costine, Superintendent.

Saint Bartholomew's Hospital, Rochester.—Assistant House Surgeon. Salary £100 per annum, with board, washing, firing, and light.

Applications to Frederick P. Smith, Clerk, 42, High St., Rochester.

The Royal Victoria Hospital, Dover.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to Arthur B. Elwin, Esq., 2, Castle Street, Dover.

Births.

BRODIE.—On Jan. 12th, at Fernhill, Wootton Bridge, Isle of Wight, the wife of C. Gordon Brodie, F.R.C.S., of twin girls.

SURRIDGE.—On Jan. 15th, at Knutsford, Cheshire, the wife of E. N. Surridge, B.A., M.B., B.C., of a son.

Marriages.

ANDERSON—HARPER.—On Jan. 15th, at St. Andrew's Church, Norwood, John Kingdon Anderson, of 5, Cleveland Square, London, to Anna Reid, eldest daughter of James Peddie Harper, M.D., of 43, Hertford Street, Mayfair

BENNET—HILL.—On Jan. 14th, at Emmanuel Church, Saltburn-by-the-Sea, Robert Allan Bennett, M.B., youngest son of the late P. D. Bennett, Esq., of Edgbaston, Birmingham, to Ethel Jane, elder daughter of John Hill, Esq., of Saltburn-by-the-Sea

LOXLEY—FIELDEN.—On Jan. 15th, at Shildon Parish Church, the Rev. Francis Edwin Loxley M.A., rector of Byers Green, son of the late John Thomas Loxley, solicitor, of Doncaster, to Constance, youngest daughter of Samuel Fielden, M.D., J.P., of Enfield Lodge, Shildon

ROUTH—PINNIGER.—On Jan. 15th, at St. Saviour's Church, St. George's Square, London. Charles Frederick Routh, M.D., of Southsea, son of the late Charles Routh, of Blackheath, to Evelyn Mary, only daughter of the late Rev. H. H. Pinniger, of Whitchford, Warwickshire.

SCOTT—WRIGHT.—On Jan. 16, at Wallasey Parish Church, Cheshire, Samuel Geoffrey Scott, M.A., M.B., Oxon. of Leeds, to Marjory, eldest daughter of Albert T. Wright, of Wallasey, Cheshire.

SWAN—MCCAUSLAND.—On Jan. 14th, at St. John's Church, Blackheath, William Travers Swan, Major R.A.M.C., to Muriel, only child of the late Lieut.-Colonel D. Downes McCausland, 98th Regiment.

Deaths.

BISHOP.—At Elham, near Canterbury, Kent, after a short illness, William Bishop, L.R.C.P., in his 48th year.

BURY.—On Jan. 17, at Whetstone, Middlesex, Henry Charles Bury, M.R.C.S. Eng., L.S.A., aged 62 years, second son of the late George Bury, F.R.C.S. Eng.

DANE.—On Jan. 10th, at Kurrachi, Sind., Colonel A. Dane, Indian Medical Service, second son of the late Surgeon General Dane.

OWEN.—On Jan. 16, Charles L. C. Owen, M.R.C.S., L.R.C.P., Junior Resident Surgeon, Royal Sea Bathing Hospital, Margate.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

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Original Communications.

GYNÆCOLOGY AS A SPECIALITY. (a)

BY SIR J. HALLIDAY CROOM, F.R.C.S. Edin.,
F.R.S.E.

I THINK I may congratulate you upon the work which the Society has accomplished during the past year. And specially would I like to say that the specimens which have been shown and discussed have been exceedingly valuable and most instructive. I think there is more to be learnt from the careful discussion and exhibition of specimens than probably from the actual reading of papers. At the same time I think that the interests of the Society might be further enlarged by what I should call "clinical evenings." It is not, of course, possible to exhibit patients at our meetings so as to enhance—as the members of other medical societies can do—the value of their papers, but I think we might often set apart meetings for the discussion of purely clinical matters, meetings at which those of our Fellows engaged in general practice, and not only such as are operative gynæcologists, might take a prominent part. Although, as its name implies, the Society is a society for specialists, yet its *personnel* includes a number of men who are not specialists. I think, both for their sake, and the sake of the specialists also, that papers on subjects of a less purely operative and scientific character than those generally brought before us might with advantage be introduced.

That specialism in medicine is needful, and that to specialising we owe a great advance in medicine, there is no doubt. The need for specialism arises from the vastness of the field of work which is opened to us. And this vastness of the field, this great increase of scientific knowledge, is largely due to the enormous changes that have taken place in our means of obtaining this knowledge.

No more interesting memoir has been published of late years than that of Sir James Paget. It is full of interest from beginning to end, but what most interested me in reference to our own department of medicine was the fact that Sir James Paget was, in his early days, as regards the rest of the scientific world, in a position of most "splendid isolation," for he tells us how exceedingly few, even of his teachers, had any knowledge of a foreign language, and how he—a first year's hospital pupil—was invited by men like Marshall Hall and Kernan to go to their private houses and translate to them some of Johannes Müller's works. And he relates how Stanley, then lecturing at St. Bartholomew's Hospital, not only on anatomy, but also on physiology, was indebted to this mere beginner for information about many of Müller's discoveries, which, as Paget aptly remarks, Stanley incorporated into his lectures, as one might now tell the latest and rarest telegraphic messages from some distant field of great research.

(a) Valedictory Address to the British Gynæcological Society, delivered, January 8th, 1903.

You will see, therefore, that it was possible for Paget in his early days to be not only a physiologist and a pathologist, but also a surgeon. It is due entirely to his extraordinary and almost unique powers of work that Paget stands out pre-eminently as the latest and most able representative of this old order, and also as the man whose genius enabled him to become the pioneer of the existing order of affairs, for, though it was said of him by one so well qualified to give an opinion as Sir Richard Owen, that he might be the first physiologist in Europe, Paget, when, after many weary years of waiting, got really into private practice, gave up his physiological work altogether, except in so far as it had indirectly through pathology a bearing on the practice of his surgery. But Paget saw greater changes than this partial separation between scientific research and practical work, and was one of the very first to recognise the field of specialism in surgery. For, long before he gave up operating, he had given up doing special operations, and that, he tells us, for the reason that whereas in his younger days he could frequently say with regard to his scientific reading that he "had read everything" bearing on the subject, he found in his later days, as science became more cosmopolitan, that no man could keep abreast of the advances in all departments.

This subdivision of surgery, beginning shortly after the middle of the last century, went to such an extreme that, in the century's closing decades, it seemed as if the old familiar general surgeon would almost become extinct. It was in this period of the multiplication of specialists that the gynæcologist arose, and now, when we are face to face with the fact that the multiplication of specialists has reached its limit, and that some classes of so-called specialists must return to the decimated ranks of the general surgeons, it would be well to consider some points in connection with this question as it affects our own department.

Gentlemen, whatever our future may be, whatever the future of the youngest branch of surgical science may be, or whatever place it may occupy in the sciences, one thing remains, that in its short lifetime it has made more substantial and remarkable progress than any other branch of surgery, and I think I may with perfect safety claim that our society has played no inconsiderable part in this consummation, and I have only to recall the names of Tait, and of others who are still with us, whose names are for ever associated with the advancement of the science, to make good this claim.

Now, gentlemen, how does the matter at present stand. The gynæcologist, little by little, is encroaching on the domain of the surgeon, and the surgeon is equally rapidly encroaching on the domain of the gynæcologist. Where is this to end? If it is competent for a general surgeon to do hysterectomy, then I presume it is equally competent for a gynæcologist to do gastrostomy.

It seems to me that in this dispute somebody must yield—either the surgeon must absorb gynæcology once and for all, or the gynæcologist must become a general surgeon. Gentlemen, it is not so abroad; one of the best operators that I know is Ségond, and is not Ségond

a general surgeon? Doyen undoubtedly began as a gynaecologist, but now no part of the human body—from the cranium to the sole of the foot—is beyond his interference. The same obtains among provincial surgeons in England, and perhaps I may be allowed to instance my friend, Mr. Mayo Robson, and, among many others, I believe Fellows of our own society. Of course, obviously, where the general surgeon must inevitably find his difficulty in gynaecology pure and simple, is his necessarily meagre acquaintance with pregnancy and local examination, and therefore it must be obvious that the surgeon must, in many cases, fall back upon the obstetrician to have the knotty problem of pregnancy excluded. The want of this knowledge on the part of the operator has given rise to more mistakes within my own knowledge than I care to refer to. In Edinburgh, those who practice gynaecology are also obstetricians. The Professor of Midwifery, who is *facile princeps* of operators north of the Tweed, not only is a consultant in obstetrics, but he practices obstetrics as well, and all his followers, of whom every specialist in Edinburgh is one, have followed his excellent example. We have all held our posts for longer or shorter times in the Maternity Hospital, and therefore, practising as we do in Edinburgh, both obstetrics and gynaecology, that difficulty, of course, does not arise.

I have heard it said that gynaecology, pure and simple, is not a field sufficiently large to support a gynaecological surgeon. Probably it is not, but associated with obstetrics, it is a sufficiently large speciality. Of course, I quite recognise that a man doing a large practice in obstetrics would find some difficulty in overtaking gynaecology as well, but then no consulting obstetrician ought to have a large midwifery practice.

What, then, is the outcome of the matter? By the very meaning of the word, a gynaecologist means one who interferes with the organs that are the special property of women. I am not aware that the appendix, or the liver, or the kidney, or the stomach, are different in the one sex and the other, and I do not see, therefore, that they need necessarily come under the domain of the gynaecologist at all. What belongs to him, is the uterus and its appendices, and indeed, the whole genito-urinary tract. That, combined with obstetrics, leaves a man ample room to specialise. On the other hand, if the old Latin proverb is true, *Nihil humanum a me alienum puto*, and if the whole abdomen is to be the field in which the gynaecologist is to work, then, gentlemen, it is clear that we must cease to be gynaecologists and become simply abdominal surgeons, but why only abdominal surgeons? Why not general surgeons?

I know perfectly well that in what I am saying I lay myself open to misconception as apparently not appraising at its full value what the surgical gynaecologist has done, and what surgical gynaecology has gained as a separate branch. As I have said, I am fully alive to that, but at the same time, I should like to say now, that it having finally become, I might almost say a perfected science, is it to be handed over to the general surgeon, or retained still as a separate branch? If it is to be handed over to the surgeon, then there is nothing more to be said. If it is to remain as a speciality, I think it should be associated with obstetrics.

If the gynaecologist is to proceed from the uterus and the ovaries to the appendix, from the kidney to the gall-bladder and the stomach, I would like to know how much surgery is to be left for the surgeon! If on the other hand, the surgeon is to proceed from the stomach till he has reached the perineum, I wonder how much gynaecology is left for the gynaecologist? Therefore, I think the time is rapidly coming when gynaecology must do either one of two things: it must remain a speciality, and therefore more or less associated with obstetrics, or it must become an integral part of surgery. This is a question which seems to be a very pressing one, and requires some careful consideration.

Again, gentlemen, may I venture to draw your attention to the fact that a certain amount of gynaecology must remain entirely medical and not surgical. To say nothing can be done for a woman except by the surgeon's knife is preposterous. There is a medical

gynaecology as well as a surgical. The trend of the present day is to ignore this to a great extent. How many diseases of women can be treated and benefited by climatic influences, by dieting, by medicines of various kinds? The man who practises obstetrics may have, and ought to possess, a general knowledge of gynaecology, but he need not on that account be an operative gynaecologist. He may see scores of sick women and cure many without any operative interference whatever.

Personally, my own position is this: I practice obstetrics and gynaecology pure and simple, but when a case occurs in which the diagnosis is uncertain, and where it might involve the removal of the kidney or an appendix, I think that I would associate myself with an ordinary surgeon, just as the surgeon often associates me with cases where the case is purely gynaecological.

To state an example. Not many weeks ago I removed a large ovarian tumour from a patient, who, four weeks afterwards, developed a femoral hernia. I had completed my part of the work, and therefore I handed this femoral hernia over to a colleague.

Some time ago a surgeon had a difficulty about an appendicitis which might, he thought, involve the ovary, and he associated me with him in his operation.

Although I confess to have trespassed on the surgeons now and again, at the same time my own position is that I practice obstetrics and gynaecology pure and simple. I am willing to undertake anything in those two branches that may present itself to me.

My friend, Dr. Macnaughton-Jones—and there is no one to whom this Society owes more—in his preface to his excellent book, regards the matter from another standpoint, a standpoint which I can quite understand.

He says in his book, "Gynaecology as now practised covers in its operations a much larger field than would be included by the treatment of the pelvic organs alone. This widening of its sphere resulted as a natural consequence of the many abdominal complications met with in connection with pelvic diseases.

"Operations for the latter revealed errors in diagnosis which compelled the gynaecologist to deal with unforeseen conditions and complications that practically involved the entire surgery of the abdomen. Tumours of the spleen, morbid states, growths and displacements of the kidney, affections of the intestines complicating uterine tumours and adnexal disease, or unavoidable accidents to the bowel arising in the course of an operation, all necessitated immediate action on the part of the surgeon when the abdominal cavity was opened. Thus the surgery of the spleen, kidney and bowel, as well as of the generative organs, the rectum, the ureter and bladder, has of necessity to be included within the range of modern gynaecology."

If this statement is an accurate description of modern gynaecology, either actual or ideal, then we must reconsider our position very carefully. I must say at once, looking back over experiences—considerably over a thousand abdominal sections—I have not met with the complications that Dr. Macnaughton-Jones refers to, but I can quite understand, of course, that such can occur, and I therefore understand his position entirely.

If this be his position, then it seems to me that we should range ourselves as a department of surgery pure and simple, and call ourselves, as Dr. Macnaughton-Jones suggests, abdominal surgeons; for if the gynaecologist is to operate on the spleen and kidney, &c., in women, then why not on men, if the same condition exist in the male abdomen? If we have become abdominal surgeons, alike for both sexes, we can scarcely claim the style and title of gynaecologists. If we countenance this aggression in our colleagues' domains, we shall be powerless to resist the incursion of the general surgeon into the female pelvis.

I am not venturing for one moment to criticise the position of any of my colleagues, but I wish to point out that I think our position in Edinburgh is a more reasonable one, because there each of us professes obstetrics and the diseases of women, nothing more and nothing less. Every one of my colleagues, with, I think, a single exception, practises midwifery as well as gynaecology, and with that, I think, no exception can be taken.

Mark me, gentlemen, we claim to be a gynæcological society, and, being so, I think there is no reason why general surgeons should not belong to our society, but, at the same time, what I want to know, and what I think there should be a pronouncement of our society upon, is: What is a specialist in gynæcology?

Gynæcology, of course, covers obstetrics, and I call a specialist in gynæcology one who practises nothing but midwifery and diseases of women—that and that alone. Of course it may be asserted with perfect propriety that the gynæcologist has now been absorbed by what we call the abdominal surgeon; if that is so, then, as a body of men, we have ceased to exist.

There are, therefore, three possibilities: First, obstetrics and gynæcology may be absolutely divorced; secondly, men may practise gynæcology, so-called, operating only, interfering only, with the organs of reproduction; or, lastly, gynæcologists may become absorbed in the general surgeons, specialising to a certain extent as abdominal surgeons.

Gentlemen, I venture to bring this question before you this evening that we may ventilate the subject, because, it seems to me that the time has arrived when we should take up either one position or another. I do not venture to say which is the best one; I only venture to bring before you the position which the school to which I belong has uniformly adopted.

I shall be glad to hear what you think of it.

A CASE OF LEUKÆMIA IN A BOY, ÆT 3½ ASSOCIATED WITH TUBERCULOUS MESENTERIC GLANDS. (a)

By GEORGE CARPENTER, M.D. Lond.

Physician at the Evelina Hospital for Sick Children.

LEONARD P., æt. 3½, was admitted into the Evelina Hospital on July 7th, 1901. He had been ill for five weeks, and his pallor on admission was extreme. Tuberculosis was stated to be present on the maternal side of the family, and there had been instances of it on the paternal. His father, so it was stated, had always been pale, and his two paternal aunts suffered from anæmia badly. There was no history of malaria or syphilis. The child was healthy at its birth, it was fed on the breast for nine or ten months, and passed through an uneventful infancy. There was nothing worthy of note in his dietetic history, and his hygienic environment was always quite satisfactory. Five weeks before being brought to the Evelina Hospital his mother noticed that he suddenly, as she states, became quite pallid; but his appetite at this time was fairly good. A fortnight later he developed a croupy cough; then he became languid and would not take his food. A doctor now saw him and pronounced him to be anæmic; he was treated for this for a short time and was then brought to the Evelina Hospital. During this latter period of his illness he lost flesh and was thirsty, and for three days prior to his admission into the hospital he passed through an attack of sickness. His abdomen also became painful, but only sufficiently so to make him cry on one occasion. He was also at this time so short of breath that he could not walk.

On examination he was found to be a very pallid child with white lips, pale gums, and a complexion of a lemon-yellow colour. He was dark and puffy-looking under the eyes, the sclerotics of which were

bright and glistening. There were some bruises on his trunk and limbs. He was very restless, constantly shifted his position in his cot, and flung his arms and legs about. His abdomen was distended. The free edge of the *spleen* could be felt from two to three fingers' breadths below the costal margin, and the *liver* free edge was felt to a similar extent below the costal margin in the nipple line. The accessible *lymphatic glands* were not enlarged. The *heart* showed some epigastric pulsation, and there was a systolic hæmic bruit which was best heard over the left fourth and fifth intercostal spaces. The second pulmonary sound was loud. There was a trace of albumin in the *urine* on his admission, but this was only observed on that solitary occasion. His temperature was 99.4° F., the pulse-rate was 128 to the minute, and the respiration-rate 28 to the minute.

The *blood examination* was as follows: Red corpuscles, 1,568,111 per cmm.; hæmoglobin, 15 per cent.; colour index, 0.5. White corpuscles, 130,111 per cmm., the ratio being 1 to 12. Fresh films showed an increase of the white corpuscles, and the red were in rouleaux. There were no microcytes or poikilocytes. Stained films showed an increase of leucocytes, mainly small lymphocytes. There were a few polymorphonuclear leucocytes and myelocytes, and some doubtful nucleated red corpuscles (megaloblasts). During his short stay in the hospital his temperature was somewhat above normal, the highest point registered being 100.2° F. His respiration-rate varied between 28 and 44 to the minute, and his pulse-rate between 126 and 152 to the minute. He was sick on one occasion, and once he complained of pain in the left side. On the evening of the 14th he became collapsed, and made frequent complaints of pain in his abdomen. At 9.30 p.m. he commenced to scream and throw his arms about, and was noticed to be squinting. After a dose of morphia he became quieter and slept until 2 a.m., at which time he was very thirsty and constantly craved for drink; subsequently his head was bathed with profuse perspirations, and he started screaming again at 3.30 a.m., and then his pulse was barely perceptible at the wrist, and his respirations were gasping. He died somewhat later.

The *post-mortem examination* was made by Dr. Nabarro, eleven hours after death. The body nourishment was good, and there were no signs of decomposition. The body was extremely pale, and there were several purple-coloured bruises on the legs and one over each frontal eminence. The *nervous system* was not examined, by request. There were petechial hæmorrhages all over the surface of the *heart*; it contained pale clots and clear serum. The valves were healthy. The cavity of the left ventricle was dilated. The heart muscle was very soft and pale, and "tabby-cat" striation was slightly marked in the papillary muscles. The *blood* throughout the body was pale. The *bronchial glands* were enlarged and very dark, as though some hæmorrhage had occurred into their substance. There were several ounces of clear fluid in each *pleural cavity*, and sub-pleural ecchymoses were present on the surface of both *lungs*. On section the lungs were somewhat œdematous. There were no clots in the *pulmonary artery* or its branches. The *stomach* showed some submucous hæmorrhages. The *intestines* displayed unduly prominent Peyer's patches and lymph follicles.

(a) Read at the meeting of the Society for the Study of Disease in Children, November 21st, 1901.

The jejunum appeared to be thinner than normal. The lymphatic tissue in the large intestine, as in the small, was in excess, and a few small ulcers were present in the large and small intestines. The *mesenteric glands* were very considerably enlarged. They were pale in colour and the largest of them were caseating in the centre. The *liver* was large and very pale. The *spleen* was large, it weighed 4 ozs., and was normal in appearance. The *supra-renal bodies* were normal. *Kidneys*.—The right kidney was very large and weighed 5½ ozs.; its surface was covered with ecchymoses, and its capsule was not adherent. On section the cortex was greatly thickened. The left kidney was similar, but larger; it weighed 6½ ozs., and at its upper part was flattened by pressure from the spleen. The *pancreas* was normal. *Lymphatic glands*.—Many small glands were present along the course of the abdominal aorta and iliac vessels, and also in the groins and the axillæ. They were not caseating. The *thymus* was apparently normal.

A piece of a rib was removed; on section the marrow was pale, but apparently normal. *Cultivations* were taken from the right ventricle, but yielded negative results. *Microscopical examination* of the thickened renal cortices showed extensive leucocytal infiltration.

THE PROGNOSIS OF TUBERCULOUS PERITONITIS IN CHILDREN. (a)

By G. A. SUTHERLAND, M.D.,

Physician to Paddington Green Children's Hospital; Assistant Physician, North-West London Hospital.

THE prognosis of tuberculous peritonitis is a subject on which many and diverse views have been expressed. The great question as to whether the disease tends to run a favourable or an unfavourable course may be said to be still unsettled. Twenty-five years ago the prognosis was regarded as hopeless. Ten years ago it was considered more hopeful, especially under surgical treatment. To-day we are still searching for more light, and although extensive statistics have been compiled on the Continent, which have considerably influenced opinion in this country, there are comparatively few published from English hospitals. I propose to limit my remarks on the prognosis to the results of a study of forty-one cases of tuberculous peritonitis treated as in-patients at Paddington Green Children's Hospital. These represent all the cases of that affection which are available for statistical purposes from that hospital, a few having been rejected because the diagnosis was uncertain or the period under observation was too brief.

The first important point in the prognosis is to ascertain the proportion of recoveries to deaths. In these forty-one cases there are—

| | | |
|------------|-------|-------------|
| Recoveries | | 29 or 70·7% |
| Unrelieved | | 1 or 2·5% |
| Deaths | | 11 or 26·8% |

If the results of medical treatment are compared with those of surgical treatment, the statistics are—

| | | |
|------------------------------|-------|-------------|
| Medically treated, 27 cases— | | |
| Recovered | | 22 or 81·3% |
| Unrelieved | | 1 or 3·7% |
| Died | | 4 or 15·0% |

Surgically treated, 14 cases—

| | | |
|-----------|-------|----------|
| Recovered | | 7 or 50% |
| Died | | 7 or 50% |

In the case of a chronic affection like tuberculous peritonitis, it can hardly be deemed correct to use the term "recovery" when the patient leaves the hospital or convalescent home; "apparently on the road to recovery" would be as far as one can safely go. The cases, therefore, have been followed up as well as possible after leaving the hospital, and the statistical results, both favourable and fatal, are drawn up after keeping the patients under observation for the longest possible time. The cases which are entered as "recovered" were under observation for the following periods:—

| | | |
|--------------------|-------|---|
| Under 3 months | | 2 |
| From 3 to 6 months | | 7 |
| „ 6 to 12 months | | 1 |
| „ 1 to 2 years | | 4 |
| „ 2 to 3 „ | | 4 |
| „ 3 to 4 „ | | 1 |
| „ 4 to 5 „ | | 4 |
| „ 5 to 6 „ | | 3 |
| Over 6 years | | 3 |

Total 29

Considering the number of cases which were under observation for a year or longer—namely, 19, or 65·5%—it will perhaps be admitted that the term "recovery" is justified. Further, in those cases the signs of active disease had ceased, the traces of local disease became less evident with each succeeding year they were observed, and the general strength seemed steadily to improve.

The Natural Course of Tuberculous Peritonitis.—Tuberculous peritonitis in its uncomplicated form is an affection which lasts usually from six months to a year, or longer. The natural course of the disease in a fairly healthy child would appear to be towards ultimate recovery. Perhaps in no form of tuberculosis does Nature make greater or more successful efforts to cope with the disease. The formation of fibrous tissue is Nature's method of shutting up the tubercles, cutting off their supply of nourishment, and starving them out. When their vitality is gone and all active peritoneal tuberculosis has ceased, Nature next directs the powers of the body to the absorption of the dead tubercles and the fibrous tissue surrounding them. Sometimes the effort is completely successful, sometimes the absorption is only partially complete, and sometimes complications arise from outside causes which put an end to the process. If this process of fibrosis is to be regarded as the natural course of the illness towards a favourable issue the prognosis will depend on the patient's powers of furthering it. Consequently, a strong family history of tuberculosis, or an infancy passed under bad hygienic and dietetic conditions, or a constitution of slight resistant power, or a history of one or more severe attacks of infective fever during early life must be regarded as a factor which influences unfavourably the prognosis in any given case.

The Prognosis in Uncomplicated Tuberculous Peritonitis.—The disease presents itself under various clinical aspects. There may be an acute onset, with typhoid-like symptoms, followed by a very severe illness, characterised by ascites, abdominal distension, diarrhoea or constipation, and high temperature. Although one would hesitate to speak decidedly during the acute stage of the

(a) A paper read before the Society for the Study of Disease in Children.

illness it is not uncommon for such cases to terminate in complete recovery. Most of the cases begin insidiously. The ascitic type, in which fluid is poured out more or less freely owing to the irritation produced by many scattered tubercles, is one in which the prognosis is favourable if it is succeeded by a fibro-plastic formation, which is the natural termination. Those cases in which the fibro-plastic formation is active from the start do well as a rule. Cases of tumour formation, rolled up omentum, or puckered up mesentery, or matted intestine may present no active symptoms, are extremely chronic, and usually terminate favourably. A common clinical type is that in which tuberculous pleurisy is an associated condition, and the prognosis does not appear to be unfavourably influenced by this association.

Various symptoms in the course of the disease affect the prognosis. A favourable condition may be said to be present when the *temperature* is sub-normal, or normal, or only slightly raised, and even when there is a considerable evening rise to 102° or 103°, it is wonderful how well and how long the patient will hold his own, provided there is a daily remission and a pyrexial period. On the other hand, continuous pyrexia, even of moderate degree, is unfavourable, is usually accompanied by progressive loss of strength, and is suggestive of some complication. A continuously rapid pulse, over 110 per minute, is to be regarded as indicative of acute abdominal disease, and is of unfavourable prognostic significance. *Diarrhœa*, when prolonged, is of bad omen, and suggests one of the gravest complications, tuberculous ulceration of the bowel. Great *distension of the stomach and intestines*, when paralytic in origin, is of unfavourable significance; when it is obstructive in origin it may be amenable to surgical treatment. *Rapid wasting* must be looked on as an indication that the disease has gained the upper hand locally, or is becoming generalised. The defensive powers of the constitution are invariably weakened in the presence of rapid emaciation. *Recurrent attacks*, with or without marked pyrexia, affect the prognosis unfavourably. They tend to exhaust the resistant powers of the patient, and they point to fresh infection from an active, although possibly unrecognised source.

The Prognosis in Complicated Tuberculous Peritonitis.—The complications which may precede or arise from tuberculous peritonitis seriously affect the prognosis, and one or more of them will usually be found to be present in the fatal cases.

1. Tuberculous ulceration of the intestine. This may be small in extent and not associated with any marked symptoms. When it is extensive, as indicated by intractable diarrhœa and the passage of blood and mucus, the prognosis is unfavourable.

2. If extensive caseation of the mesenteric glands or of tuberculous masses exists, recovery is delayed, fresh infection of the peritoneum is apt to occur, and the risk of abscess formation and rupture is constantly present.

3. Local suppuration, from infection through glands or the intestine, is a complication which, if unrelieved by surgical treatment, is apt to retard recovery and lead to more serious complications.

4. Obstructive symptoms from intestinal matting or the pressure of tuberculous growths are, as a rule, not marked. If progressive and unrelieved, the prognosis is bad, but surgical interference may prove successful in removing all imminent danger.

5. In the presence of pulmonary tuberculosis, with definite physical signs, the prognosis is unfavourable. It must be remembered, however, that dulness and crepitations are frequently present at one or both bases, owing to the diaphragm being pushed upwards, the lower portions of the lungs being thrown out of action, and congestion occurring in consequence. With the relief of the abdominal distension these pulmonary signs will usually disappear entirely. The prognosis is very bad in the case of the following complications:—

6. The rupture of a glandular or other abscess, or the perforation of an intestinal ulcer into the general peritoneal cavity.

7. The onset of tuberculous meningitis.

8. The occurrence of general miliary tuberculosis.

As confirming the serious prognostic influence of the various complications, the causes of death in the fatal cases may be given here. Six of the eleven cases were examined post mortem:—

| | |
|---|----------|
| Purulent peritonitis from intestinal perforation or ruptured abscess | 5 cases. |
| Intractable diarrhœa (? Intestinal ulceration) | 2 " |
| With cerebral symptoms (? Tuberculous meningitis) | 2 " |
| Tuberculosis of peritoneum, pleura, and lung, with partial intestinal obstruction by a band | 1 " |
| Cause unknown | 1 " |
| Total | 11 " |

The Prognosis as Affected by Medical Treatment.—The results of medical treatment as given above may be regarded as favourable. If the prognosis in uncomplicated tuberculous peritonitis depends on improving the patient's resistant powers as much as possible until the tuberculous process is checked, and increasing his aggressive powers until the tuberculous products have been entirely removed, it is plain that medical treatment directed to these ends will be of the highest importance in making the prognosis more favourable. In the complicated forms of the disease medical treatment is of less direct value.

The Prognosis as Affected by Surgical Treatment.—In the complicated forms of tuberculous peritonitis, the prognosis is much more serious, and here it is that the prospect may be entirely changed by surgical interference. One striking case is before me, that of a girl, æt. 3, on whom Mr. Watson Cheyne performed laparotomy for obstruction, and short-circuited the small intestine. The patient made an excellent recovery. In another case, with suppurative peritonitis from a perforation of the cæcum, a fatal termination ensued.

As regards the surgical treatment by simple laparotomy—the so-called cure for tuberculous peritonitis—our results are not good, namely, six recoveries and six deaths. It is not suggested that the fatal results were due to the laparotomy, for the deaths occurred at periods of from one to six months after the operation. But it is clear that the operation was ineffectual in preventing the complications which led to a fatal termination. The cases which recovered may be said to have done so in spite of the operation, for they presented in their post-operative stages no striking changes

and no clinical developments which could not be equally well observed in the cases treated medically. At one time I was a supporter of laparotomy as a routine treatment, but further experience has altered my opinion. A girl, *æt.* 6, the subject of fibro-ascitic tuberculous peritonitis, was considered a suitable case for laparotomy, but operation was deferred for unavoidable reasons, and she was sent to the country. While she was there the abdominal contents became harder and denser, until they felt like plaster-of-Paris, the fluid disappeared, and the girl improved. Some months later she was so much better that operation was not considered necessary, and during the next year there took place a gradual absorption of all the dense material until finally she was quite restored to health and the abdomen to a normal condition. In other cases before me, cases of acute tuberculous peritonitis, of tumour formation, of the ascitic type and of the fibrous variety, I find that as good results may follow from medical as from surgical treatment, and I do not find that the course of the disease is appreciably affected by laparotomy. From the post-mortem evidence also it is plain that, whether the case was medically or surgically treated, death was not due to uncomplicated tuberculous peritonitis, but to some complication beyond relief either by medical measures or by laparotomy.

The conclusions drawn above may be summarised as follows:—

1. In uncomplicated tuberculous peritonitis the prognosis is good.
2. When tuberculous pleurisy is present the prognosis is still favourable.
3. The prognosis is rendered less favourable in the case of (a) a strong family history of tuberculosis; (b) an infancy passed under bad hygienic and dietetic conditions; (c) a constitution of feeble resistant power; or (d) a history of severe infective illness in early life.
4. The prognosis is rendered less favourable in the presence of one or more of the following symptoms: continuous pyrexia, rapid wasting, persistent diarrhoea, rapid pulse, and recurrent acute exacerbations.
5. The prognosis is rendered less favourable in the presence of one or more of the following local complications: (a) tuberculous ulceration of the bowel; (b) extensive caseation of the mesenteric glands or of tuberculous masses; (c) localised suppuration from infection through glands or the intestine; and (d) obstructive symptoms from bands or matting of the intestine.
6. The prognosis is bad in the case of the following complications: (a) the rupture of a suppurating gland or the perforation of an intestinal ulcer into the peritoneal cavity; (b) pulmonary tuberculosis; (c) tuberculous meningitis; and (d) general miliary tuberculosis.
7. In tuberculous peritonitis the prognosis is not appreciably affected by simple laparotomy.

It is stated that the Health Officers of twenty-one States, in conference at Washington, have resolved that California must forthwith eradicate the bubonic plague or submit to general quarantine. The existence of plague has been denied, but the Federal Health Bureau reports ninety-three cases in three years, all starting in Chinatown, San Francisco. Of twenty-two dead rats examined there, eleven were found to be infected.

EXCISION OF CARCINOMA OF THE RECTUM AND THE TREATMENT OF INOPERABLE CARCINOMA OF THE SIGMOID FLEXURE. (a)

By F. M. CAIRD, M.B., F.R.C.S.Ed.

Assistant Surgeon, Royal Infirmary, Edinburgh, Lecturer on
Surgery, Edinburgh Medical School.

CARCINOMA of the rectum was one of the more slowly growing cancers, therefore early operation was strongly to be advised. In later stages a palliative colostomy was alone possible. Most cases of rectal cancer lay above the internal sphincter, but it was almost invariably possible to reach beyond them with the fingers. When the tumour had the above position the para-sacral excision—the sacro-sciatic ligaments being divided by a lateral incision, and parts of the coccyx and sacrum removed if need be—was the best operation. It was not difficult to deal with posterior adhesions, but those in front of the growth often gave rise to great difficulty. A sound should be held in the bladder as a guide to its position. Very often a great deal of the surrounding thickening was not malignant but inflammatory, and disappeared after the removal of the tumour. A mesial laparotomy might be required for diagnostic purposes, but as a rule it was possible to delimit the tumour from the rectum. A few enlarged glands out of reach of the knife should not deter one from attempting a radical cure, because these glands were not seldom due to septic absorption from the ulcerated surface, and therefore had not the same significance as glands following scirrhus of the breast without ulceration. If the patient's condition warranted operation it should be done without delay, and too much time should not be spent on preparation. Sepsis was the chief risk, and therefore the bowel ought to be thoroughly washed out at first, the surgeon using rubber gloves while doing this, so that his hands might not be contaminated. At the same time, he uttered a word of warning against the use of even dilute solutions of lysol in too great abundance, as he had once seen dangerous collapse follow an injection of this antiseptic, which was not immediately returned from the bowel. In females it was seldom necessary to remove more than the coccyx; in males, owing to the smaller pelvic outlet, a more extensive resection of bone might be needed. He thought it was a most important matter to open the peritoneum early so as to get well above the tumour at once. The space was packed with iodoform gauze so as to cut off the peritoneal cavity from the field of operation. If the cut edges of the bowel could be approximated a continuous suture was best, and an effort should be made to unite at least their anterior parts. If this was impossible an artificial anus ought to be left in the sacral region. He had had ten cases of this operation without a death. Perfect results—complete control of the action of the bowels—was got in four women and one man; in four men and one woman the results were unsatis-

(a) Paper read before the Edinburgh Medico-Chirurgical Society, January 7th, 1903.

factory in this respect. As to the future history, one died within six months, and three within a year, the remainder at later periods up to four or five years. It must be remembered that stricture of the bowel was a not uncommon sequence of the operation, and might simulate local recurrence.

In cases of carcinoma at a lower level excision of the whole sphincter by the peritoneal route might be required. Here, also, the pouch of Douglas should be opened early. Of four such operations (none immediately fatal) two cases died within the year and the others within eighteen months. He had had one fatal case of combined para-sacral and perineal operation.

Inguinal Colostomy for Inoperable Cancer.—In six cases in which it was undertaken for impending obstruction four patients died and only one recovered, figures which sufficiently demonstrated the danger of delaying until the condition of things had reached such a pass. When done in the quiescent stage its success was very great, and the comfort experienced, especially if compared with the old operation of lumbar colostomy, was very marked. The colon should certainly be cut completely across, so that no fæces were passed down into the rectum. In many cases the patients could live in comparative ease, and in some resume work and social duties with an artificial anus in the iliac region. Passing to the special symptom, he wished to dwell on two points. In some cases the disease closely simulated prostatic enlargement, the symptoms being entirely referable to the bladder. In the second place a cancer of the rectum was sometimes secondary to another growth in the alimentary canal. It was not common for a primary cancer of the intestines to give rise to metastases in the bowel; if these were found they were perhaps most common in the rectum and œsophagus. Finally, he wished to refer to the dangers of iodoform poisoning. No agent could replace iodoform gauze in these cases. It had great powers of bringing about peritoneal adhesions, and he had never felt justified in replacing it by orthoform or any of the newer drugs. It must, however, be used cautiously, as great depression or acute mania might develop. The urine ought, therefore, to be tested for iodine daily while iodoform was being used.

Clinical Records.

A CASE OF EXTROVERSION OF THE BLADDER. (a)

By MR. W. H. STILES, F.R.C.S.Ed.,

Surgeon to the Royal Edinburgh Hospital for Sick Children.

In this case the ureters had been transplanted into the rectum by the method of Peters, of Toronto. The case was one of complete extroversion, with epispadias, and a hernia on the one side of the scrotum, while on the other the testicle had not descended. The recent operations for the condition aimed at transplanting the ureters on to the sigmoid flexure or rectum. If the treatment were to be considered successful there must be no incontinence of urine. Two methods were employed, the intra-peritoneal and the extra-peritoneal. The first operation introduced consisted in dividing the ureters individually, and grafting the ends into the rectum. This operation was seldom successful, the danger being an ascending infection and pyelo-nephritis.

(a) Case brought before the Edinburgh Medical-Chirurgical Society, January, 1903.

Magill modified it by excising the trigone of [the bladder with the two ureteral orifices and grafting the whole into the rectum; the risk of infection was thereby much lessened. Peters had recently proposed an extra-peritoneal operation, as follows:— Insert a soft catheter for about an inch and a half into each ureter and secure it in position with a stitch. With the catheters as guides free each ureter with a small disc of mucous membrane for about one and a half inches of its course. The finger is then passed into the rectum and the anterior wall projected towards one of the spaces left by the freeing of the ureters, a slit-like incision is made on the antero-lateral aspect of the rectum at this point, and the catheter is seized with forceps through the orifice and drawn into the rectum and out of the anus. The lower end of the ureter with its attached disc of bladder or mucosa is then drawn through the slit in the rectum. The other ureter is similarly treated. The openings into the rectum should be above the internal sphincter. The urine is allowed to drain through the catheters into a bottle of antiseptic lotion till the wound has healed. In the case shown symptoms of pyelo-nephritis appeared from the fourth to the eighth day, but was recovered from under hot packs, &c. The child could now retain the urine for about three hours. The epithelium of the extroverted bladder was gradually altering its character as the result of being kept dry.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING OF FRIDAY, JANUARY 23RD, 1903.

Mr. HOWARD MARSH, F.R.C.S., President, in the Chair.

CLINICAL EVENING.

A CASE OF HEMIATROPHY FACIALIS (MORPHŒA OR LOCALISED SCLERODERMA OF THE FACE).

DR. T. D. SAVILL showed a man, G. S—, æt. 50, who, in 1880, had a severe blow on the top of the head and thereafter suffered from neuralgic pains in the vertex and face, sometimes of great severity, until 1895, when they subsided under treatment. In 1885-86 he first noticed that the hair of the left side of the scalp and left eyebrow was coming off, and that the face on the left side was becoming wasted. The wasting of the face at first gradually increased, but it has remained stationary for some years. There is no history of alcohol or syphilis. The patient has been a waiter or a "carver" all his life. On the left side of the face the whole of the skin is shiny and smooth, and this, with the subcutaneous tissue, is considerably atrophied. The hair is almost absent from the left anterior quarter of the scalp, and is also wanting in the inner half of the left eyebrow. The temporal and masseter muscles are notably atrophied, but the other facial muscles do not seem wasted. The electrical reactions, as far as can be ascertained, are not affected and the masticatory powers are as good on the left side as on the right. The distribution of the facial atrophy corresponds roughly to the cutaneous distribution of the left fifth cranial nerve. There are three other patches of atrophic skin upon the body, one upon the middle of the back about the size of the hand, which presents a few dilated venules characteristic of morphœa, and in this position there appears to be a slight tendency to excess of pigment. Another patch of atrophied skin may be seen behind the right ear, and a third over the outer side of the left knee. No history is obtainable concerning these, and, like the facial atrophy, they cause the patient no unpleasant sensations.

SIR DYCE DUCKWORTH concurred in Dr. Savill's view of the identity of facial hemiatrophy with morphœa, and referred to a paper which he had communicated to the *Edinburgh Medical Journal* in 1883, in which he had dealt with different forms of atrophy. He

attributed this and other atrophic skin lesions to disease of the nervous system. He also referred to two cases in which the patients had lost the hair all over the body after falling on the back of the head.

CASE OF RUPTURED AORTIC VALVE.

Dr. SEYMOUR TAYLOR showed a man, *æt.* 50, a hammerman, who was admitted on October 26th, 1902, complaining of giddiness, præcordial pain, and dyspnoea. He had contracted syphilis seventeen years ago. He was in good health until July, 1902, when, after a long day's heavy work he complained of pain in the præcordial area and dyspnoea, which became gradually worse. On admission he was found to have a loud aortic obstructive murmur and a louder diastolic murmur. The latter was musical, of low pitch, was attended by a thrill, and was so loud and so wide in its distribution that it could be distinctly heard at a distance of two inches from the chest, and with the aid of the stethoscope it could be heard all over the thorax, back and front, in the abdomen as low as the umbilicus, and as far down the upper limb as the middle of the humerus. There was no evidence of any pulsatile tumour to suggest the existence of an aneurysm. He had dysphagia and no cough. The vocal cords acted symmetrically, and his radial pulses were equal. The left ventricle was hypertrophied and probably dilated, the urine free from albumin and sugar. The diagnosis of ruptured valve is made on the following grounds, *viz.* (1) A history of syphilis. (2) The sudden oncoming of urgent symptoms. (3) The patient's occupation. (4) The musical diastolic murmur. (5) The presence of marked diastolic thrill. (6) The absence of any other definite signs of aneurysm. The exact nature of the rupture can only be conjectural, but it is probably a perforation rather than a complete separation of a cusp from its attachments.

CASE OF REMOVAL OF THE SCAPULA OF A BOY, *ÆT.* 9.

Dr. STEPHEN PAGET showed a lad, *æt.* 9, thin and delicate-looking, but healthy, with a hard nodular mass springing by a broad base from the right supra-spinous fossa, and passing forward beneath the clavicle. No signs of pressure on the vessels and nerves of the arm; no enlarged glands; no history of pain or injury. Operation, April 30th, 1902; excision of scapula; growth found to be cartilaginous. During operation transfusion of three and a half pints of saline fluid. Patient made a good recovery, and the movements of the arm are very good. Sutures removed May 12th. Discharged from hospital May 21st, wearing a support to prevent arm from dropping.

CHARCOT'S KNEE AND SPONTANEOUS FRACTURE OF TIBIA IN THE SAME LIMB.

Dr. H. D. ROLLESTON showed a woman, *æt.* 46, who had had seven miscarriages, the last, eight years ago. Lightning pains came on eight years, and visceral crises six years since. Five years ago painless swelling of left knee after a long walk came on suddenly. Three years ago while going upstairs the left tibia fractured painlessly. Menopause came on last year, and was accompanied by incontinence of urine. Altered character of voice noticed eleven months ago. On December 3rd, 1902, after diarrhoea lasting three days, lost powers in right leg. *Present condition.*—Charcot's arthropathy in left knee. The left tibia, about the middle, shows a projection, the result of the old fracture. Paresis of the right lower extremity. Complete paralysis of the left third nerve. Altered speech. Occasional choking fits. Is subject to attacks during which she feels faint. Optic discs pale. Pupils contracted; do not react to light or accommodation.

A CASE OF TRAUMATIC STRICTURE OF THE OESOPHAGUS, GASTROSTOMY TWO YEARS AFTERWARDS (ALBERT'S METHOD), PERFORMED AT THE LONDON HOSPITAL.

Dr. JOHN R. LUNN showed a seaman, *æt.* 63, admitted on October 21st, 1902, with the following history:—In 1898 he sustained an injury to the front of the neck, and two years afterwards (1900) he began to lose weight, and experienced some difficulty in swallowing. He was X-rayed several times, and a small oesophageal bougie was passed with some difficulty through an

obstruction about 6½ inches from his teeth. About two months after this Mr. Mansell Moullin performed gastrostomy, and he was discharged four weeks afterwards, when he returned to sea, feeding himself by the abdominal opening into the stomach. After the man's arrival in Boston, U.S. (which was about fifteen months after the operation), the wound healed, so he went into hospital there and had it reopened, and was then able to feed himself once more. In 1902, on his way to France, the wound began to heal again, and as he could not pass the tube he tried to dilate the orifice with a piece of wood, which caused pain and bleeding; this apparently caused some local peritonitis. The patient states that on his arrival at Havre in September, 1902, he went into hospital, when the surgeon trimmed the edges of the wound in the abdomen, which was stitched together and closed. When he arrived at the St. Marylebone Infirmary in October, 1902, the stitches were removed and the wound was healed. Since his admission he has gained in weight, and has been able to take solid food, though he gets some dysphagia now and then, and he has still some obstruction (spasmodic) of the oesophagus. About seven inches from the teeth he has some doubtful thickening round the larynx. The patient seems very well in health with the exception of the ventral hernia, which causes him some pain occasionally, for which he wears an abdominal support.

PERSISTENT SLIGHT JAUNDICE OF FOUR YEARS' DURATION IN A GIRL, WITHOUT OBVIOUS ALTERATION IN SIZE OF LIVER OR SPLEEN, AND WITHOUT MARKED IMPAIRMENT OF THE GENERAL HEALTH.

Dr. F. PARKES WEBER showed a girl *æt.* 18, the youngest child of Polish Jewish parents, who suffered from persistent slight jaundice, best marked in the sclerotics of the eyes. The jaundice was first noticed at 14 and since then she has had a tendency to slight bleeding from the nose and gums. Recently she had been subject to headaches. No other definite illness. Menstruation commenced at about seventeen years, but has been irregular and often absent since then. The patient has been under observation since the beginning of November, 1902. At about that time there was a slight irregular fever, but with rest in bed, diet consisting chiefly of milk, and a little chlorate of potassium internally, this passed off in little more than a week. There is no obvious enlargement of liver or spleen, and indeed by physical signs nothing abnormal can be detected in any of the thoracic or abdominal organs. The gums have sometimes been slightly swollen, and have sometimes bled, and a few purpuric spots were on one or two occasions noticed on the limbs. The faces have generally been well coloured, though sometimes pale. The urine, which is free from albumin and sugar, has varied in colour between different tints of sherry, but is generally not very dark; it becomes darker on the addition of nitric acid, and sometimes a slight Gmelin's reaction has been obtained. Blood (November, 1902): hæmoglobin 85 per cent.; under microscope the red corpuscles looked normal, and the proportion of white to red cells was little if at all increased; no abnormal forms of cells were seen. The serum obtained from a blister gave a Gmelin's reaction. No evidence of any congenital deformity in the body can be discovered. There is no clubbing of the fingers. Since the patient has been under observation there has been very little change in the degree of jaundice, but the headaches have been less marked, and for a long time there has been no fever at all. There has never been pruritus or xanthoma. Iodide of potassium in 5 gr. doses three times daily was given during nine days, but was discontinued owing to a pustular eruption; iodides disappeared from the urine two days after the drug was discontinued. On two occasions the patient was given a decigramme of methylene blue, and on both occasions the colour disappeared from the urine very quickly, once in about eighteen hours, once within two days. The ingestion of 100 grammes of glucose failed to produce any alimentary glycosuria. The case seems to

resemble those described by French authors under the heading "simple cholæmia," but unlike some of this class, in the present case the jaundice is not congenital, and is not known to exist in other members of the patient's family. The pathogeny of such cases is not known, but the jaundice may apparently persist without leading to grave organic changes, as far as clinical examination goes, though the liver or spleen, or both these organs, may become temporarily or permanently enlarged. Occasionally there are exacerbations of the jaundice or other symptoms, sometimes accompanied by pyrexia. Occlusion of one or more of the smaller hepatic ducts by a process of obliterative cholangitis is suggested by Dr. Weber as a possible explanation of the clinical features of these cases. In a case like the present one, however, it is almost impossible absolutely to exclude the presence of an atrophic form of cirrhosis.

A CASE OF TABES DORSALIS.

Dr. LEONARD S. DUDGEON showed a man, æt. 44, the chief points of interest in whom are as follows:— (1) A Charcot's foot. There is a hard bony swelling on the dorsum of the right foot due to involvement of the astragalus and scaphoid bones. The ankle-joint is quite free. (2) Atrophy of the small muscles of the right hand, especially those of the hypothenar eminence and the interossei.

PNEUMOTHORAX IN A CHILD.

Dr. H. PERCY KIDD showed a male infant, æt. 1 year 11 months, admitted to London Hospital on September 22nd, 1902, with a history of cough, wasting, and refusing food for two weeks. On admission he presented all the signs of right pneumothorax. Sputum offensive; no tubercle bacilli found. Irregular pyrexia. During October the signs of pneumothorax gradually disappeared, the breath-sounds returned, and crepitations were heard over right lung. In November a localised empyema forward was opened at the right base. Pus foul, cultures grew micrococci. In January the wound healed, and the child gradually gained weight.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY. MEETING HELD JANUARY 21ST, 1903.

Sir THOMAS FRASER, President, in the Chair.

Mr. ALEXIS THOMSON showed a man, æt. 40, in whom an ununited fracture of the tibia and fibula, unsuccessfully treated by wiring five months after the receipt of the injury, was induced to unite by means of a rigid metal plate screwed to the ends of the bone. After the wiring, which was most thoroughly done, the patient was temporarily lost sight of, and when seen again had very bad union and was obliged to wear leg-irons. The brass plate remained embedded in the tissues for five months, at the end of which time a sinus from which sterile pus exuded, developed. The plate and screws were therefore removed, the bones being found firmly united. One of the three screws used was greatly eroded; why this should have been so was not clear.

Dr. NORMAN WALKER showed "A Case of Rodent Ulcer" in a woman, æt. 45, treated by X-rays. She had an extensive ulcerated surface invading the left breast, with hard everted edges; the duration was two years. The diagnosis lay in some doubt between rodent ulcer and carcinoma, the fact that there was an enlarged gland in the axilla favouring the latter. She had been treated by exposure to the X-rays from a hard tube for seventy-five minutes in all, each sitting lasting about five minutes. As a result the immobility was lessened, the edges smaller, and the fœtor less.

Mr. STILES showed a case of "Extroversion of the Bladder," which will be found under "Clinical Records."

Mr. STILES also showed a case of diffuse nœvoplipomatosis of the right buttock and thigh.

Mr. C. W. CATHCART showed a patient after operation for "suppuration of the frontal sinuses." The onset had been very acute, and was followed by spontaneous rupture at several places. Suppuration had lasted for

two and a half years, and was cured by complete removal of the whole anterior wall of the sinuses.

Dr. LOGAN TURNER demonstrated a modification of the laryngoscope adapted for teaching. The instrument had been introduced in Vienna, and consisted of an ordinary head mirror with a square plane reflector hinged to its margin. It could be so arranged that the students, passing behind the patient, saw the laryngeal image reflected in this mirror, instead of, as usual, having to look over the examiner's shoulder at the throat mirror. (2) An anatomical preparation of the larynx preserved by Littlejohn's dry method, adapted for class teaching.

Mr. ALEXIS THOMSON showed a large carcinomatous kidney, removed from a male, æt. 30, by the retro-peritoneal route.

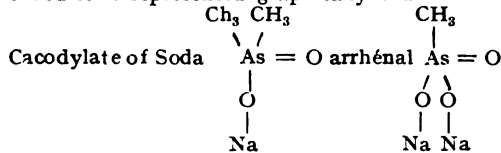
Dr. CHALMERS WATSON showed (1) Cast of enlarged gland from a case of exophthalmic goitre to show enlargement of the middle lobe—the lower termination of the thyro-lingual duct. (2) Photographs of the intestine of a dog to show a rare form of intestinal obstruction. Intermittent symptoms of obstruction had been observed during life, and relieved by treatment. (3) Microscopic specimens of the above, showing localised hypertrophy of the muscular coat of the ileum.

The PRESIDENT (Sir T. R. Fraser) read a paper on "THE INEFFICACY OF DISODIC-METHYL-ARSENATE."

In a previous communication he had already demonstrated the therapeutic uselessness of the cacodylates (methyl-arsenates), and pointed out that this was in entire harmony with what was known as to their pharmacological actions, which showed that they in no way acted as do the other compounds of arsenic commonly employed in medicine. Their undoubted disadvantages as regards their effects on the stomach have led some of their most ardent advocates to give up their use, and as a substitute the disodic-methyl-arsenate, to which the name of arrhénal was given, had been introduced. It is claimed to have none of the inconvenient effects ascribed to the cacodylates, to be nearly inoffensive to man and the lower animals, but at the same time to be endowed with remarkable therapeutic properties. As in the case of the cacodylates, it has been recommended as a remedy which should replace the older medicinal compounds of arsenic. It is a colourless soluble salt, which may be administered by the mouth or subcutaneously in doses of from $\frac{1}{4}$ to 3 grs. It has been used in much the same diseases as the cacodylates—all forms of anæmia, pseudo-leukæmia, leukæmia, chorea, the vomiting of pregnancy and malaria, in the last of which it has been claimed as a specific, but already Laveran has lent the weight of his authority in protest against its use as superseding quinine in this disease. The speaker had tried the remedy in several cases, of which he quoted two:—

(1) A woman with chronic eczema of two months' duration was treated by local remedies only from April 20th to May 26th without benefit. Arrhénal was begun on May 27th in doses of 1 gr. twice a day, increasing until 9 grs. were taken in the day. The drug was continued until July 19th, when it was stopped, as not the slightest toxic or therapeutic result had accrued. In all, the equivalent in arsenic of 2,000 minims of Fowler's solution were given, and on each day on which she had taken 9 grs. she had taken enough arsenic (3 grs.) to kill two adults. The second case was one of severe chorea of a month's duration. From May 15th to 27th no treatment was adopted, on May 28th arrhénal was given in the same doses as in the preceding case, and continued till June 17th. Thereafter (there being no improvement whatever) salicylate of soda and bromides were given on June 21st, and as these failed the usual rapid improvement set in whenever liquor arsenicalis was given. Pursuing a similar line of research to that employed in the case of the cacodylates, the urine of the second case was examined daily. The arsenic in the disodic-methyl-arsenate is so firmly united to the other molecules that it does not give the usual reaction with Marsh's test until it has

been oxidized with mineral acids. The formulæ of the two bodies is represented graphically thus:—



one of the molecules of CH_3 being replaced in the case of the disodic-methyl-arsenate by a molecule of NaO .

The urine of the patient gave a negative result on Marshing until it was oxidized by Gautier's process, when a copious sublimate appeared. Three days after the administration was stopped there was still an abundant sublimate, but by the sixth day elimination seemed to be complete. There was thus evidence that these enormous doses of arsenic were passed unaltered through the body, on account of the great stability of the compounds, and there was no reason at all to suppose that they had any therapeutic effect whatever.

Mr. F. M. CAIRD read a paper on "Excision of the Rectum and the Treatment of Inoperable Carcinoma of the Sigmoid," which will be found on page 82.

Dr. R. A. FLEMING read a paper on "Retinal Hæmorrhages as a Diagnostic Feature in Fracture of the Base of the Skull and in Subarachnoid Hæmorrhage." After referring to the stricture of the optic nerve, papilla, and retina, he drew special attention to the subarachnoid space, the sinus subaracnoidea basalis, and the continuation of the arachnoid into the sheaths of the optic nerves. He pointed out that the sinus basalis was a relatively large subarachnoid cistern, and that there was no median raphé, excepting the stalk of the pituitary body, which must act as a barrier in the anterior part of the space. He had found from post-mortems that when there was a sudden extravasation into the subarachnoid, the optic nerve sheaths contained blood, and retinal hæmorrhages were present, and, further, that in a number of cases of unilateral subarachnoid hæmorrhage, the retinal hæmorrhages were present only or, at least, much more markedly, on the affected side. In twelve cases of fracture of the skull, eleven of which involved the base, five cases showed after death marked subarachnoid hæmorrhage on one side of the brain and retinal hæmorrhage limited to the affected side. In two cases the subarachnoid hæmorrhage was bilateral, and the retinal hæmorrhages were more numerous and present in both eyes. In the other five cases, although there was fracture of the base, there had been on the whole less marked subarachnoid hæmorrhage, and no retinal hæmorrhages were found. Meningitis was present in two of these, and life has been more prolonged in them, with one exception, than in the previous seven cases. The exceptional case was one of very extensive fracture and enormous extravasation of blood posteriorly, with great laceration of the temporo-sphenoidal lobes, and the intra-sheath spaces had been occluded, probably from pressure on the optic nerves distal to the chiasma. Dr. Fleming referred lastly to four instances of subarachnoid hæmorrhage due to disease. Three of these were hæmorrhages in the neighbourhood of the internal capsule, which had ruptured externally or internally into the lateral ventricles. In two of these there was more marked subarachnoid hæmorrhage on one side, and retinal hæmorrhages in the corresponding eye, while in the other case the effusion was less marked, consisting principally of blood-stained serum, and there was no retinal hæmorrhage at all. In the last of this group of four cases there had been a positive hæmorrhage, which had ruptured externally, and there were bilateral retinal hæmorrhages. Dr. Fleming illustrated his paper with a number of lantern slides and a microscopic demonstration.

The paper was discussed by Mr. Miles, Dr. Chalmers Watson, Dr. Harvey Littlejohn, Dr. Paterson, and Dr. Geo. Mackay.

It has been arranged that the twenty first Congress and Exhibition of the Sanitary Institute will be held at Bradford, commencing July 7th.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD JANUARY 15TH, 1903.

RUSHTON PARKER, Esq., President, in the Chair.

Dr. W. B. WARRINGTON described a case of acute ascending paralysis, usually named after Landry. There was a distinct history of an attack of influenza about a fortnight before the onset of symptoms. Motor paralysis rapidly developed in the lower limbs and spread to the arms, face, palate, and thorax. After a stationary period of a fortnight recovery began, and became complete. Diaphoretics and morphia were given at first, then ergot, and finally, iodide of potassium and mercury. The electrical reactions were throughout normal, and the integrity of the sphincters maintained.

Dr. BLAIR BELL thought the case was one of post-influenzal neuritis. He narrated a case of true Landry's palsy he had lately seen in a girl, æt. 20. A negative neurological examination had been made by Dr. Aldren Turner.

Dr. CARTER said he had seen two cases of acute ascending paralysis in which the administration of large doses of ergot had done much good, the patients ultimately recovering.

Drs. T. R. GLYNN, A. S. GRUNBAUM, NATHAN RAW, and BUCHANAN spoke, and Dr. WARRINGTON replied.

Dr. WARRINGTON also described a case of acute yellow atrophy in a young woman who had been nursing a child for sixteen months. The early symptoms were nausea and vomiting, followed by marked jaundice and diminished liver dulness. Urea was diminished, but leucin and tyrosin were not present in the urine. The knee-jerks disappeared and the patient died from respiratory failure. Duration of illness about six weeks.

Dr. BRADSHAW said the absence of leucin and tyrosin was no presumption against the diagnosis of acute yellow atrophy; they were absent in a typical case of his own.

Dr. R. T. M. BUCHANAN showed a case of aneurysmal varix between the left subclavian artery, and the division of the left innominate vein, due to gunshot wound received in the late Boer war. Associated with the varix was left brachial monoplegia with the peculiar condition of flexibilitas cerea of the arm. Dr. Buchanan considered that some indirect damage had been done to the nerves supplying the rhomboids and the lower part of the trapezius, although the bulk of the palsy might be functional. Dr. Buchanan thought hypnotic suggestions likely to be of value.

Dr. BRADSHAW agreed with the diagnosis of aneurysmal varix. He thought the palsy entirely functional, and the wasting due simply to disuse, as there was no deformity and no atrophic change in the skin. Flexibilitas cerea in one limb was rare, but the hysterical state on which it depended was not very infrequent in soldiers who had been wounded.

Dr. BUCHANAN replied.

Dr. E. T. DAVIES related a case in which he had removed 1,754 stones from the gall-bladder of a woman, æt. 51. There was no definite history of jaundice, but the urine was coloured, and the skin tawny. The patient made an excellent recovery.

The adjourned discussion upon Dr. PETER DAVIDSON'S paper on "Infantile Scurvy" was opened by Mr. S. KELLETT SMITH, who said we were handicapped from the outset by our ignorance of the true cause of scurvy. There were many theories, but in this country we regarded the disease as the outcome, direct or indirect, of some malnutrition. In the case of adults the antiscorbutic properties of lime-juice, which contained certain known salts was amply proved, but it was false argument to conclude from this that the absence of these same salts from the diet was the cause of scurvy. Close examination of the dietary in most cases of scurvy revealed the fact that fats were present in insufficient quantity. Bottle-fed babies were especially liable to suffer in this way, for while attention was given to modification of the proteids and sugar of cow's milk,

little regard was had, as a rule, to the equalisation of the fatty matter. He thought, therefore, that in all cases showing early symptoms of scurvy the diet should be carefully criticised with respect to the proportion of fat present.

Dr. GLYNN said he had seen scurvy arise in people who had been put on a strict diet for flatulent dyspepsia. He thought some brands of Swiss milk were quite suitable for infant feeding up to seven months.

Dr. O'FLAHERTY had found it difficult to get a good mixture with added cream; butter or cod-liver oil were better. The cream might be given separately however.

Drs. RAW, BUCHANAN, GRUNBAUM, W. B. BENNETT and LEWELLYN MORGAN spoke, and Dr. P. DAVIDSON, in reply, said that although the cases were still rare, yet the disease was on the increase, apparently from the increased use of preserved milks. In his experience there was no artificial food that could equal fresh cow's milk suitably modified.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 25th, 1903.

COMPULSORY NOTIFICATION.

At the meeting of the Académie de Médecine, M. Josias read a report on the maladies for which notification was considered to be obligatory, and said that he would propose adding to the list already drawn up by the Academy two other affections—measles and cerebro-spinal meningitis when they existed in the epidemic form. On the other hand, as there existed a certain group of contagious affections which for divers reasons the obligatory declaration was not practical, he proposed to draw up a list of affections of which notification would be optional, and which would comprise phthisis, whooping-cough, influenza, pneumonia, erysipelas, mumps, leprosy, and purulent ophthalmia in the adult.

After some remarks by one or two members, the president put to the vote the report, and the following list of maladies was adopted as requiring notification: Typhoid fever, typhus fever, chicken-pox, scarlatina, measles, diphtheria, cholera, plague, yellow fever, dysentery, puerperal fever, ophthalmia of infants, and cerebro-spinal meningitis when epidemic.

The affections placed under the head of optional notification were those proposed by M. Josias and already given in these columns.

THE TREATMENT OF ECLAMPSIA.

Professor Maygrier, speaking on eclampsia, said that formerly that affection was considered as a nevrose, but to-day it is more rightly known as an auto-intoxication of the organism.

The first symptom being frequently albuminuria, it was necessary to place on milk diet every pregnant woman whose urine was albuminous, and enjoin rest in bed. The régime continued eight days placed the patient beyond the reach of the malady. Once eclampsia declared, the first thing to be done was to remove from the organism the toxic principles and to calm the nervous excitability. The first indication was filled by blood-letting—from ten to twelve ounces should be taken as rapidly as possible. He was in the habit of injecting immediately afterwards, hypodermically, an equivalent amount of artificial serum.

The agitation and excitability were best controlled by a few whiffs of chloroform and an enema of chloral. The Germans recommended morphia, but it should be used with caution.

Several authorities advised emptying the uterus with all possible celerity, but such was not his opinion, as the eclampsia could persist after delivery, and on the other

hand the pregnancy could continue after the attack. Only two complications could warrant intervention: anuria or a rise in the temperature. Beyond those conditions the pregnancy should not be interrupted. But, on the other hand, if the labour had already set in, every means should be employed to deliver the mother as quickly as possible, forceps, version or extraction, as the case might be.

CARDIAC COLLAPSE.

Citrate of caffeine .. 0.75 centigr.
Chloride of sodium .. 2.50 "
Distilled water .. 500 grammes.

Dr. Morfan, who recommends this serum in cardiac collapses, injects 50 cubic centimetres, and renews the injection if necessary.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 24th, 1903.

At the Society für Innere Medizin, Hr. Weber showed a preparation of

BONE IMPACTED IN A BRONCHUS.

The preparation consisted of the right lung of a young man in whom gangrene of the middle lobe of the lung had followed impaction of a piece of bone in the bronchus. After swallowing the piece of bone at the end of March, 1902, he had been attacked with violent lung troubles, which gradually improved, leaving only a dull feeling of oppression behind. In the hospital no objective cause for this sensation could be made out. There was no fever; auscultation and percussion revealed nothing abnormal, neither did radiography. It was concluded that the patient had really swallowed a small splinter of bone, and that he had later on coughed it up, and that the symptoms complained of were only a consequence of the irritation then set up. On October 7th, however, he returned with very serious symptoms. He was very much reduced, there were fever and cough with fetid expectoration. There were tympanitic dullness over the right lung, amphoric breathing, and râles, especially marked over the second rib. It was assumed that an abscess was located at the spot; operation gave no relief, however, and the patient died. The autopsy showed that a piece of bone, larger than the thumb-nail, lay in the main bronchus of the right lung and had set up gangrene. It was remarkable how few subjective symptoms had been caused by the accident. The localisation of the disease was also of interest. One would have thought that the inflammation would have been worst nearest the site of the foreign body and would have spread downwards from it. But here the course was the opposite of this; in opposition to the laws of gravity it had extended upwards.

Hr. Stadelmann reported that three years ago a patient had been admitted into hospital. There was extensive empyema on the right lung that was operated on, and contained fetid pus. The patient died. In a bronchus autopsy revealed a large piece of bone that had been swallowed six years before. At the site of the impaction there was inflammation, from which metastasis had originated, whereby the empyema was set up, from which the patient died.

Hr. A. Fraenkel remarked that such cases could be helped by aid of a bronchoscope. In many cases the foreign body could be seen and not seldom extracted. The extension upwards was explained by the gangrenous spot.

Hr. v. Leyden recalled two particularly interesting cases of the kind, both in medical men. One case was

that of a military surgeon who for years was ill with cough and putrid sputum; the disease was thought to be tuberculous. The patient died and a piece of bone was found in one lung. In the second case also the patient was ill for years with cough and putrid expectoration. One day, after a violent attack of coughing with retching, he brought up a shirt button. He recovered. In neither case was anything known etiologically.

Hr. Grawitz had unknowingly brought a preparation of a similar kind for demonstration. A young girl had sprung into the water a year before to save a man. Since that time she had been ill with cough, had pain in the right side of the chest, and râles could be heard. Then remitting fever set in and a streptococcal empyema developed. It was supposed that the disease arose from a chill caught from jumping into the water. Then came a letter from a former master of the girl saying that a long time before she had swallowed a shirt button that she had in her mouth when a cough came on. No shadow of a foreign body was shown, however, by radiography. An operation for empyema was performed, but the patient died. At the autopsy a shirt button was found in the right bronchus, no gangrene of the lung, but only diffuse bronchitis. If the diagnosis had been certain, the patient might have been saved by inferior bronchotomy and removal of the foreign body.

Hr. Borchardt related the following case:—A child *æt.* 2, had a cavity in the right lung. Radiography showed a feather. He resected several ribs posteriorly but could not find the feather. Inferior tracheotomy was now performed, and he succeeded in removing the feather, that had been in the bronchus for nine months, by aid of a pair of forceps. Bronchoscopy had been tried and failed. The little patient lived seven months and then died of a tuberculous affection.

At the Medical Society a discussion took place on Hr. Liebreich's

NOTE ON BORAX AND BORACIC ACID.

Hr. Mankiewicz said that after giving large doses of borax, he had seen eczema of the toes and fingers with loss of the nails. This occurred every time one patient took large doses of borax. He then described the acute borism that workers in borax factories suffered from.

Hr. Menchel had given 0.5 gramme of borax daily for long periods to epileptics and had never seen harm resulting from it.

Hr. Liebreich remarked on the great difference between giving 100 grammes of borax in a short time and taking flesh preserved in it, which would contain at most 0.1 to 0.3 per cent. If there was more than that the taste would be spoilt. He further emphasised the fact that death had never been known after borax, whilst an undoubted case of death was known from excessive use of salt. No one, however, would give up the use of salt for this reason. The great advantage of boric acid was that it only preserved fresh meat; putrid meat in spite of it still retains its nasty taste. Flesh preserved with borax might be designated as such, but it was unjust to do away with borax as a preservative agent altogether.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 24th, 1903

TOXIC AND AUTOTOXIC DERMATOSES.

At the *Doktoren Kollegium*, Ehrmann read a paper on "Toxic and Autotoxic Conditions of the System Arising from the Cutaneous Application and the

Internal Administration of Drugs." Prior to, and even during, Hebra's time, the teachings of humoral pathology acknowledged the toxic effect of external agents, although it was universally admitted that all dermatoses were the outward expression of a humoral disturbance. However theoretical this opinion may appear, after long experience and close observation, a few grains of truth are still left in the dogma.

We now know definitely that there are noxious substances in the blood and fluids of the body that give rise to skin eruptions, probably not directly, but through the agency of the nervous system. Physiological experiments demonstrate clearly to us that irritation of one nerve will cause hyperæmia, while irritation of another will cause anæmia, showing that we may have both centripetal and centrifugal reflex action on the vessels. An internal toxic agent, such as quinine or copaiba balsam, acting directly on the nervous system, will produce cutaneous manifestations. Again, the internal application of an irritant may act on the central nervous system, leading to over-stimulation of the cell protoplasm and so producing proliferation of cells. This theory has been demonstrated in many cases, and assumed in others in explanation of many cutaneous diseases.

The autotoxic form of dermatosis may be illustrated in the practice of inunction, where the application of mercury produces a scarlatinial erythema and a few days later a typical eczema, with tumefaction of the mucous membrane. Turpentine is another agent which when used externally or internally, produces an eczematous erythema.

Jadassohn has published observations of eczema due to calomel poisoning, and the use of antipyrin is not free from this drawback. The latter has two forms in which it appears, first as a universal scarlatinial rash followed by bullæ and subsequently ending in a pemphigoid desquamation; the second form is a localised fixed erythema occurring on the tongue, mouth, and conjunctive, and often associated with vesicular eczema and dark grey pigmentation. It occurs more frequently in females than males. The sera afford another source of eruption due to toxic action. After the injection of anti-diphtheritic serum an intense erythema is sometimes produced. Vaccine is another fruitful source, while injections of tuberculin produce an exanthema well known to all.

Autotoxin arising from the bowel produces a form of pruritus not uncommonly associated with constipation. Ehrmann related a case of constipation due to stenosis that came under his personal observation. The patient suffered intensely from a form of dermatitis, which entirely disappeared after an operation had been performed for the stricture. Another fruitful cause of erythema is helminthiasis, which resembles the antipyrin exanthem due, probably, to the poison of the worm and not the result of nervous reflex action. Sclerodermic urticaria is the result of another autotoxic poison commencing with erythema and defying all local treatment. Polydypsia, oliguria, œdema of the extremities, and bronchial catarrh are a few of the results arising from autotoxic substances. Arsenical hyperkeratosis often attacks paper-hangers, while other forms of arsenical dermatosis are the result of hyperhidrosis of the extremities, particularly between the toes, producing first of all a form of erythematous eczema, culminating in chronic thickening.

In the discussion that followed, Nobel suggested that many of the author's remarks would be better explained by idiosyncrasy on the part of the patient. It is not uncommon for such drugs as arsenic to produce disturbances of the alimentary canal which might give rise to all the phenomena he had described.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

RESECTION OF THE ULNA NERVE AFTER BEING DIVIDED FOR SIX MONTHS.—Mr. MAYO COLLIER operated on a young man, *æt.* 20, for paralysis and loss of sensation of the muscles and skin on the inner side of the hand and arm such as would follow complete division of the ulna nerve in the middle of the arm. Six months previously the youth had fallen through a window and had inflicted on himself a long jagged wound on the inner side of the left forearm extending upwards and outwards dividing the two inner tendons of the flexor sublimis, part of the flexor carpi ulnaris, the palmaris longus with the ulna artery and nerve. The wound had apparently been skilfully attended to so far as the muscles and artery were concerned, but the more or less common mistake was made in neglecting to search for and find the divided nerve. The consequences of this omission were only too soon realised by paralysis and loss of sensation of the muscles moving the little and ring fingers and weakness of the hand generally. The arm was painful, and some thickening could be felt in the site of the old scar. This was clearly a case for attempted resection of the nerve. After depriving the limb of its blood with an Esmarch's bandage Mr. Collier made a long incision in the line of the nerve from a little above the wrist to the upper third of the arm. The intermuscular septum between the flexor ulnaris and sublimis was hit upon and the nerve found with ease. The upper end was much retracted and clubbed, and adherent to the scar. The lower end had drifted to the inner side of the arm and lay under the flexor carpi ulnaris and was adherent to the scar tissue covering the bone. Allowing for the necessary loss in paring the nerve before suturing, the distance between the cut ends, Mr. Collier remarked, would be a serious difficulty in attempting to join them. This difficulty was overcome by continued gentle traction of both ends. A fine silk thread was run in and out through the nerves so as to effect a good hold, such as is done in tendon suturing. By these means the cut ends were closely approximated and the wound closed. The wrist and arm were flexed and the patient sent to bed. Mr. Collier said the difficulties of this case were increased by the distance separating the cut ends. This had been overcome, and a good result might be hoped for.

ROYAL LANCASTER INFIRMARY.

COMPLICATED CASE OF SCROTAL HERNIA.—Mr. STANLEY BARLING operated on a complicated case of scrotal hernia in a man, *æt.* 56. The patient was sent to him from a distance with the following history: Four days previously his medical attendant had tapped the tumour and drawn off two and a half pints of clear fluid. In a short time acute symptoms made their appearance. The scrotum rapidly enlarged, and became very painful. This was accompanied by sickness and fever, the temperature rising to 103° F. On admission the scrotum was found to be distended by a tumour almost as large as an adult head, which extended up into the inguinal canal. The penis was completely buried. There was no feeling of fluctuation, no impulse on coughing, and the percussion note was dull. Under ether a long incision was made over the length of the tumour. On opening the sac a great mass of sloughing omentum was exposed. This, weighing 5½ lbs., was removed. Gangrenous colon lay behind it, the coils all matted together, and also adherent to a knuckle of ileum. On the outer and posterior side of this was an abscess cavity containing about half a pint of foetid pus

intermingled with fæces and communicating by a hole, which admitted the index finger, with the interior of the large intestine. About 18 ins. of the ascending colon, the cæcum, and 9 ins. of the ileum were then excised, and end-to-end anastomosis performed with two continuous sutures. A quarter of a grain of strychnine was given hypodermically, and six pints of saline solution introduced into the veins of the left arm. Mr. Barling remarked that the hydrocele trochar had evidently entered a sac distended with ascitic fluid and had unfortunately also perforated the intestine.

The patient, who had been *in extremis*, rallied well. Five days afterwards there was some leaking of fæcal matter from the upper end of the wound, but this soon ceased and he made a complete recovery.

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

CASES FROM THE DERMATOLOGICAL CLINIC,
UNDER THE CARE OF G. NORMAN MEACHEN, M.D.,
M.R.C.P. LOND. AND EDIN.

1. *Recurrent Herpes of the Face.*—A boy, *æt.* 13, came with a vesicular eruption around the left orbit which appeared two days previously, preceded by pain in the left side of the head. He said he had had the same kind of "breaking out" every year since he was five years old, when he had a "bone scraped" on his forehead. There was a typical herpes involving the left malar bone and extending along the infra-orbital margin towards the nasal bone. There was a small horizontal linear scar upon the left frontal eminence. The conjunctiva was normal. Dr. Meachen said that these cases of recurrent herpes of the face, which had been so well described by Bertholle, were most interesting. The left side of the face was more often affected and some degree of migraine was invariably present or preceded the outbreak by a day or two. It used to be a favourite observation of Bazin that migraine was a symptom seen specially in those of an arthritic or a herpetic diathesis. Other forms of recurrent herpes affecting the labial margins were more common, and usually resulted from a chill or a slight gastric catarrh. Whenever the bodily resistance was lowered an eruption of herpes was apt to occur in predisposed individuals. The eruption in this boy could not be called an "ophthalmic zoster," as the herpetic rash in that complaint was higher up, involving the supra-orbital margin and the external canthus. Moreover, ocular complications were prone to occur, some of them serious, such as iritis, whereas in this case the eye was unaffected. Neither could the lesions be mistaken for erysipelas, for the individual vesicles were small and closely aggregated, with a separate zone of erythema round each. Oedema was absent. An astringent dusting-powder of bismuth subnitrate, boric acid and starch was ordered for external application, and 1½ grs. of quinine sulphate in a mixture thrice daily.

2. *Sycosis of Syphilitic Origin.*—A clean-shaven coachman, *æt.* 52, presented himself with a "sore lip" which he had had for three weeks. There was no itching. On examination, the upper lip was swollen, lumpy, and glazed in parts, especially at each corner. From these areas, which felt thickened and infiltrated and which encroached upon the labial margin, a few hairs were growing, but they could be pulled out whole, and on microscopic examination no spores were seen. Crusting and pus-formation were conspicuous by their absence. The beard-region was unaffected. Dr. Meachen remarked that the confinement of the lesion

rigidly to the upper lip was, in itself, almost sufficient to exclude tinea, though he confessed that the smooth, glazed, lumpy condition strongly resembled a parasitic sycosis, but ringworm of the moustache-region alone was uncommon. Moreover, the peculiar infiltration should make one suspect a specific origin in this case. Coccigenic sycosis could be excluded from the absence of pustular lesions.

On further examining the patient, a patch of dull red papular infiltration, the size of a half-crown, was seen on the inner side of the left upper arm, and another similar one on the right shoulder. These he had not mentioned as he thought them to be of no importance. Five years previously, about one month after acknowledged exposure to infection, he suffered from sore throat and an "ulcerated" mouth, with loss of hair, and was under treatment for four months. Dr. Meachen insisted upon the importance here, as in all cases, of inspecting whenever possible the whole skin, as frequently some light is thereby thrown upon an obscure case, or a suspected diagnosis is confirmed by the discovery of other, and perhaps more typical, lesions which the patient himself may consider of no consequence or of the existence of which he may even be unaware. This man was given gr. v. of pot. iod. with dr. j. of the liq. hydrarg. perchlor. in a mixture thrice daily, together with a weak ammoniated mercury ointment for the lips and arms. Under this treatment the infiltration speedily resolved, and in a month's time it had practically disappeared.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 28, 1903.

CORONERS AND POST-MORTEM EXAMINATIONS.

THE necessity of united action and of a good representative administration has long been recognised by members of the medical profession. The latter find themselves helpless against the inroads of unqualified practice, no less than of ill-regulated philanthropy and of highly organised bodies, both public and private, seeking to exploit the services of duly qualified practitioners. The latest attempt to deprive the medical profession of one of its few emoluments remaining comes from the London County Council. In

many instances the work of that body has been excellent, but, in our opinion, for reasons that follow, the present attempt to foist an official public pathologist upon the community appears to be unwise in its conception, illegal in its imposition or attempted imposition, and absolutely unjust to the medical profession. The facts of the case are familiar, and should be borne in mind by every medical man in the United Kingdom, for experience has long shown that the experiment of London to-day will be the experiment of the provinces to-morrow. Briefly, the Council have made a sort of semi-official appointment of Dr. Freyberger as Public Pathologist. It is difficult exactly to describe the position of the gentleman in question, for the chairman of the London County Council has publicly declared no such appointment has been made, but his utterances on the point were somewhat confused and unsatisfactory, and, weeks after his denial, Dr. Freyberger is still described as appearing at inquests in the rôle of County Council Pathologist. Whatever may be the precise verbal loophole through which the chairman found it convenient to wriggle, we take it there can be no reasonable doubt that Dr. Freyberger was recognised by the Council as the proper person to perform any or all of the post-mortem examinations required by the coroners appointed by the Council, at a fee of two guineas per case. The upshot of the Council's deliberations was to resolve: "That all coroners be informed that in the opinion of the Council it is desirable that post-mortem examinations in inquest cases of a special nature should be entrusted to a specially skilled pathologist." In the beginning of July, 1902, Mr. Troutbeck was appointed by the Council as coroner for the South-Western District of London. Before being appointed he agreed to carry into effect the above resolution. This he has since attempted to do, but his action has roused general indignation among the practitioners of the district. In the first place, Mr. Troutbeck seems to have acted unwisely in submitting to pressure from the Council to carry out an arrangement which appears to be distinctly illegal. It is difficult to understand what are the special qualifications possessed by Dr. Freyberger over those of the average general practitioner in the performance of an everyday post-mortem examination. If the ordinary medical man is unable to carry out a simple investigation, then the system of high standard modern medical education must be stamped at once as a miserable failure. As to "cases of special difficulty," which, it is to be presumed, allude chiefly to poisoning, no claim has ever been made by general practitioners that they should carry out such highly expert investigations. Mr. Troutbeck desired Dr. Freyberger to perform a second examination in a case already examined by the hospital pathologists. An action of that kind is calculated to bring the coroner into direct conflict with the medical profession both in its public and its private capacities. By insisting on the employment of a public pathologist in the making of ordinary post-mortem examinations the County

Council will be inflicting both a moral and a monetary injury upon the medical profession. It is to be hoped that they will be wise enough to reconsider their attitude with regard to this matter before further mischief is done. We are surprised to note that such a proposal was allowed to pass the Council without a vigorous protest from the medical men who are members of that body. It is to be hoped that the future action of the Council on this important question will be swayed by a carefully-considered report drawn up by Sir W. J. Collins and other medical councilors in conjunction with some trustworthy outside members of the profession, who will be really representative of the general practitioners as well as the hospitals.

ON THE TRANSFERENCE OF BOVINE TUBERCULOSIS TO MAN.

SINCE the epoch-making discovery of Koch in 1882 of the tubercle bacillus, progress in regard to matters tuberculous has proved so rapid that dangers, difficulties, and differences have arisen from the impossibility of adequately verifying the statements of the various investigators. And thus confusion and conflict were inevitable. The startling pronouncement of Koch at the London Congress, setting aside any consideration as to the correctness, or otherwise, of his contention, has proved of incalculable benefit, in that it has, as it were, called a halt in the undisciplined and, in some ways, misdirected energy of many unscientific enthusiasts; and has not only stimulated all civilised nations to undertake more scientifically-conducted research, but has also made necessary a thorough effort to "verify references," many of which have been manifestly misleading. It will doubtless be some time before anything like certainty can be arrived at regarding the transference of bovine tuberculosis to man. Meanwhile, it is interesting to note that Professor Koch, as judged by his address at the recent International Conference on Tuberculosis in Berlin, still strongly holds to his view that the milk of cows and the flesh of animals suffering from *Perlsucht*, must not be considered as in any way a common or serious cause of tuberculosis in the human subject. And it must be admitted that the facts and arguments presented are undoubtedly weighty and deserving of the most careful consideration. Efforts have been made throughout Prussia to obtain trustworthy information respecting cases of primary intestinal tuberculosis, where the disease was ostensibly caused by milk from cows suffering from *Perlsucht*, but Koch has, during the last year and a quarter, been unable to find any such example. It is, of course, well known that veterinary surgeons, pathologists, butchers, and slaughterhouse employees not infrequently develop the so-called tuberculous verrucosa cutis. But Koch considers that no well established case exists where general tuberculosis could be considered to have developed from such a local infection. Baumgarten's communication concerning cancer patients inoculated with virulent *Perlsucht* bacilli

strongly substantiates Koch's contention. Koch, moreover, holds that even the occurrence of *Perlsucht* infection, which remains local, as a result of a skin wound, does not in any way prove that *Perlsucht* bacilli are also in a position to infect the uninjured intestinal mucous membrane, or that they are able to pass through it without leaving any traces behind. Koch shows that where infective disease arises from contaminated milk or diseased flesh cases are met with in groups and often in epidemics and not as isolated illnesses, and he holds that a tuberculous infection must also take shape in the same way if tubercle bacilli, which are virulent for man, are found in meat and milk. It is interesting to note that Fraenkel even before the discovery of the tubercle bacillus, maintained the opinion that tuberculosis could not be conveyed by the milk of cows suffering from *Perlsucht*, because several children in the same family practically never suffered at the same time from tuberculosis as would have been the case if the common milk-can furnished the cause. Koch has devoted much attention to an investigation of cases said to have originated from tuberculous meat, but finds that "proof of the danger of meat infected with *Perlsucht* is completely wanting." And yet "no one will contest that the *Perlsucht* bacilli in meat are identical with those occurring in milk, and an insoluble contradiction exists in the fact that far stricter views have prevailed recently against the milk of tuberculous beasts than against tuberculous meat." Koch also draws attention to the inconsistency of those who while boiling their milk take no precaution to ensure the safeguarding of the products which are made from it, especially butter, which very frequently contains living *Perlsucht* bacilli. We are unable to follow Dr. Koch through all his careful analysis of long-recorded cases which have hitherto been supposed to afford trustworthy evidence of the transmission of tuberculosis from animals to man, but it must be admitted that his latest researches go far to strengthen his position. Meanwhile, we await the report of our own Government inquiry into this matter, and trust that a preliminary report will be forthcoming as soon as thoroughly trustworthy conclusions have been arrived at.

THE EDUCATION OF WOMEN.

A WRITER in a recent number of the *American Journal of Obstetrics* ventures to criticise the present system of feminine education in a manner which shows he has not the reverence for the feminine educationalist which that person demands. He is one of those daring people who take leave to consider that the health of the female is of more importance to the world in general than is her education, and, though he perhaps clothes his opinions in a little too verbose a garb, he still enunciates many truths that are daily forgotten probably because the opportunity for learning them is of daily occurrence. The highest and noblest functions of the medical profession is the prevention of disease, but yet, according to our writer

that profession does not lift up its voice with sufficient definiteness to point out the innumerable fallacies upon which the present system of feminine education is based. "It is of paramount importance that our women should be healthy, for how can it be expected that they will be prolific and the mothers of a healthy progeny if they are themselves not vigorous? What does it advantage a woman to attempt to unravel the laws of physics, or to solve difficult problems in mathematics if by so doing she violates the laws of her own existence, lays the foundation for uncertain health, and renders herself unfit to be the mother of a healthy offspring." The danger to which the writer alludes is probably more urgent in America than in the British Isles, but can it be said that there is no tendency to its growth. It is, at least, probable that the higher the civilisation of a race the lower becomes its vitality, and that gradual decadence follows. The race that would remain hardy and virile must see that the parents of its children are such as can produce hardy and virile children. Fashion has much to say in these matters. Universal occupation for women is the present cry, and girls are brought up with the notion that they must earn their own bread, and that everything is subservient to the necessity for acquiring the power of so doing. In time, doubtless, the pendulum will swing back into its former position, and the world will not be disimproved thereby. The most serious aspect of its present over-swing is the danger of the production of a vicious circle from which the most able political economist will be unable to extricate us. The increased conversion of women into wage-earners diminishes seriously in many walks of life the number of wage-earning and hence of marriageable males. In consequence, a still greater number of women are converted into wage-earners, and they in turn further diminish the number of male earners. The process continues, until the population of the country becomes seriously affected or until the wife is accepted as a necessary wage-earner of the family. Either ending is bad for the race. An increasing and not a diminishing population is necessary in view of our present Colonial needs, while racial vitality is even more important than numbers, and is incompatible with the mental and physical overstrain of the women. The matter will ultimately be one for political economists, but the responsibility for directing attention to one side of the danger rests primarily on the medical profession. The question asked of each member of the profession by the writer of the article to which we have referred is a very proper one:—"Do you exercise the great influence of which you are capable in overcoming the pernicious mode of educating young girls?"

WE congratulate Dr. Clouston—as doubtless all who recognise his distinguished attainments will do—on his election to the Presidency of the Royal College of Physicians of Edinburgh. The compliment will be especially appreciated by that large contingent who are engaged in asylum work, in which Dr. Clouston has for so many years played so conspicuous a part.

Notes on Current Topics.

Pregnancy in an Undeveloped Uterine Cornu.

CASES of pregnancy in the rudimentary horn of a two-horned uterus are of rare occurrence, and cases of this condition in which the pregnancy continues to full term without rupture of the containing cornu are among the curiosities of obstetrical literature. A rudimentary cornu is to all intents and purposes a Fallopian tube, and, if quite rudimentary, will not withstand the bursting strain to which the presence of a growing ovum gives rise for a longer period than will a Fallopian tube. Still, undoubted cases of pregnancy in such a cornu have been recorded in which rupture of the sac did not take place. It is possible that this may be explained on the hypothesis that the degrees of development to which the cornu attained was greater than is usually supposed. An interesting case of continuance of pregnancy to full term without rupture of the cornu is recorded in the issue of the *Journal of Obstetrics and Gynaecology of the British Empire*, by Drs. T. R. Smith and Herbert Williamson. In their case, the ovum was situated in a large spherical tumour attached to the uterus by a pedicle in the neighbourhood of the base of the left broad ligament. The tumour was almost wholly covered by peritoneum, and the left Fallopian tube, round ligament, and ovarian ligament all terminated in its substance. The area which was uncovered by peritoneum apparently corresponded to the intra-ligamentous portion of the uterus, and, at one angle of it, a cord-like structure appeared which had been cut across during the operation. This structure was impervious, and was probably the remains of the vaginal end of the cornu. At first sight, it would appear to be difficult to account for the occurrence of impregnation if the vaginal extremity of the cornu was really impervious. It is, however, very probable that in such cases the impervious condition found at the time of operation is the result of changes in the mucous membrane, the result of pregnancy. This view also commended itself to the writers of the paper.

The Dangers of the Habit of Expectoration.

THE difficulties in the way of the reforms attempted by the National Society for the Prevention of Tuberculosis are typically exemplified by a letter which appears in one of the daily papers, *à propos* of a proposal on the part of the Great Northern Railway of Ireland to place notices forbidding spitting in their third-class compartments. The gentleman who writes the letter in question is indignant that the notice should be confined to the third-class carriages. One would at first consider that the reason for his objection was that such a notice was equally necessary in the other classes, but on reading further, the real cause is found to be that "it is as ridiculous to ask a person (who perhaps is suffering from a severe cold, or a habitual smoker) to refrain from spitting as it is to expect him to refuse to breathe." The writer of the letter, in spite of a few lapses of gram-

mar, still appears to be an educated man, a fact which makes his mental attitude all the more unsatisfactory from the point of view of the public health. How is it possible for any society to effect an improvement in the conditions which favour the propagation of phthisis, when even the tolerably educated section of the people are so ignorant of the common principles of hygiene, not to mention the necessities of decency? It is still more unfortunate that daily papers, which in one column print an editorial comment approving of the aims of the Association should, in another column, print such letters as that to which we have referred—letters which, no matter what their inherent folly, influence the minds of other people as foolish as the writer. Nothing but determination on the part of the railway companies to punish offenders will put a stop to the disgusting practice of expectoration in carriages. The Great Northern Company "request" their passengers to refrain from an obnoxious practice; a direct command would be of more value.

Group-Dementia.

THE science of ethnic psychology is based on the assertion that there is a tribal, racial or group mind as well as an individual one. It is a fact that the minds of multitudes respond simultaneously to a common impulse, often a mad one, and do deeds which the individuals of the mass, in a sane state, would not do. A curious instance of this recently happened when several hundred Russian peasants, called Doukhobors, marched through Manitoba seized with a religious mania which impelled them to set out on a journey "looking for Jesus," their leader a fanatic named John the Baptist. They left comfortable villages, turned loose their cattle, and, abjuring the use of leather or any animal product, walked barefoot during a Canadian winter. At Minnedosa the Government intercepted the march and forcibly sent them back home. An instance of tribal madness occurs in some South African tribes who are seized by a common impulse to kill all their cattle in belief that the tribal gods will it.

The Mortality of Measles.

THE popular view of measles is that it is a disease of little importance against which it is unnecessary to take ordinary precautions. Statistics show, however, that though the case mortality may be comparatively low, the mortality in the aggregate is very high. In the County of London, for instance, during the year 1900, the deaths from measles numbered 1,930, which is greatly in excess of diphtheria, which is credited with 1,500 deaths, and nearly twice as great as scarlet and typhoid fevers together, with 361 and 717 deaths respectively. With this object lesson before us it is idle to pretend that measles can safely be treated as hitherto, and we note with satisfaction that the Health Committee propose to recommend the application of certain provisions of the Public Health Act to persons and places infected therewith, notably the disinfection of clothing and premises and the

partial isolation of persons suffering from measles by forbidding their carrying on their occupation in such a manner as to convey infection, by travelling in public conveyances, &c. No other evidence is required of the backward state of public intelligence in matters sanitary than the fact that seven out of seventeen metropolitan boroughs object to this very reasonable proposal.

The Doctor as a Detective.

UNDER the heading "Strange Conduct of Silverdale Doctors," a Birmingham contemporary reports certain proceedings which took place at a local police court in connection with the attempt of a butcher's assistant to commit suicide. The prisoner had discharged several shots from a revolver at himself, but apparently without inflicting any serious injury. Mr. Noonan, who was acting as assistant to Dr. Daly, of Newcastle-under-Lyme, was called to the man, but as the wounds were not of any gravity he took no further steps, and for this reason he was sharply reprimanded by the bench, who disallowed his expenses on the ground that he had displayed great negligence. This dictum raises a question of considerable importance as to the circumstances under which a medical man is called upon to act as informant. We may premise that it is no part of a practitioner's duty to act the part of a detective unless for the purpose of preventing crime. It is not for him to inquire into the conditions under which the wound which he has to dress was inflicted, except in so far as this may be required for the purpose of treatment. In the case before us, however, it would seem that in the interest of the patient himself some precautions were necessary, and it behoved the medical man who was called in to protect the patient against further attempts by communicating with the police or otherwise. The suggestion that the practitioner is under an obligation in every case to report the fact to the police is quite inadmissible, and public opinion would certainly not support him if he did so.

A Lapsus in Hospital Administration.

SOME scandalous revelations elicited at a recent inquest in London concerning the death of an intoxicated woman direct attention to the absence of facilities for disposing of persons, intoxicated and otherwise, who, for any reason, cannot be admitted to hospital. The police persist in regarding a hospital as a private dwelling into which they will only penetrate when it suits their purpose. Advantage is but too frequently taken of this technical point to decline assistance, thus throwing a grave responsibility on the hospital staff, and not unfrequently entailing serious mischief to the patients. In the case just referred to, the police refused to remove a drunken woman from the hospital until the porter, with a brutality which long experience is apt to engender, threw the unconscious woman on to the pavement, thus bringing her within the scope of police activity. In another instance the police refused to intervene in the case of a woman who had declared her intention of

taking poison, and had actually procured the wherewithal to destroy life. The woman was consequently allowed to go her way since she was obviously not a fit subject for hospital treatment. There is no obvious reason, except the chaotic jumble of the various administrative departments, why hospital medical officers should not be empowered to requisition an ambulance for the purpose of removing such patients to the infirmary, where they can be properly looked after until suitable measures can be taken. The police constitute but an unsatisfactory agency for dealing with such cases, and possibly when the London County Council has organised an adequate ambulance department the difficulty will in part have been overcome, although even then a better understanding will have to exist between infirmaries and hospitals than at present obtains.

Transplantation of King's College Hospital.

It is stated that the governors of King's College Hospital have under consideration a scheme for the removal of the hospital to a more salubrious, or, at any rate, to a more congenial, site, the said site not being more than four miles distant from the present one. If this scheme be realised, a first step will have been taken in the direction of a much-needed readjustment of the geographical distribution of the medical charities of the metropolis.

An International Medical Manifesto in Favour of Temperance.

A MANIFESTO has been agreed upon by the medical temperance associations of Great Britain, America, Germany, and France, calling the attention of medical practitioners all over the world to the terrible evils resulting from the consumption of alcohol, concerning which it behoves medical practitioners, as guardians of the public health, to speak plainly. Special stress is laid upon the injurious action of alcohol, even in small doses, upon the intellectual functions and the impairment of self-control, and the sense of individual responsibility which results from its habitual use. It is pointed out that the habitual consumption of alcoholic beverages precipitates the retrograde changes incidental to advancing years besides increasing the liability to certain intercurrent maladies. It is stated, moreover, and the assertion has the weight of unquestionable authority, that persons who abstain from the use of alcohol possess greater physical stamina and, in addition, that they escape a whole series of diseases specially due to the noxious action of alcohol. Neurologists are agreed that alcohol disturbs the equilibrium of the nervous system, not only in those who indulge but even in their offspring, with the inevitable result of bringing about deterioration of the race, mentally, morally, and physically. No one who ponders upon the poverty, suffering, vice, crime, disease, and death, which result from the use and abuse of alcoholic beverages will be disposed to deny that a grave responsibility

rests with medical men in their attitude towards the public in respect of this all-important question. A very great change has come over medical opinion in this connection during the last few years, but it behoves medical men to preach not only by precept but by example.

The Clinical Features of Post-Diphtheritic Paralysis.

THE generally received ideas concerning clinical manifestations of post-diphtheritic paralysis convey a somewhat misleading view of these very interesting manifestations of toxic neuritis. As a rule the motor disturbances are very slight and sensory disturbance are almost unknown. The flaccid, hanging soft palate which figures in every text-book is, in reality, very rarely seen, the disturbances usually taking the form of a mild paresis of all the palatal muscles. The pharyngeal reflex is almost always intact. The paralysis of accommodation attacks the ciliary muscle and respects the iris, although at a certain stage of the disease, the contraction of the pupil for distance may be impaired, but the light reflex never fails. With regard to the extremities muscular contraction is never entirely abolished. What we find is a plastic paresis with disappearance of the tendon reflexes and integrity of the sphincters. Cardiac disturbances accompanied by vomiting are by no means uncommon, but bulbar paralysis is extremely rare. The salient features of post-diphtheritic paralysis are those of a mild neuritis not associated with sensory disturbances, sometimes of diffuse but very mild anterior poliomyelitis. Experience does not bear out the view that has been advanced more than once that injections of serum predispose to the occurrence of these nervous troubles, but, on the other hand, they cannot be said to exert any directly curative action in regard thereto. It is highly probable that the incident of these nervous troubles is in great measure dependant upon the date at which the injections are made, and on the potency of the serum. The longer the virus is left uncontrolled the more likely is the nervous system to be attacked. The view that the occurrence of post-diphtheritic paralysis is *prima facie* evidence of the continued presence of the toxin in the blood is accepted by sundry respectable authorities as an indication for the further administration of antitoxin, not on account of any directly curative action on already existing lesions but in order to neutralise the poison and so prevent further developments.

THE Eleventh International Congress of Hygiene and Demography will be held in Brussels from the September 2nd to 8th, 1903, under the patronage of H.M. the King of the Belgians. The Secretary-General of the Congress is Professor Dr. F. Putzeys. All information and programmes can be obtained from Dr. Paul F. Moline, 42, Walton Street, Chelsea, S.W., the Hon. Secretary of the British Committee.

Drunkenness and the Jew.

WHATEVER may be said regarding the halting habits of some temperance advocates, the arguments of those who place themselves in opposition to the practice of abstinence are often in need of orthopædic assistance. Mr. F. Legge declares that the moderate use of alcohol has proved not only a benefit to the individual but to the race, and he urges "that the exhilaration, temporary though it may be, produced by its use, has on the whole made for the welfare of the race, seems to be established by the fact that the European and Mongolian races among whom it has been longest known, and most widely used, are now at the head of civilisation, while those who have most stoutly resisted its introduction, such as the fanatical Semites of Asia and Africa are pretty nearly at its tail." Fascinating though such contention may be in its superficiality, it only needs the slightest dissection to unfold its inherent fallaciousness. If Mr. Legge is desirous of following up his remarkable line of argument, he must turn his attention to the Semite not of Asia but of Whitechapel, and unravel the reason why the Jew in the East-end of London, although living often under conditions worse than his English neighbours, nevertheless never sinks into the slavery of inebriety and, while surrounded by drunkenness and abundant inducements to seek forgetfulness in an alcoholic debauch, is practically never met with "the worse for drink."

Facial Neuralgia.

OF all the sensory disturbances which practitioners are called upon to treat facial neuralgia in one form or another is probably by far the most frequent. Its etiology is quite obscure. Hilton it is true, tells us that neuralgia is the nerves' cry for food, but this is a vague generalisation which does not throw much light on its causation. The affection is not limited to particular countries or climates, but attacks certain individuals irrespective of nationality and *habitat*. As is invariably the case in respect of affections, the nature whereof is ill-understood, the method of treating facial neuralgia are legion, with this peculiarity, that the remedy which relieves one person may prove inoperative when given to another, and may indeed lose its efficacy in respect of the same individual in subsequent attacks. One of the most trustworthy remedies for facial neuralgia not associated with dental lesions is the intensive administration of strychnine. Dr. C. K. Mills, of the University of Pennsylvania, is a great advocate of this method of subduing these painful manifestations. He pushes the administration to the extreme limit of safety, his object being to keep the patient for a time well under the physiological action of the drug. Failing relief by this means, the only alternative is surgical intervention, but this method is hardly within the reach of the average practitioner in view of the gravity and extent of the operations rendered necessary thereby.

The Influence of Development of the Genitals on the Skeleton.

SOME interesting observations have been brought before the Paris *Société de Biologie*, by MM. Launois and Roy, on the relationship which exists between the degree of development of the genital organs and the growth of the lower extremities. In the case of an anorchous subject they noted the extraordinary development of the lower limbs, an abnormality which, they suggest, finds a parallel in the elongation of the hinder parts of animals which have been castrated in early life. Similar aberrations of growth are present in eunuchs, skoptzys, infantile giants, and the like. They infer that the more or less complete development of the genital organs exerts a well-marked collateral influence on the growth of the lower extremities, this being due to delay in the ossification of the epiphyseal cartilages. The point is one of considerable interest, the more so because the popular view long since proclaimed a close relationship between what we may call compensatory disturbances of development. It must not of course be assumed that all long-legged individuals are necessarily ill-developed in sexual respects, for the converse of this observation is obviously true.

The Diagnosis of Enteric Fever.

THE difficulties that surround the diagnosis of typical enteric fever are manifold. Sooner or later the most careful practitioner is certain to find himself cast upon that particular rock which lies ahead of the medical pilot. Various tubercular conditions often closely simulate typhoid fever, and should be carefully excluded from all doubtful cases. Tubercular meningitis and acute miliary tuberculosis are often extremely difficult to differentiate, more especially the latter when complicated with tuberculosis of the intestines, with attendant diarrhoea and swollen abdomen. Even the more chronic condition of tuberculous peritonitis may resemble typhoid fever so nearly as to lead to confusion between the two affections. Perhaps the most common source of evil is to mistake enteric fever for primary pneumonia. The latter malady, when of the extreme type, may be difficult to distinguish. As a complication of enteric fever, it usually occurs in the later stages. The symptoms accompanying appendicitis and perityphlitis often suggest typhoid fever, but the two affections can usually be distinguished by a due consideration of the local signs and symptoms. In its early stages the bowel fever is often mistaken for influenza. Ulcerative endocarditis and pyæmia are occasional pitfalls, especially when the former causes intestinal hæmorrhage from embolism. The intermittent malarial fevers are sometimes very difficult to distinguish from typhoid. Unfortunately Widal's serum test is not invariably positive in its results. It nevertheless offers valuable evidence after the seventh to the twentieth day of the fever, and should be repeated several times where results are negative. A full recognition of the risk of overlooking typhoid fever is

perhaps the greatest safeguard against error that can be placed in the hands of the medical practitioner.

The Monomania of Cleanliness.

THE abnormal dread of this, that, or the other fact or circumstance, when carried to an extreme degree, merges into the region of insanity. A person who is stricken with unreasonable terror upon finding himself in an open space is now recognised by the medical faculty as suffering from that peculiar species of monomania known as "agarophobia." If, on the other hand, the fear results from being in a confined space, as a tram-car, for instance, or a small room, the diagnosis is "claustrophobia," and so on through an interesting little list of monomanias. One of the most curious of these abnormal mental states, perhaps, is that known as "mysophobia," or dread of dirt. It would be somewhat difficult to say at what precise point the virtue of cleanliness has stepped over the border-line between moral virtue and moral madness. In Holland the love of cleanliness is almost universal, that is to say, so far as its outward and visible signs are concerned. It is well known, however, that their most scrupulous and spotless cleanliness often conceals the germs of many deadly "filth" diseases, notably those of typhoid fever. Clearly the mere cleansing of dirty environment, although in itself a desirable and necessary condition of healthy life, can never replace the scientific cleanliness demanded by the modern sanitarian in such matters as pure air, pure water, pure food, good ventilation, housing, and efficient removal of house and town refuse. For all that, a spice of the malady of mysophobia might have an excellent effect if cautiously inoculated among the slum populations of our great towns.

High Game.

THE definition of "highness" in game must clearly be left more or less entirely to the tastes of the individual who proposes to eat thereof. Our grandfathers who went to extremes in so many matters, ran the fashion of eating high game to the end of its tether. One of their attempts to establish a scientific standard whereby to judge of the fitness of their game for table has been handed down to us in the direction to hang two pheasants by the tails until one of them dropped—the other was then fit to be eaten. This ancient authority however, did not save a famous West-end game dealer from being fined last week by a London magistrate for having on his premises a quantity of game unfit for the food of man. It appears the stock in question was found packed in wet ice along with certain fowls, pigeons and rabbits, none of which latter does anyone wish to be the least bit "gamey." The local medical officer of health, moreover, said that ice should be used to preserve food only by way of cool dry air, and not as the defendant used it as a wet, sloppy, direct preservative. On the whole the modern scientific attitude seems to be sound, although it must be admitted

that for some mysterious reason or other, moderately high game can as a rule be eaten with impunity. Nowadays, however, the inscrutable laws of fashion have decreed that game shall no longer be brought to table in an advanced stage of decomposition.

The Plague at Durban.

THE outbreak of plague at Durban, according to the telegraphic information of last week, has assumed a somewhat grave aspect. It appears to have affected both white and coloured population and to have caused already a considerable number of deaths. The serious nature of this invasion is evident in a country of such imperfect sanitation as that which characterises the whole of South Africa. No stronger proof could be afforded of the defectiveness or absence of general public health administration than the endemic and wholesale prevalence of enteric fever in that country. Indeed it is somewhat of a surprise that upon its appearance during the recent war the plague did not run like wildfire throughout the country. However, the germs of a lingering malady are there, and the present outbreak at Durban shows that the danger has by no means passed away. Indeed, now that the cessation of the war has restored general intercommunication amongst the population the risks of distribution of the disease are likely to be greatly multiplied. It is to be hoped that the authorities at Durban will be able to cope with the local outbreak, for anything like a widespread attack of plague would add a disastrous complication to the already tangled web of South African politics.

Eosinophilia in Pelvic Lesions.

MUCH attention has recently been devoted to the condition of the leucocytes in pelvic and abdominal disease. Dr. W. H. Weir (in the current number of the *American Journal of Medical Sciences*) gives the result of routine microscopic examination of all tissues removed in an extensive series of gynecological operations. Eosinophiles, it would seem, take a prominent part in the cellular infiltration associated with inflammatory and suppurative processes of the pelvic organs. In such conditions they usually occur in the largest numbers in the subacute stage and associated with connective tissue hyperplasia. Eosinophilic infiltration is found in most cases of carcinoma of the cervix and in almost all cases of pyosalpinx and ovarian abscess. In inflammatory conditions of the endometrium eosinophiles occur in small numbers and in but few cases. Eosinophiles represent a large proportion of the cells forming the stroma of the mucosa in the normal and diseased vermiform appendix. From the point of view of the pathologist all this is of much interest, but the diagnostician unfortunately receives but uncertain assistance thereby, for in inflammatory conditions of the pelvic organs associated with an eosinophilic infiltration of the tissues the percentage of eosinophiles in the circulating blood is rarely increased, and usually decreased.

Bath-Room Perils.

THE recent tragic death of a well-known philanthropist in a bath-room should call general attention to the sanitation and safety of those necessary household offices. The unfortunate victim was Mr. Quintin Hogg, the founder of the London Polytechnic. Deceased met with his death in a bath-room at the institution in question. The subsequent investigations of the coroner's court showed that his death was due to suffocation caused by the fumes of a patent apparatus attached to the bath for the purpose of heating the water, while at the same time the bath-room was unventilated. From the nature of things the bath-room is almost always of small size, so that the small cubic space is readily deprived of its oxygen and charged with noxious gases. It is a curious fact that the ventilation of the bath-room is often entirely neglected in otherwise well-aired houses. To heat the water by an apparatus discharging its products of combustion into a small unventilated chamber simply amounts to reckless, we had almost said, criminal want of foresight.

The Need for a Uniform Method in Photographic Record.

PHOTOGRAPHIC records of the same subject are frequently misleading and impossible of accurate comparison, because either intentionally or unintentionally, through ignorance or heedlessness, records are made under conditions so dissimilar as to preclude honest contrast and judgment. Dr. J. M. Spellissy (in the December *Bulletin of the University of Pennsylvania*) shows how this unfortunate condition of affairs may be rectified or, at all events, considerably improved. He shows that it is necessary that these should agree upon such fundamental points as focal length of lens, focus and distance of subject from lens front, direction of lighting for recording purposes, size of image and of divisions of chart for comparative illustrations. Certainly if anthropometric and orthopædic record is to prove of permanent service, it is absolutely essential that the haphazard procedures which now prevail should be replaced by standard methods.

Tents and Tuberculosis.

THE astonishing results which have attended "open-air" methods in the combat with consumption have focussed professional attention and aroused public interest throughout the world. Many of our modern dwelling-houses are sadly lacking in hygienic necessities for healthy life, and tend to engender conditions strongly predisposing to consumption. The establishment of elaborate sanatoria for the phthisical is an expensive enterprise. It is interesting, therefore, to find that recent experience has shown that even in a northerly climate treatment in tents may prove of the greatest benefit. The advantages of nomadic existence can be vouched for by many a fashionable vagabond, and the joys of tent life are known not only to many of our colonials, but every year are being realised by a larger number of persons at home.

The holiday camps for the young of our large cities have clearly demonstrated their hygienic utility. For the enterprising there are many countries where tent life may be indulged in without the disadvantages inseparable from a treacherous climate, and there can be no doubt that for those predisposed to consumption by family inheritance or previous disease tent travel offers peculiar attractions and undoubted advantages.

Health Aspects of a Midwinter Holiday.

MANY a man has to take his holiday when he can, and not when he would or should. Fashion, custom, and fancy rule to a very large extent in directing the time of year when mental and bodily rest and change may be secured without running the risk of being charged with laziness or invalidism. But in these days of stress and strain relaxation is a hygienic necessity. For those particularly who are engaged in severe and continuous mental effort, necessitating much of indoor life, and it may be considerable artificiality of life and irritating compliance with conventionalities, a midwinter holiday affords the quickest, surest, and safest means for physical recreation and mental resuscitation.

Hotel Risks.

THE recent loss of life from asphyxiation of a man and his wife in a hotel draws attention to the necessity that exists for the supervision of the sleeping rooms of all such buildings. This has become all the more necessary from the extensive adulteration of coal gas by water gas rich in carbon monoxide. Each artificial illuminant has its own risks; candles and lamps when carelessly used have led to many serious and oftentimes fatal accidents, while electric wires have occasioned death in a bath-room through the failure of their insulation. But the most insidious, and consequently the most dangerous illuminant is water gas, owing to the high proportion of carbon monoxide which it contains. A gas-bracket even in a well-ventilated bedroom is a risk, and in a room in which the ventilation is imperfect the risk is enormously increased. Fortunately the governing corporations of most of our large cities possess the right of examining the accommodation provided by hotels and lodging-houses, and in the case referred to the room in which the death of one and the poisoning of the other traveller took place in a Dublin hotel, was not passed in 1885 by the city architect as suitable for a sleeping room, but as an office, under which designation it appeared in the plan of the building submitted for the corporation's approval. A room passed as an office should not be allowed to be used as a bedroom until the sanitary authorities had examined it and found that the proper arrangements had been made for its ventilation.

THE Carnegie Institution has granted valuable financial assistance to Prof. E. W. Scripture, of Yale University, for the prosecution of researches on the voice, and also to Prof. W. O. Atwater for his work on the respiration colorimeter.

PERSONAL.

DR. J. E. GEMMELL, vice-President of the Liverpool Medical Institute, has been elected President of the North of England Obstetrical and Gynæcological Society.

DR. JOSEPH DAVIES, late medical officer of No. 2 district of the Swansea Union, has been presented with a reading chair with stand and lamps attached, and a silver salver on the occasion of his relinquishing that post.

IN honour of the eightieth birthday of Professor von Esmarch, a gold medal has been struck by order of the German Samaritans' Union, to be presented to those who have specially distinguished themselves in attending to the wants of the sick.

DR. ADAM, of Dingwall, N.B., who has been in practice there for upwards of a quarter of a century, has been presented with an address and a purse containing 450 guineas, part of which is to defray a three months' journey to South Africa to restore his health, which has suffered from his too assiduous attention to professional duties.

SIR CHARLES CAMERON, F.R.C.S.I., C.B., has been awarded the gold medal founded by the late Sir Henry Harben for distinguished service in the cause of public health and advancement of sanitary science. The Harben medal has also been awarded on previous occasions to Lord Playfair, Professor Pettenkoffer, and Lord Lister. We beg to offer our congratulations to Sir Charles Cameron on his well-earned distinction.

THE election to the Assistant Surgeony on the staff of St. Bartholomew's Hospital has resulted in the appointment of Mr. W. McAdam Eccles, M.S.Lond., F.R.C.S., Hunterian Professor at the Royal College of Surgeons of England. Mr. Eccles gained the Jacksonian Prize in 1900 for his essay on "The Pathology and Treatment of Diseases caused by or connected with, imperfect descent of the Testicle," and is the author of a recent successful work on "Hernia, its Etiology and Treatment."

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

NEW PRINCIPAL OF EDINBURGH UNIVERSITY.

AS was generally expected to be the case, Sir William Turner has been appointed Principal by the curators. The new principal is in his seventy-first year, he has taught anatomy in Edinburgh for well-nigh half a century, he is the oldest professor in the University and the honour now paid him is but a fitting crown to a life so inseparably bound up with the university as his is. It is idle to say that his appointment will be hailed with universal rejoicing; a strong man could not have devoted himself heart and soul to the interests of the University for so many years and to such good purpose as to be to many for practical purposes the embodiment of academic authority without coming into conflict with some whose interests were diametrically opposed to those of the University. But apart from these, few will deny that it would scarcely be possible to have got a principal who could do the principal's work as Sir William Turner will. His unrivalled knowledge of university finance, his administrative capacity, his intellectual gifts, and, not least, a genial character

and more than a touch of genuine eloquence, mark him out as one who will adorn the position which he now occupies. Of English descent, he was a Bart's student, and exhibitor and gold medallist of the London University in 1854. In that year he became Senior Demonstrator of Anatomy under John Goodsir, and succeeded his chief in 1867. During the thirty-six years for which he has held the chair his work has been widely known and appreciated, and he probably has one of the greatest reputations of any living anatomist. He has represented his University on the General Medical Council since 1873, with a break of three years, and has been President since Sir Richard Quain's death. He has been Dean of his own faculty, President of the College of Surgeons, Edinburgh, and is Honorary Professor of Anatomy in the Royal Scottish Academy. One of the great works he did for his own University was in the promotion of the scheme for the erection of the new buildings, and upon his shoulders also fell a great part of the work in connection with the erection of the McEwan Hall. He is the author of an "Atlas of Human Anatomy and Physiology," and of "An Introduction to Human Anatomy," editor of Paget's "Lectures on Surgical Pathology," and was a founder of the "Journal of Anatomy and Physiology." His original work on the placenta is well known, and he is an authority on anthropology. By his election to the Principalship he ceases to be a Professor of Anatomy, and delivered his last lecture on Friday, 21st; the work of the class will be carried on by Dr. Hepburn, a personality as well known to recent generations of students, at least, as that of Sir William himself. In meeting his class the morning after his appointment was announced, Sir William Turner received an ovation in replying to which, after paying a tribute to his predecessor, he said, "Gentlemen, the acceptance of one office signalises something that is to follow. I will cease to be Professor of Anatomy. There is such a thing as human nature, and there is such a thing as human strength. Although, as may seem to some of you, I have still a reserve of force, the duties of the new office will render it necessary that certain duties discharged now must be relinquished. . . . the relinquishing of these duties means a great wrench. It is putting behind one a large part of one's life, and when a man has reached the age I have reached, he knows perfectly well that in the ordinary course of nature that part of his life which lies before him cannot be very long. . . . You must now allow me to thank you, and through you to thank all those generations of students who have sat before me all that period of nearly fifty years. I wish to thank you all for the sympathy and the kindness, and I am proud to say the affection, that has subsisted between us during all these years. . . . I should be a very cold-blooded person indeed if there were not firmly implanted in my heart and in my memory all that I owe to the students of the University of Edinburgh."

Correspondence.

PROF. LORENZ'S DEMONSTRATION AT THE CITY ORTHOPÆDIC HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have not had an opportunity of discussing this matter with my colleagues since the appearance of your article on Wednesday last, but I am sure they all agree with you and with me that the action of the Press in reporting the demonstration given by Professor Lorenz at the City Orthopædic Hospital on January 14th was not only most objectionable but outrageous.

We did our best to exclude representatives of the public Press from seeing the operations, but it seems that some of them escaped detection. One paper has a medical man on its regular staff, and as all medical men were admitted, he obtained access without our knowing his purpose. Whether other reporters got in or not I cannot say, but I do know that several were stopped and were refused admission. I quite agree with you that something ought to be done to prevent

such unseemly publicity being given to the details of surgical operations in our hospitals, but how to do so is a difficult problem.

We were very desirous that no member of the medical profession who came should be excluded, and there was not sufficient time to organise a more effectual check upon unprofessional visitors.

I am, Sir, yours, truly,
NOBLE SMITH.

London, January 26th, 1903.

Laboratory Notes.

"LOFOTOL."

We have received from Messrs. Southall Brothers and Barclay, of Birmingham, a sample of "Lofotol," which consists solely of cod-liver oil (the purity of which we have established by the application of the British Pharmacopœia and other tests) impregnated with carbonic acid gas, in the same way as an ordinary ærated water. This has the effect of causing a rapid disintegration of the oil, with, doubtless, a greatly increased ease of absorption.

The difficulty of administering cod-liver oil in the case of persons whose digestion is weak, or who are unable to take the ordinary oils without nausea, has led to the preparation of various emulsions, in some of which the diluting body figures so largely that the dose of actual oil is very small.

We warmed a portion of this preparation on the water-bath, and after the effervescence due to the expulsion of the carbonic acid gas had escaped, the oil was cooled to 15.5° C., and the specific gravity taken. This proved to be .9280. The iodine absorption of the oil, which is a valuable test of purity, was found to be 150, and the application of other tests prescribed by the British Pharmacopœia all concurred in affording evidence of its perfect purity and high quality.

The oil, in addition to being absolutely pure, is quite free from products of oxidation, and is consequently of pleasant flavour and taste.

VALENTINE'S MEAT JUICE.

THIS well-known preparation has now been before the public for many years, and has been largely employed by medical men both here and abroad.

Recent samples are characterised by a pleasant and appetising flavour which commend it to those who, weakened by fever, are unable to take or retain ordinary foods, and require a stimulating nutriment.

We have obtained the following figures on approximate analysis:—

| | |
|-----------------------------|------|
| Moisture | 49.3 |
| Total solid matter .. | 50.7 |
| Mineral matter .. | 11.3 |
| Nitrogenous constituents .. | 19.8 |

We would draw attention in particular to the last figure, as in a work by a well-known authority the nitrogenous constituents of this preparation are erroneously given at a much lower figure.

BYROLIN.

BYROLIN, manufactured by Dr. Graf and Co., 25, Cheapside, E.C., is a homogeneous product, the formula whereof has been communicated to us. It is admirably adapted for use as an emollient application to the excoriated or chapped skin, and generally in all forms of dermatitis. It is free from greasiness, and may thus be used as a preventive by those whose integument is specially sensitive to climatic vicissitudes, and to protect the skin after shaving, in intertrigo, &c. Its mild antiseptic properties fit it for employment in gynaecological and obstetrical practice. It may be had scented or not as preferred, and is conveniently put up in collapsible tubes. It is in many respects an ideal preparation.

North of England Obstetrical and Gynaecological Society.

THE annual meeting was held at Manchester on January 16th. The hon. general secretary (Dr. E. O. Croft) read the annual report, which showed that the membership of the society had been well maintained. During the year eight ordinary meetings had been held—at Manchester three, at Liverpool two, at Sheffield two, and at Leeds one. The attendance had been good, and seventy items in the form of papers, cases, and specimens had been contributed. The hon. treasurer's statement indicated that the financial condition of the society continued to be highly satisfactory. The following were elected office-bearers for 1903:—

President, J. E. Gemmell, M.B. (Liverpool). Vice-Presidents: S. Buckley, M.D., W. J. Sinclair, M.D. (Manchester); H. Briggs, F.R.C.S., T. B. Grimsdale, M.B. (Liverpool); T. Kilner Clarke, M.D., C. J. Wright, M.R.C.S. (Leeds); G. H. West Jones, M.R.C.S., Sinclair White, M.D. (Sheffield). Council: A. Donald, M.D., A. T. Helme, M.D., Arnold W. W. Lea, M.D., S. Nesfield, M.D., D. Lloyd Roberts, M.D., J. P. Stallard, M.D., W. Walter, M.D. (Manchester); W. Murray Cairns, 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. (Liverpool); J. Braithwaite, M.D., H. Littlewood, F.R.C.S., H. Robson, M.R.C.S., A. E. L. Wear, M.D. (Leeds); Percival E. Barber, M.R.C.S., J. W. Martin, M.D., A. A. Payne (Sheffield): Honorary Treasurer: E. Octavius Croft, M.D., 33, Park Square, Leeds. Honorary General Secretary, Arthur J. Wallace, M.D., 1, Gambier Terrace, Liverpool. Honorary Local Secretaries: John Scott, M.D. (Manchester), A. Stokes, M.B. (Liverpool), Walter Thompson, F.R.C.S. (Leeds), Sidney Barber, M.R.C.S. (Sheffield). A cordial vote of thanks to the retiring president (Dr. S. Buckley), proposed by Dr. Lloyd Roberts and supported by Drs. H. Briggs, J. W. Martin, E. O. Croft, and John Scott, was carried with acclamation.

Annual Dinner of the Catholic University School of Medicine.

THE third annual dinner of the Catholic University School of Medicine, Dublin, was most successfully held on Thursday evening last, at the Dolphin Hotel. After dinner, Dr. J. M'Grath proposed the toast of the Medical School. Sir C. J. Nixon, in returning thanks for the School, pointed out that there were now more students than could be accommodated in the present building, and expressed the hope that in the settling up of the University question the School would receive adequate recognition. The toast of the "Past Students" represented by many younger members of the staffs of the city hospitals, by members of the R.A.M.C., and by many medical men in the dispensary, asylum, and other branches of the medical service in the provinces, was proposed by Professor M'Weeny and responded to by Dr. Joseph Roantree, of Newbridge. Professor Coffey dealt with the toast of the "Present Students," and Mr. Robert Cahill replied. Rev. J. Darlington, S.J., Dean in Residence of the Medical School, proposed "Our Guests," to which the Right Rev. Rector, Mgr. Molloy, and Mr. P. Law Smith responded.

Dr. Schunck and Owens College.

We are authoritatively informed that there is no foundation for the statement that the late Dr. Schunck left any pecuniary bequest to Owens College. What he has done is to leave the use of his laboratory and its contents for twenty-five years under certain conditions to the College.

The Mortality of Foreign Cities.

THE annual rate of mortality of the principal Indian and Foreign cities, according to the latest official weekly return, were:—39.6 in Calcutta (including suburbs), 48.5 in Bombay, 19.4 in Paris, 17.8 in Brussels, 12.9 in Antwerp, 17.8 in Amsterdam, 18.0 in Copenhagen, 15.2 in Stockholm, 21.8 in St. Petersburg, 25.1 in Moscow, 18.9 in Hamburg, 18.9 in Munich, 21.1 in Vienna, 25.9 in Prague, 23.0 in Buda-Pesth, 34.2 in Trieste, 27.4 in Venice, 28.4 in Cairo, 35.4 in Alexandria, 17.3 in New York, 18.9 in Philadelphia, 20.2 in Boston.

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 BLOOD IN HIGH ALTITUDES.

High altitudes exert a marked effect upon man. Mountaineers are well acquainted with the hampering, and sometimes serious, effect of the so-called *mal de montagne*. Residence at elevated stations exercises a very marked influence on the blood. Drs. Campbell and Hoagland, of Colorado Springs, have recently shown that the blood count increases at the rate of 50,000 corpuscles per cubic millimetre of blood per 1,000 feet. The pulse rate increases in the same ratio as the blood count. The apparent increase in the blood elements is, however, not due to a true multiplication of the blood corpuscles, but arises from changed vasomotor conditions in the peripheral vessels, incident to diminished barometric pressure.

MR. JOHN FLEMING.—We never give advice to inquirers, nor recommend any particular practitioner in these columns. Any qualified medical man in your locality would be capable of relieving the symptoms about which you complain.

MR. J. SIMMONS (Sunderland).—You will find all the information you seek on referring to the special correspondence, page 635, Dec. 10th, 1902: "The Canaries and Madeira in Winter."

M.F.S.—Our contemporary having already made the necessary correction, there is no necessity for us to do so in these columns, the mistake not having appeared herein.

DR. J. S. L.—Kindly send on the M.S., and we will see what can be done with it.

LONDON UNDER WATER.

THE water want of London has long afforded endless subject for discussion. Recently the possibility of tapping the water which, according to some authorities, lies in large accumulation under London has been seriously brought forward. It is, however, necessary to remember that although doubtless as has been contended, such water would be "microbe free" it might not be altogether of the best for dietetic and manufacturing purposes. The expense of sinking deep water rods is considerable and judging from the experience available, the corroding action of the water makes the life of such tubes comparatively short, and when deteriorated fouling of the water supply might readily occur.

Meetings of the Societies, &c.

WEDNESDAY, JANUARY 28TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.)—8.30 p.m. Pathological Evening.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.)—5.30 p.m. Paper:—Dr. Buckley (Buxton): Local Factors influencing Climate, with Special Reference to Subsoil.

THURSDAY, JANUARY 29TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, W.)—8 p.m. Card Specimens:—Mr. L. Warner, Mr. F. A. C. Tyrell, Major Yarr, and Mr. E. T. Collins. 8.30 p.m. Papers:—Mr. J. H. Parsons: Primary Extra-dural Tumours of the Optic Nerve.—Mr. T. Snowball: Ossification of the Choroid.—Mr. A. S. Morton and Mr. J. H. Parsons: Hyaline Nodules on the Optic Disc.—Mr. L. Warner: Two Cases of Tumour of the Optic Nerve in one of which Krolein's Operation was Performed with Preservation of the Eye.

MEDICAL UNDERGRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.)—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Dr. W. S. Colman: The Nervous Manifestations of Rickets.

FRIDAY, JANUARY 30TH.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND (Westminster Hospital Medical School, S.W.)—4 p.m. Ordinary Meeting. Papers:—Mr. F. G. Parsons, Mr. Cameron, and Mr. B. Harman.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION (11, Chandos Street, Cavendish Square, W.)—Dr. Wyatt Wingrave, President. Paper by Dr. Jobson Horne: On the Relative Planes of the Vocal Cords; a factor in the differential diagnosis of one. Cases will be shown by the President, Dr. Abercrombie, Mr. Nourse, Mr. Stuart-Low and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.)—4 p.m. Mr. M. Gunn: Clinique. (Eye.) 5.15 p.m. Dr. H. W. G. MacLeod: House Ventilation and Drainage.

THURSDAY, FEBRUARY 5TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Papers:—Mr. Noble Smith: Congenital Displacements of the Hips, including a description of Lorenz's method of Bloodless Reduction. Mr. Sidney Spokes: Immediate Regulation of Teeth.

Appointments.

- CHADBURN, MAUD M., M.D.Lond., Surgeon to the Out-patient Department at the New Hospital for Women.
- DAY, H. B., M.R.C.S., L.R.C.P., Junior House Physician at King's College Hospital.
- ECCLES, W. McADAM, M.S.Lond., F.R.C.S.Eng., Assistant Surgeon to St. Bartholomew's Hospital.
- HARPER, JOHN ROBINSON, L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Barnstaple Rural District.
- HUGHES, G. W. G., M.R.C.S., L.R.C.P., House Surgeon at King's College Hospital.
- LEE, R. H., M.R.C.S., L.R.C.P., House Surgeon at King's College Hospital.
- LONDON, J. E., M.R.C.S., L.R.C.P.Lond., District Medical Officer of Coventry Union.
- MACNAUL, NORMAN, B.Sc., M.D.Glasg., M.R.C.S.Eng., L.R.C.P.Lond., F.F.P.S.Glasg., Extra Honorary Dispensary Physician to the Royal Hospital for Sick Children, Glasgow.
- MAIR, WILLIAM, M.A., M.B., Ch.B., B.Sc.Edin., D.P.H.Camb., Resident Physician, Leith Public Health Hospital, East Pilton, and Assistant to the Medical Officer of Health for Leith.
- MILTON, JOHN PENN, L.R.C.P.Lond., M.R.C.S., Resident Medical Officer to the Didsworthy Sanatorium for Consumption.
- PRITCHARD, S. C., M.B., Ch.B., Senior House Physician at King's College Hospital.
- REID, R. W., M.B., Ch.B., House Accoucheur at King's College Hospital.
- SHACKLETON, W. WEBB, M.D.Dubl., Joint Medical Officer to the Royal Masonic Institution for Boys at Bushey.
- SMITH, G. FRANCIS, M.R.C.S., L.R.C.P.Lond., Joint Medical Officer to the Royal Masonic Institute for Boys at Bushey.
- TUCK, GNOR LEAN, M.A., M.B., B.C.Cantab., House Physician to the Hospital for Consumption, Brompton, S.W.
- TURTLE, G. DE B., M.B., M.R.C.S., L.R.C.P., Assistant House Accoucheur at King's College Hospital.
- WALKER, JAMES PIXTON, L.R.C.P.Lond., M.R.C.S., Honorary Medical Officer to the Budleigh Salterton Cottage Hospital.

Vacancies.

- Ancoats Hospital, Manchester.—Resident House Surgeon. Salary £100 per annum, with board, residence, &c. Applications to Samuel Baron, Secretary.
- Ayt District Asylum, Ayt.—Two Assistant Medical Officers. Salaries £150 and £120, with board, lodging, laundry, and attendance. Applications to Medical Superintendent.
- Borough Asylum, Canterbury.—Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board, and laundry. Applications immediately to the Medical Superintendent, Borough Asylum, Canterbury.
- Borough Hospital, Birkenhead.—Senior Resident Male House Surgeon. Salary £100 per annum, with board. Applications to Chairman, Weekly Board.
- County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £150. Furnished apartments, board, washing, and attendance provided. Applications to the Medical Superintendent.
- Johannesburg Hospital.—Nursing Superintendent. Salary £300 yearly, with board, lodging and washing. First-class passage paid to Johannesburg. Applications to Chairman, Hospital Board, Box 1050 Johannesburg.
- Leeds General Infirmary.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to the Secretary to the Faculty.
- Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications to Sam. B. Leicester, Secretary, 56, Vauxhall Road, Liverpool.
- Metropolitan Asylums Board.—Male Assistant Medical Officer. Salary £150 per annum, with lodging, attendance, and washing. Applications, Office of the Board, Embankment, E.C.
- St. Andrew's Ambulance Association. Incorporated by Royal Charter.—Secretary. Salary £250 per annum. Applications to the Chairman of the Association, 103, West Regent Street, Glasgow.
- Weston-super-Mare Hospital.—House Surgeon. Salary £100 per annum, with board and residence in the Hospital. Applications to the Honorary Secretary.
- Whitechapel Union Infirmary, Vallance Road, N.E.—Medical Officer. Salary £130 per annum, in addition to rations, furnished apartments, coal, gas, and washing. Applications to F. J. Tootell, Clerk to the Guardians, Union Offices, Vallance Road, Whitechapel, N.E.

Marriages.

- BRIERLEY—COOPER.—On Jan. 21st, at Holy Trinity, Eastbourne, Edward Edelson Brierley, M.B., C.M., F.R.C.S. Edin., of Cardiff, eldest son of C. E. Brierley, J.P., of Mount Cottage, Rochdale, to Elizabeth Maud, eldest daughter of the Rev. C. B. Cooper, 30, The Avenue, Eastbourne.
- STIRLING—BRIGSTOCKE.—On Jan. 22nd, at H.B.M. Consulate, and at the Bishop's Chapel, Beyrout, Syria, Grote, only son of Captain Charles Stirling (late R.N.), of Cromer, to Mabel Katherine, second daughter of R. Wish Brigstocke, M.R.C.S. (late R.N.), of Beyrout.
- CORY—SHEEN.—On Jan. 22nd, at St. Margaret's Church, Cardiff, Gordon, eldest son of Tr. W. H. Cory, late of Cardiff, Solicitor, to Gertrude, eldest daughter of Dr. Alfred Sheen, Cardiff.

Deaths.

- JACKSON.—On Jan. 21st, at Ingoldshy, Cockington, Torquay, John Jackson, F.R.C.S., aged 83.
- THOMSON.—On Jan. 18th, at 27, Castle Street, Dumfries, Alexander Thomson, M.D., aged 70 years.
- PRATT.—On Jan. 23rd, at Boscombe, Hants., Maria Louisa, widow of the late William Pratt, F.R.C.S., of Newtown, Mont., aged 64 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI. WEDNESDAY, FEBRUARY 4, 1903.

No. 5.

Original Communications.

OCULAR HEADACHES. (a)

By SYDNEY STEPHENSON, C.M.,

Ophthalmic Surgeon to the Evelina Hospital, etc.

No symptom, I suppose, falls so frequently under the notice of the medical man as headache, a remark that applies equally to the general practitioner and to the ophthalmic surgeon. It is often a matter of some practical difficulty to trace a headache to its proper cause, although certain types of cephalalgia are generally recognised.

Excluding cases where headache is merely an early symptom of some acute infectious disorder, as typhoid fever, there are several tolerably well-defined groups, of which the following are perhaps the chief: (a) Many headaches, especially frontal ones, depend upon gastro-hepatic disturbances, and can be relieved or cured by attention to the alimentary canal, and, in particular, to the state of the bowels. The coated tongue, and the history of constipation and gastric disturbance generally suffice for the recognition of these cases. That a large proportion of headaches belong to this class is attested by the reputation attaching in the public mind to purgatives in the shape of patent pills, "beans," and so forth. (b) Next, there is the important group of headaches, generally vertical or occipital in seat, more or less intimately bound up with anæmia. It is a familiar observation that such headaches are often relieved by the recumbent posture. (c) A similar kind of headache is common in cases of hysteria or of neurasthenia, possibly because the latter are so often accompanied by a reduction in the nutritive value of the blood. It often co-exists with that classical symptom, the *Clavus hystericus*, too well-known to need description here. (d) Another group is that furnished by patients who have been unlucky enough to contract syphilis. Diagnosis in such cases is facilitated by the fact that the pain is generally most marked at night; that it frequently co-exists with tenderness of the scalp; and that the patient, as a rule, shows other signs of a specific taint. The syphilitic headache, moreover, is somewhat peculiar in that, although it remits from time to time, yet it never altogether ceases. (e) Then, the toxic headaches, often due to the abuse of alcohol or tobacco, or to the retention within the system of waste products, as in uræmia, form a small but important class. (f) Intracranial growths, again, are generally associated with severe headaches of paroxysmal type. In such organic cases, however, other evidences of cerebral mischief will almost certainly be present, except, perhaps, in the earliest stages. The more important of these symptoms, as we all know, are vomiting, giddiness, paralysis, retardation of the pulse, and, above all, double optic papillitis, which (as first insisted on by Dr. Hughlings Jackson) need not be accompanied by any defect in sight. (g) Lastly, there is the important class where

the headaches are distinctly of migraineous type—that is to say, beginning with ocular spectra, lasting for several hours or even the entire day, and terminating with vomiting. The victims generally belong to a good social rank, and the affection is markedly hereditary. Many headaches of this class, as I shall have occasion to show later, are intimately dependent on eye-strain (*asthenopia*), and can be relieved by the provision of suitable glasses.

If a given headache does not fall into one or other of the above groups, its exact diagnosis and correct treatment are likely to be matters of anxiety to the practitioner. Many of the unclassified headaches, however, belong to the group we are the more particularly to discuss, the so-called "ocular headaches"—that is, headaches which are induced or rendered worse by any attempt to use the eyes, especially upon fine objects and under artificial light.

Since the communications of Dr. Weir Mitchell, in 1874 and 1876, which brought prominently before the profession the various head symptoms caused by eye-strain, a good deal of attention has been directed by physicians to the eye as a cause for obscure headaches. At about the same time as Dr. Mitchell's first paper (a) appeared, an extraordinary case, which has since become classical, was brought before the Clinical Society by Mr. R. Brudenell Carter. (b) An undergraduate, whilst reading for honours, was suddenly attacked with symptoms, as palpitation of the heart, headache, and sickness, which were attributed to some obscure affection of the brain, a diagnosis confirmed by physicians both at the University and in London. The patient was sent on a voyage to Australia, but returned no better. He was then told that he must give up all hope of succeeding to his father's business, and abandon a marriage engagement to which he was committed. As Mr. Carter, in reporting the case, says, "His prospects in life were blighted, and his despondency was commensurate with his misfortunes." Mr. Carter found the patient to be short-sighted to the extent of 4.5 D, and after suitable spectacles had been prescribed, all symptoms disappeared. It is satisfactory to add that when last heard of the patient was about to engage both in business and matrimony.

Ocular headaches are commoner than is generally thought. Indeed, it is such cases that help to fill the oculist's waiting-room, and such patients are among his most grateful clients.

As in most instances the connection between the eyes and head goes unrecognised by the patient, how are these headaches to be known for what they really are? To begin with, the ocular origin of any headache should be suspected when it is stated that the pain is brought on by using the eyes, and relieved by rest. Thus, we are often told, that on Sunday, when no strain is put upon the eyes, the pain is better or absent, while it is practically constant during the rest of the working week; or, again, that it is absent during the annual holiday. Under special circumstances, of

(a) S. Weir Mitchell.—*American Journal of the Medical Sciences*, 1876, page 363.

(b) "A Practical Treatise on Diseases of the Eye," 1875, page 364.

(a) Paper read on January 9th, 1903, before the Wimbledon and District Medical Society.

course, the reverse may be the case. For example, in one of my patients—a banker six days a week and an ardent amateur artist on the seventh day—headaches are experienced only on the Sunday.

Much the commonest seat of pain is over the brow, and next to that in the temple. I have now and then come across an occipital headache definitely due to eye-strain and relieved by glasses. Vertical and general headaches are not unknown. The pain is usually bilateral, unless there be a marked difference in the refraction of the two eyes, when it, in my experience, is usually worse on the side of the better eye. Pain may present almost any degree of severity, but is apt to be described by patients as a "dull aching" in the affected parts.

Apart from these considerations, the cardinal diagnostic point is that pain, whatever its exact site and nature, is brought on, or at least rendered worse, by using the eyes. A misleading statement now and then heard is that headache is present on awaking in the morning. But in such cases a little inquiry will generally bring out the fact that an unusual demand has been made upon the eyes the night before. Patients do not connect the two things, obvious though that may seem when put into black and white.

It must be borne in mind that ocular headaches are often, though not necessarily, associated with uncomfortable feelings in the eyes themselves. Such are aching, heaviness, fatigue, throbbing, watering, or redness. A frequent complaint is that lines of print become misty and cannot be read again until the eyes have been closed for a few seconds. A sign almost pathognomonic of eye-strain is the existence of slightly reddened eyelids, around the lashes of which is a collection of fine, branny scales. Whenever this type of Blepharitis is seen, one's first thoughts should be of asthenopia. An outbreak of small styes, also, is often a guide, and so is frequent blinking, with or without slight facial contortions, liable to be mistaken for chorea.

In a given case it may be easy or the reverse to elicit these various complaints. Children, especially, are rather apt to complain of a headache only, and to conceal or to disregard the associated symptoms. It may be said in passing that a common complaint in children is that of "colours" around the individual letters of which a printed page is made up.

It should be stated that *Chronic Congestion of the Conjunctiva*, the objective signs of which may be very ill-marked, is apt to give rise to a series of complaints closely resembling those induced by true eye-strain. Thus, the eyes are stated to feel "sandy," and to be hot, burning, and uncomfortable, symptoms all of which become more pronounced towards night. The distinction between the two conditions, congestion and asthenopia, can be made by paying attention to the following points: (1) In catarrh the palpebral conjunctiva will show some signs of roughness or of increased vascularity; (2) the eyelids, in catarrh, are apt to be closed with dried secretion on the patient awaking in the morning or after sleep at any time. Indeed, if on everting the eyelids to examine the conjunctiva, the slightest secretion exists in the conjunctival sinuses, you may safely make the diagnosis of chronic catarrh at once, and forthwith institute a suitable treatment by astringent collyria. It may be worth while to remind you that evidence of traces of discharge may be obtained by dropping into the conjunctival sac a minim or so of a 2% alkaline solution of that curious coal tar derivative fluorescein, which will tinge any shreds of secretion a yellow colour, thereby allowing them to be easily recognised.

Now it is obvious that in headache due to eye-strain the severity of the symptoms will be the result of two main factors: (1) The kind and degree of any refractive or muscular error of the eyes that may exist; and (2) the general state and constitution of the patient.

The kind and degree of the ametropia or muscular anomaly.—The fact may be taken as axiomatic that any kind of ametropia, whether in the nature of hypermetropia, myopia, or astigmatism, may give rise to

headache. But the liability varies much according to the particular kind of ametropia that may be present. My own experience in this matter coincides with that of most other observers, namely, that, of all errors of refraction, slight grades of hypermetropia, with or without astigmatism, are the commonest causes of ocular headaches. The higher grades of hypermetropia—say, anything over 4 D—give rise to so much distress and defective sight that, except in quite young persons, they nearly always fall under the attention of the ophthalmic surgeon sooner or later. It is, however, otherwise with the slighter degrees, where good vision for distant objects is obtained by unconsciously calling the function of accommodation into play. I need scarcely remind you that accommodation is in a state of abeyance in normal eyes when looking at objects twenty feet or more away from the patient. The emmetropic eye, in fact, is so constructed as to focus parallel rays, such as those from a distant object, upon the retina without the exercise of any accommodation whatever, whereas the hypermetrope must exercise to that end just as many dioptries of accommodation as he is hypermetropic. This accounts for the fact that on testing patients with the slighter degrees of hypermetropia with the Snellen types, which are adapted for a distance of twenty feet, normal acuity of vision is frequently obtained. Hence, you must never fall into the fatal error of thinking that the existence of $\frac{1}{2}$ that is normal vision, excludes either hypermetropia or hypermetropic astigmatism as a cause for obscure headaches. The following examples may serve to emphasise this somewhat important practical point:—

| NAME. | AGE. | SIGHT. | REFRACTION. |
|----------------------|-----------|------------------------------------|--|
| William W. | 12 years | 6.5 = better than normal . . . | + 2.75 D spherical + 0.50 D cylindrical @ 60° + 1.0 D spherical |
| Jonathan K. | 9 years | 6/6 = normal. | + 0.5 D cyl. @ 60° + 3.5 D spherical + 0.5 D cyl. @ 150° + 1.25 D . . . |
| Emily M. | 12 years | 6.5 ix. = better than normal . . . | + 0.50 @ 90° + 1.0 D spherical |
| Ethel C. | 10 years | 6/5 = better than normal . . . | + 1.0 D cyl. @ 60° + 1.5 D spherical |
| Catherine S. | 8 years | 6/5 = better than normal . . . | + 1.25 D spherical + 2.0 D spherical |
| Frank A. | 10 years | 6.5 = better than normal . . . | + 2.5 D spherical |
| Joseph S. | 8 years | 6/5 = better than normal . . . | + 0.5 D cyl. @ 90° + 0.50 D spherical |
| Charles P. | 10 years | 6/5 = better than normal . . . | + 1.0 D cyl. @ 90° + 1.25 D spherical |
| William H. | 9 years | 6/5 = better than normal . . . | + 0.50 D spherical |
| Wm. John W. | 10½ years | 6/5 = better than normal . . . | + 1.0 D cyl. @ 90° + 1.25 D spherical |
| Alfred B. | 7 years | 6.5 = better than normal . . . | + 0.50 D cyl. @ 90° |

There would be no difficulty in multiplying instances of this kind, but enough have been adduced to point the plain moral, namely, never to exclude the possibility of a headache being due to hypermetropia or astigmatism merely because the patient's distant vision is normal. Neither does testing with the near-types render us much assistance in these cases, inasmuch as the smallest type will be fluently read by hypermetropes of low grade, at all events until they

have passed the age of 40 years or thereabouts. In my experience, such cases must be tested with the ophthalmoscope under the influence of some agent that, when dropped into the eyes, is capable of temporarily paralyzing the ciliary muscle, as atropine, or its methylbromide salt (in children) or homatropine (in adults). My own practice under such circumstances is almost completely to correct the astigmatism, supposing the latter to exist. I nearly always order the glasses to be worn for all purposes.

As examples of headache caused by hypermetropia or hypermetropic astigmatism and relieved by glasses I quote the following cases, selected from among a considerable number of which I have notes:—

Alice B—, æt. 35, had suffered from headaches since she was fourteen years of age. They were slight at first, but became much worse as she got older. They had latterly occurred about four times a week, and as they usually lasted all day, they practically incapacitated her from work. They began, as a rule, with "specks floating before the eyes," and now and then terminated with vomiting. They were described by the patient "as a throbbing and sharp pain all over the head." The eyes used to smart and feel strained when reading small print by gas light. Medical treatment of the most varied kind had been tried but without affording relief. On October 14th, 1901, when I examined the patient, I found no muscular deviation; and after estimating the refraction under a cycloplegic, I ordered for constant wear R.E. $\begin{matrix} + 0.25 \text{ Sph.} \\ + 0.75 \text{ Cyl. } 180^\circ \end{matrix}$.

L.E. $\begin{matrix} + 0.25 \text{ Sph.} \\ + 0.50 \text{ Cyl. } 80^\circ \end{matrix}$. Miss B— was seen again fourteen months after her pince nez had been prescribed. She reported that during the period in question she had not suffered from half a dozen headaches all told; that the pain had been much less severe and had lasted quite a short time; and that her eyes now never felt tired, no matter how much they were used. I tried in vain to induce Miss B— to leave off her glasses, in order to see whether the headaches would return with their former violence.

Jane C—, æt. 22, reported that for six months past she had experienced "a pulling at the back of the eyes," and that since she was a child she had been subject to severe headaches two or three days a week. The pain was mainly in the frontal region, especially over the left eye, which was stated to run with water. When examined on November 30th, 1899, she could read the smallest type, and her distant sight was greater than normal ($V. = \frac{5}{6}$). Under a cycloplegic, refraction was estimated, and the following spectacles ordered for constant wear, viz., R.E. $\begin{matrix} + 1.75 \text{ Sph.} \\ + 0.50 \text{ Cyl. } 60^\circ \end{matrix}$.

L.E. $\begin{matrix} + 1.50 \text{ Sph.} \\ + 0.50 \text{ Cyl. } 60^\circ \end{matrix}$. On November 28th, 1902—that is, nearly two years after the glasses were prescribed—I again saw this patient, who reported that, after the glasses had been worn for about a week, the headaches and other symptoms disappeared completely, and had not recurred.

Percy P—, æt. 21, a student of medicine, had suffered so severely from frontal headache and nausea that his parents had seriously thought of putting him to some less arduous occupation. Medical treatment had been as varied as it was unsatisfactory. Vision $\frac{2}{3}$, and No. 1 Jaeger's types. No muscular imbalance (*orthophoria*). Under a cycloplegic, the patient was found to be affected with slight hypermetropic astigmatism, with oblique and asymmetrical meridians. He was ordered for constant wear R.E. $\begin{matrix} + 0.75 \text{ Sph.} \\ + 0.25 \text{ Cyl. } 80^\circ \end{matrix}$. L.E. $\begin{matrix} + 0.75 \text{ Sph.} \\ + 0.25 \text{ Cyl. } 110^\circ \end{matrix}$. After using these glasses for two weeks, he completely lost his headaches, and the same had not recurred the last time I saw the patient, three and a quarter years after he had obtained his spectacles.

George A—, æt. 29. Headaches, described as violent, frontal, and occurring, on the average, twice a week, since his seventh year. They were induced by employing his eyes on fine objects. The patient wore glasses +1.75 D, which he had obtained

from a "qualified optician." He was, upon examination, found to have 2 D of hypermetropia, with the small amount of 0.25 D of astigmatism, axis horizontal. After fully correcting this trifling astigmatism, but otherwise leaving the spherical glass as it was, the patient got rid completely of his headaches.

The foregoing cases have been specially selected because they illustrate the following practical points:—

- (1) That it is the low degrees of hypermetropia and especially of hypermetropic astigmatism that have the greatest tendency to give rise to headaches.
- (2) That in such cases the sight at the distant types is usually normal or even better than normal.
- (3) That it is of vital importance to correct even such low degrees of astigmatism as 0.25 D or 0.50 D.
- (4) That the greatest discomfort, as in the third case quoted, is likely to be met with when astigmatism is asymmetrical as regards the two eyes, or when it is "against the rule"—that is, when the axis of the cylinder is horizontal or nearly so instead of being, as is the rule in hypermetropic astigmatism, vertical or nearly vertical.
- (5) That the ametropia must be estimated under the influence of a cycloplegic, as atropine or homatropine. It may be remarked that the relief to the pain obtained during the use of these agents is sometimes very marked. When this is the case, you may safely promise that the headaches will be cured by glasses, although the converse is not invariably true.

I have already insisted upon the point that the possession of normal vision—the so-called *relative visual acuity*—does not exclude the existence of hypermetropia or of hypermetropic astigmatism. The contrary, however, is the case with the other forms of ametropia, i.e., myopia, myopic astigmatism, and mixed astigmatism. Every one of those defects reduces the normal acuteness of vision, but, unfortunately, from the physician's point of view, errors of refraction other than hypermetropia and hypermetropic astigmatism are relatively seldom the effectual causes of ocular cephalalgia. The following, therefore, is quoted as an exceptional case:—Andrew G—, æt. 22; was seen on January 21st, 1897, complaining of paroxysmal pain in the forehead and temples, of several years' duration. The attacks occurred, on the average, once a week. $V. = \frac{5}{8}$ brought to normal with

$\begin{matrix} + 1.0 \text{ Sph.} \\ - 3.0 \text{ Cyl. } 180^\circ \end{matrix}$. The constant use of these glasses freed the patient from all discomfort, and, when seen on August 1st, 1902, he assured me that he had never experienced a moment's pain since he had used them.

(To be concluded in our next).

PUERPERAL INSANITY. (a)

By ROBERT JONES, M.D.Lond., M.R.C.P.
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THIS paper is based upon a personal experience of 259 cases of puerperal insanity, divided into 120 cases commencing during the actual puerperal period, 83 during lactation, and 56 during pregnancy. Insanity occurs once in every 700 confinements. It is of a characteristic form after confinement, amounting to an almost nosological entity; but this is not the case during pregnancy or during lactation, there being no definite type of insanity occurring in connection with these two stages. The divisions are, however, more convenient than typical. The following propositions may be advanced:—1. The insanity of pregnancy is more common in first confinements among single women, the disappointment, shame, and disgrace of illegitimacy being an important factor in the mental breakdown. 2. During the pregnancy the mental condition is more often acute melancholia than acute mania, and suicidal symptoms, which occur in 41 per cent., have to be carefully guarded against. 3. The insanity of pregnancy is divided into that occurring during the early

(a) Abstract of paper read before Meeting of Obstetrical Society of London, January 7th, 1903.

months and that occurring during the later months, and in these the nearer the insanity in point of time to the confinement the more acute are the mental symptoms. Insanity is not more frequent when the sex of the child is male. 4. The insanity of the puerperium comes on after the first confinement in 33 per cent. of the cases and supervenes suddenly rather than gradually. 5. The cases which occur during lactation present characters of marked general physical exhaustion and mentally are more often of the depressed than of the maniacal form. Lactation insanity becomes chronic oftener than the insanity of the other periods. There is a tendency to low forms of inflammation, thrombosis, gangrene, and phthisis during the insanity of lactation. Both suicidal and infanticidal promptings are more common in lactation than in puerperal cases—that is, in cases where insanity commences more than six weeks after confinement. 6. The early symptoms of threatening insanity are loss of sleep and headache, and these should be a forewarning of mental breakdown. The busy delirium of hallucinatory type ending in acute restless, purposeless mania with religious and erotic delusions, is characteristic of this variety. 7. As regards etiology, heredity is more marked and in the direct maternal line in puerperal and lactational insanity and is equally paternal and maternal in the insanity of pregnancy. A previous record of hysteria is frequent in puerperal insanity. 8. The pathology is that of heredity and stress. Is the stress due to toxin? 9. As regards prognosis, cases of insanity during early pregnancy improve towards the end of pregnancy, whereas those of late pregnancy become worse at the puerperium. Puerperal insanity is markedly recoverable. Improvement is often rapid, being often complete in three months, but generally taking from four to five months. 10. With regard to treatment, all cases presenting headache and sleeplessness must have absolute quiet and rest, and sleep must be procured. Home treatment is desirable in all cases if possible. Unusual and sudden impulses of suicide and infanticide must be guarded against. The presence of the husband aggravates the symptoms. There is much necessity for a liberal and stimulating dietary. Change is necessary in puerperal insanity when cases tend to become stuporous. Menstruation is a sign of mental improvement. Purgatives and iron are well borne. The following special questions were put forward by way of criticism. 1. Was there such a disease as puerperal insanity—a mental alienation which was either caused by the puerperium or an accompaniment of this physiological crisis? 2. If there was, were the mental conditions due to toxæmia or to septicæmia, or to both? Or was the delirious mania which occurred in connection with this period due to extraordinarily emotional disturbances? How far did the moral factor enter into the etiology, and how far did pregnancy in the unmarried state influence the causation of insanity? 3. What was the relation between mania and melancholia? 4. What was the essential pathology of this disease? 5. What was the relation between albuminuria and pregnancy? and also between albuminuria and the puerperal state? 6. In Dr. Jones's cases, so far as the history could be obtained from the relatives or those present, no prodromata of insanity beyond sleeplessness and headache were as a rule noticed, and the onset of insanity was sudden; what was the nature of the onset in the practice of obstetric physicians? 7. As to prevention and treatment, did hysteria in youth manifest itself by insanity in later life at the puerperal or other physiological crisis, and should marriage be discountenanced in these? What views should be generally held as to the marriage of neurotic persons? What were the views as to home and asylum treatment, as to local and general treatment, and, a more especially important point, as to the induction of premature labour?

THE Twenty-first Congress and Exhibition of the Sanitary Institute is to be held at Bradford, commencing on July 8th, 1903.

AFTER-MEDICAL TREATMENT IN CASES OF OVARIOTOMY. (a)

By A. RABAGLIATI, F.R.C.S. Ed.,

MRS X, æt. 30, came to consult me from an East Yorkshire town in June, 1902. She was the mother of one child, æt. 4, and had been expecting another, which, however, did not arrive. After waiting for another month, on the theory that she had probably miscalculated the time of the expected event, there was still no confinement. It seems that there had been no cessation of the catamenia at all; and I was told that at each return of the period patient was kept in bed, and had some medicine given to her to stop the flow. When no accouchement ensued as expected, a consultation was held, when the diagnosis of ovarian tumour was made, and immediate operation was advised. Thereupon she came and placed herself in my hands. I found the abdomen much and uniformly enlarged, dull all over, and with an easily perceived fluid wave. There was a large nodulated boss in right ileo-inguinal region and right lumbar, but there seemed to be less dullness in right than left flank, and although I inclined to the view that we had to do with a right ovarian tumour, still I did not feel justified in coming to a positive diagnosis. (It turned out too, at the operation, to be a right-sided ovarian tumour.)

There was a fluid wave apparently outside the tumour as well as inside, and it seemed to me that besides the tumour there was some collection of ascitic fluid. I did not recommend immediate operation, as I believed that patient would probably do better if she were put to bed, and had her diet regulated for a week or two before operation. The chief object of this communication is not to describe the operation, which has been done now many thousands of times, so that every practical surgeon knows all that it is necessary to know or to do in that respect; but it is to connect the digestive disturbances of the patient and her food habits with the growth of the tumour and the surgical necessity incumbent on us of removing it. I therefore pass on to say that the diet which I recommended as a preparation for the operation was that she should have a glass of milk or a cup of cocoa made with milk or a cup of tea morning and evening, and a basin of soup with a slice of bread and a little cooked fruit in the middle of the day. This advice was given after inquiry had been made into the previous history, and was followed for about a fortnight. The previous history was to the following effect: Patient, a pale, pasty-looking, thin, and anæmic, or as I prefer to call it, triphthæmic, woman, had suffered for years from heart-burn, indigestion, and constipation. In addition she had had periodic attacks of headache, and of vomiting, which she termed "bilious attacks." She might have had one of these as often, sometimes, as once a week. She had four meals a day—breakfast, dinner, tea, and supper, at 8.30 a.m., 12.30 p.m., 5 p.m., and 8.30 p.m. of ordinary mixed diet. Thinking that her bilious attacks, which very much annoyed her, might be due to her food-habits, she made various changes in her diet; stopping, among other things, the bacon and eggs which she had been accustomed to take

(a) A paper read before the Bradford Medico-Chirurgical Society, January 14th, 1903.

at breakfast-time, but did not perceive much benefit from this change, perhaps a little. For about a year her bilious attacks had been fewer and her headaches perhaps a little less severe than formerly. No doubt this was due—at least, I have no doubt it was—to the fact that the excess of material ingested into the body by her four daily meals, over and above what was required for the effectual and sufficient nourishment and enrichment of the blood, was attracted to the tumour and went to feed that. The tumour-growth, in fact, was the method adopted by Nature to find a use for the surplus material being ingested into the blood, and was, therefore, like all of Nature's methods, salutary, so far as it went. This being so, the connective tissue of the body, and particularly that about the head (she had general *initis*, or connective tissue lymph-congestion, as nearly all anæmic or triphthæmic women have), was less overfed than before, and so the general disturbance of nutrition was less.

The operation was performed on July 2nd, Mr. Percy Lodge giving the anæsthetic and Mr. Miall assisting me. The tumour of solid and fluid contents was somewhat large, and might weigh about 25 lbs., but there were no adhesions and no more difficulties in removal than a little care and manipulation easily overcame. The preparation of the skin and the general arrangements of the operation were the usual ones, and do not call for any particular remark. Neither does the subsequent recovery, except that it was very slow. Catheterisation was required till July 7th, but after the silk-worm-gut sutures had been removed and an aperient administered, control of the bladder was recovered. The abdominal wound, or, at least, its outer part, took on a grey, somewhat sloughy appearance and was not healed till the beginning of September; but at no time did the condition cause me much anxiety, for although the temperature rose to 101.5°, the pulse was never above 106 (on the third day), and was generally below 100, and at the end of a week was between 80 and 90. The wound smelt rather faint and somewhat of fermentation, notwithstanding the constant use of antiseptics, boric acid, &c. I attributed that not to any failure in antiseptic applications, but to the long-continued indigestion from which the patient had suffered previously to the operation. This indigestion, and particularly her four daily meals, the tetrasiteism to which she had so long subjected herself, a new meal being continually ingested before the previous one was digested, appeared to me to have induced a certain amount of sapræmia, and to have rendered her tissues less capable of sustaining the effects of a surgical operation and less capable of healing afterwards than they ought to have been, and than I think they would have been had her digestion and blood-making processes been in a better state. Even after the operation, and although the patient was fed on a very spare and fluid diet, she suffered a good deal from indigestion from time to time. Whatever she took seemed to disagree with her, so that occasionally she would abstain from all food but water for a day or so at a time. I recommended various changes in the diet in order to rectify these disturbances, trying two daily meals for some time, and again recommending one. She seemed to do best on the last or monositeous plan; and so I recommended her to keep to that, with a cup of tea morning and evening, and nothing to eat at those times.

Throughout the time during which I was seeing patient the question of the causation of the tumour was frequently referred to. I pointed out to her that mere removal of the tumour was not in itself a very momentous matter if the causes which led to its formation were allowed to continue unchecked. If this were so, although the tumour had been removed and could not recur, still other things might occur and must occur in the body if the causes which led to its formation were suffered to continue. A tumour of the other ovary, for example, might occur. And here I ought to say what I omitted when mentioning the operation—that I then found the left ovary cystic, and, withdrawing it from the abdomen, incised the cysts, letting the fluid escape; and, stitching the openings up with catgut, returned the ovary to the abdomen. Occurrence of a left ovarian tumour was not, therefore, a very unlikely event. The initial steps to this had, indeed, been already taken. In fact, I have seen an ovary sacrificed at operation for no more cause than I found in my patient's left organ. Or the stump of the removed tumour might take on malignant action unless we could deal with the causes which led to the formation of the tumour. I have known this to occur in my own practice, a woman from whom I removed a very large ovarian tumour, which appeared to be quite simple (but how heterologous ovarian tumours are, albeit we are accustomed to consider them simple!) dying some years afterwards in the Bradford Cancer Hospital of a malignant growth springing from the stump of the removed ovary. And, of course, it is well known that simple ovarian tumours are apt to be followed after some years by malignant growths. (I infer from these facts, I may say, that there is no difference in principle between the causes of simple growths and those of malignant. The causes of the one appear to me to be the same as the causes of the other. The chief difference between them is the difference in the length of time during which the causes have been in action.) Or other things might happen in the life history of the woman, the occurrence of rheumatism or gout, for instance, or an attack of influenza and pneumonia, or a great variety of possibilities might overtake her, unless we could get to know and to understand what were the causes which led to the formation of the tumour in the first instance. For although it is not necessary to know causes in order to treat effects, and although this statement is particularly true of surgical treatment in which we frequently, or even as a rule, combat effects without making the slightest reference to causes; still, causation and to know causes is of paramount importance in preventive medicine, and also, I may say, in preventive surgery. If, therefore, the patient was to have a healthy life in future, it was absolutely necessary to get to know the causes of her illness, and a very poor thing to blow and brag about the progress of surgery, which had made such an operation possible—as is too often done. My patient was as anxious on this point as I was myself. But the causes of her tumour were patent. The tumour had no doubt come from the blood, or, rather, the excess of material laid down in the tumour, the fluid and solid material infiltrating and enormously hypertrophying the natural ovarian structure, came from the blood. But, of course, the blood got it from the food, the function of food being to make blood, and the function of blood being to nourish the body. And it was quite plain from

the history of the long-continued indigestion and constipation and of the recurring headaches and bilious attacks, that for a long time the blood had been improperly made, and no doubt loaded with large quantities of ill-assimilated material, out of which the tumour had been formed. In plain English, the woman had been taking too much food; and I advised her for the future to take less. She had been taking too many meals, and I advised her to take fewer. There had not been sufficiently long intervals allowed to occur between her meals, and I advised longer intervals, so that one meal should have time allowed it for complete digestion before the next was taken. I tried her with two meals, but she still had headaches; whereupon I recommended her to be monositeous, that is, eat once daily. She asked me if I thought this would be sufficient for her, as she had to do her own work as they were not able to afford a servant. I said I thought it would. The following letters from Mr. X. complete the history of the case up to the present time. Mrs. X. left Bradford on September 19th or 20th. On October 12th, Mr. X. writes to me: "I have not forgotten my promise to write you respecting Mrs. X., but thought it best to wait a while before doing so. She still continues to live on one meal a day, and finds it quite sufficient for her. On two occasions she tried two meals, but felt sorry for it afterwards. She has not had a bilious attack since she came home, and only one very slight headache. She is much stronger and gaining flesh. She weighed 6 st. 9 lbs. when she returned, but has not been weighed since." On October 27th he writes again: "Mrs. X. has been weighed to-day and finds she has gained 5 lbs. during the six weeks she has been at home. On September 15th she weighed 6 st. 9 lbs., and now weighs 7 st. She still keeps to one meal a day. She keeps free from bilious attacks."

Such, gentlemen, is the after-medical treatment recommended and carried out in a case where it was necessary to remove an ovarian tumour surgically. The reasoning which has led to its recommendation on my part, and to its adoption on the part of the patient, has convinced me of two things besides. (1) If I had removed the tumour simply, saying nothing about the causes which led to its formation, I believe I should have done the woman harm and not good, because I should have removed, so to say, the ash-pit of the body without seeing to it that the excess of ash formation and collection was put an end to. The skin, bowels, lungs, and kidneys were evidently incompetent to do the scavenging required, and I should not have taken any steps to lighten their work. Proving unequal to it before, they would have proved unequal to it again, and some other calamity must have happened to the woman. (2) Had this woman been advised, say, two years ago to live in this way, I believe she would not have had the tumour, and would not have required any surgical operation for its removal. And how many cases of this kind and of many other kinds are now quietly and insidiously perparing themselves for operations which would be quite unnecessary if the patients were now being advised to live differently from the ways they are now pursuing I leave to the imagination and to the reflection of my hearers. Obviously the same reasoning applies to the after-medical treatment of cases treated surgically for the removal of a vast number of growths, hypertrophies, formations, &c.—a number so vast that it is quite impossible to do more than hint at

them now. From this point of view, many surgical diseases are preventible as well as medical ones; and many surgical operations, now absolutely necessary owing to the existing states of patients, might be obviated.

December 24th, 1902.—This patient, having come over to Bradford to spend Christmas with her relatives, I have had an opportunity of seeing her. Things continue to go on well with her. She has no indigestion, no headaches, or only the slightest suggestion of headaches now, and no bilious attacks at all. Her constipation is much less, and she never takes aperients. Her weight is about the same. She thinks she may have lost a pound. She does all her own house-work, except the very hardest parts of it. She tells me that some of her friends have of their own accord begun to follow a disiteous régime, and that a friend of hers, who suffered from frequently recurring bilious attacks, and who thought to cure them by taking exercises but without altering her diet, continues to have her headaches just the same.

THE RELATION OF CONSTIPATION TO ANÆMIA.

By JAMES BURNET, M.A., M.B. Edin.,
M.R.C.P. Edin.,

Formerly Resident Physician, Royal Infirmary, Edinburgh.

MANY of the leading members of the profession deny that constipation has any relation to anæmia. They assert that anæmia may lead to constipation, but in their opinion constipation is never the cause of anæmia. These authorities deny the truth of the auto-intoxication theory, and maintain that retention of waste products is not, after all, such a bad thing for the patient as some would have us believe. Although I was firmly convinced in my own mind of the absurdity of these contentions, I recently resolved to make a special note with reference to all cases of anæmia or of constipation that came under my notice. I have done so for the last eight or nine months, and am now in a position to state definitely my findings on the subject.

Taking cases of chlorosis first, I have, during the period mentioned, seen some sixty cases or more. Every one of these, without a single exception, had to admit that the bowels did not move every day. About 5 per cent. complained of diarrhoea, and in these on palpation of the colon I readily made out that it was filled with accumulations of fæces. In many cases pain in the left iliac fossa was the one symptom complained of, and this, I have no doubt, was due to pressure of the loaded colon upon a sensitive ovary. Certainly after having the bowels well emptied every one of these patients ceased to experience the pain formerly complained of. Not only so, but by simply ensuring a daily free evacuation of the bowels, many cases of simple chlorosis ceased to complain of palpitation and drowsiness, although at this time no drug had been specially prescribed for the blood condition. Not a few of these cases had previously been under the care of another medical man, who had been prescribing Blaud's pills or tinct. ferri perchlor. without any apparent benefit. And no wonder; for no amount of iron will cure the patient suffering from chlorosis, while at the same time her intestinal tract is occluded by poisonous material.

Again, I have notes of several cases where the

symptoms varied from loss of energy, pains in the chest and back, to cold feet and foul breath. Every one of these had a pale and somewhat sallow look. In one case the pain complained of was in the region of the gall-bladder. There were also headaches, faintness, nausea, and loss of appetite. The patient was a housemaid. She had a foul tongue and a horribly stinking breath. On examination I found the colon almost throughout its entire length loaded with lumps of hardened fæces. Repeated enemata of soap and water, alternated with olive and castor oil injections, brought away an incredibly large amount of waste material. This gave great relief, and later by careful dietetic and drug treatment the patient became altogether a new being. In another patient, a woman, æt. 50, the complaint was "displacement of the womb." This was the diagnosis given by another practitioner. The patient told me her bowels moved regularly every day, but on examination the rectum was found loaded and the womb in its natural position. This patient was very bloodless-looking, but improved remarkably after repeated small doses of cascara. Her appetite, which had previously fallen off greatly, soon returned, and she was able to do her work better than she had done for many a day. A third patient complained that nothing she ate would "lie on the stomach." She had been to several doctors, one of whom told her the "coating of the stomach" was diseased, another that she had an ulcer, while a third said the patient was suffering from congestion of the liver. When I saw her she was much emaciated, and was very pale. In answer to my inquiry, the patient said her bowels moved every day. I examined her very carefully, but could find nothing gastric to account for her symptoms. On rectal examination the same old condition presented itself. The rectum was loaded with scybala, and yet the patient said the bowels moved every day. Under treatment directed to her constipation the patient soon recovered.

Now these cases go to prove the utmost necessity which exists for making minute inquiry in every case presenting itself for treatment as to the state of the bowels. As a rule, the patient's own statement should not be too readily taken for granted, and in all doubtful cases careful palpation of the colon should be had recourse to, and, if necessary, a rectal examination made as well.

That constipation causes retention of waste products and consequent deterioration of the patient's health there can be no doubt. My own cases alone go to prove this, and the sooner these facts are recognised the better. In every case of anæmia, from whatever supposed cause, the intestinal tract must be regarded as of prime importance. Treatment will not improve the conditions present unless we first ensure that our patients' bowels are moving daily and regularly. It is not enough to obtain an affirmative answer to our question; we must make sure of the facts for ourselves. Few patients, and women more especially, seem to look upon constipation as existing if the bowels move at all. Sometimes no constipation is stated to exist when perhaps one motion only occurs in a week or a fortnight. If, however, the gums and conjunctivæ are pale, and the patient's symptoms at all vague, it will pay to attend to the bowels first and consider the diagnosis later.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.
MEETING HELD JANUARY 7TH, 1903.

PETER HORROCKS, M.D., F.R.C.P., President, in the Chair.

DR. ROBERT JONES opened a discussion on "Puerperal Insanity," an abstract of which will be found on page 103.

Sir JOHN WILLIAMS insisted upon the peculiar condition of the nervous system in pregnancy, parturition, and the puerperal state, and deprecated resort to surgical measures in the treatment of this form of insanity.

DR. G. F. BLANDFORD pointed out that the earliest symptom of approaching mental trouble was loss of sleep, and this should be most closely watched and every precaution taken that the patient should not be disturbed. With regard to the question whether the mental disturbance was due to toxæmia or septicæmia, or both, he recalled the fact that toxæmia and septicæmia were different things, septicæmia producing puerperal fever, not puerperal insanity.

DR. G. E. HERMAN opined that the main duty of the general practitioner and the obstetric physician in regard to puerperal insanity was to prevent it. Treatment was mainly in the hands of the alienist. To prevent puerperal insanity the great things were to see that the patient got food and sleep. In insomnia the best hypnotic was alcohol. There were objections to alcohol of which in the present day no one was in danger of losing sight. Every hypnotic, in too large doses, did harm, but the harm done by alcohol, if taken too freely, was far less and far slower in coming than that done by chloral, bromide, morphia, sulphonal, or any other hypnotic, if taken habitually for long periods.

Medical men were not justified in taking upon themselves the responsibility of discountenancing a proposed marriage. The utmost that a medical man should do was to communicate to the interested parties whatever apprehensions he might have as to the result of marriage.

DR. C. A. MERCIER took exception to the statement that headache was a common prodrome of puerperal insanity. The only trustworthy indications, he said, were sleeplessness and loss of appetite. He did not think that single women who became mothers suffered much emotional stress as a rule. Many of them were already half-witted and the insanity of the puerperium was only an exaggeration of their usual state. The rest were for the most part upon a low moral plane. He protested strongly against the suggestion that puerperal mania could be treated satisfactorily at home, and maintained that treatment in special institutions was always preferable.

DR. F. H. CHAMPNEYS concurred in all that had been said about sleeplessness as the most striking symptom of threatening insanity, and as to the pre-eminent value of alcohol as a sedative in such cases. He thought that if mental distress were a factor in producing puerperal insanity its frequency after illegitimate births ought to vary directly with the moral standard. It was well known that the moral standard with regard to such matters varied greatly in different countries. If this were valid the proportion of cases of insanity in single mothers ought to be lowest in immoral and highest in moral countries. As regarded toxæmia and its relation to pregnancy he did not think that the explanation given by the author was altogether adequate. Effete products were doubtless prevalent after confinement; on the other hand, the sense of physical and mental comfort and relief ordinarily experienced after delivery was proverbial. He did not think that this would be the case if ordinary toxins were the usual cause of insanity after labour.

DR. W. LLOYD ANDRIEZEN remarked that the division into insanity of pregnancy, of the puerperium, and of lactation was a conventional and not a noso-

logical classification. A careful study of statistics showed that illegitimate pregnancy was twice as frequently followed by mental disorder as legitimate pregnancy. He regarded puerperal insanity as comprising three main types of mental disorder—viz., first a collapse delirium following upon parturitions attended with marked exhaustion and hæmorrhage; secondly, an acute confusional insanity with hallucinatory delirium (frequently misnamed "mania"); and, thirdly, mania or melancholia proper, or alternating manio-melancholic insanity.

Dr. F. W. MOTT commented on the fact that among the large number of cases recorded by the author there was not a single case of gangrene; and he related an instance in a woman certified as suffering from puerperal insanity who was admitted into one of the London county asylums. This patient not long after admission developed signs of symmetrical gangrene of the feet. The child had been born dead and the woman was suffering from septic endometritis. Her mental condition improved when this was treated.

Dr. R. PERCY SMITH thought that next to sleeplessness, restlessness and early confusion of thought were more important early symptoms than headache. No definite form of mental disorder could be looked upon as absolutely characteristic of puerperal insanity, and cases might be of the delirious, confusional, maniacal, melancholic, stuporous, or delusional type. He had little personal knowledge of illegitimacy as a cause, but called attention to Dr. T. S. Clouston's statement that 75 per cent. of the puerperal cases admitted to Morningside Asylum followed illegitimate births. Another point in the etiology was that 26 per cent. of the cases admitted to Bethlem Hospital had had a previous attack of insanity, either before or after marriage, which was not puerperal in origin. Alienists constantly found a history of previous "hysteria" in patients admitted to asylums which when carefully inquired into was found in many cases to have been a previous attack of definite mental disorder euphemistically called "hysteria." He insisted that such patients ought not to marry.

Dr. E. W. WHITE thought that the author's proportion of occurring cases was too low—probably 1 in 400 confinements was nearer the mark—for there were many which did not go to the asylum for treatment, and no records were therefore obtainable. He drew attention to the obscene language, erotic tendency, and self-abuse, probably of peripheral origin, from abnormal uterine conditions, altered lochia, &c., which such patients exhibited. In nearly all his cases there was an elevation of temperature of from one to two degrees in the evening, with a morning fall of a degree or less, lasting from ten days to a fortnight, then a sub-normal temperature for several weeks.

Dr. W. S. A. GRIFFITH pointed out that there was a distinct group of cases in which the main feature was the apprehension of the patient, either real or simulated, that unless the pregnancy was terminated she would become insane; he looked upon all such cases with the gravest suspicion, not of insanity, but of rather the reverse—namely, as an ingenious method of putting strong pressure on the medical adviser to procure abortion.

Dr. T. SEYMOUR TUKE agreed as to the necessity for good feeding and urged early resort to artificial feeding. He admitted the great value of alcohol, but they must not lose sight of the danger of forming a habit.

Dr. T. CLAYE SHAW said that it appeared to him that there were two classes of cases both characterised by the delusions, incoherence, and other mental symptoms supposed to be pathognomonic of insanity due to the puerperal state alone. Insanity characterised by prominence of sexual mental demonstration might occur in young women at the developmental epoch or in women of middle or advanced age in whom there was no uterine or ovarian complications of any kind to be passed through, just as delusions of a sexual character might be seen in boys and men accompanied by acts of masturbation, and yet there was no occasion to attribute the symptoms to influence from the genital

organs. When, however, the temperature was higher than was usually met with in acute insanity; and the symptoms came on shortly after parturition, there was a strong argument in favour of a direct connection between the mental and bodily states, especially when there was a history of hereditary taint, together with the probability of the presence of a septic condition.

Dr. J. M. AMAND ROUTH urged the desirability of having intermediate receiving houses, or nursing homes, where women suffering from such temporary insanities as these could be received and treated. This would avoid the stigma of residence in an asylum and would make it easier to get the friends of the patient to agree to removal.

The PRESIDENT remarked that obstetricians saw these cases at a much earlier stage usually than alienists. Perhaps for this reason the author had said little as to diagnosis. When a patient was admitted into an asylum the diagnosis had already been made, but in the earlier stages it was not always easy to decide that the symptoms amounted to actual insanity. He considered that the refusal of food was a far graver symptom and pointed much more certainly to insanity than did sleeplessness.

BRITISH LARYNGOLOGICAL RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

GENERAL MEETING HELD JAN. 30TH, 1903.

The President, Dr. WYATT WINGRAVE, in the Chair.

At the PRESIDENT'S request, the Secretary read a letter from Mrs. Lennox Browne, in reply to the letter of condolence sent her in the name of the Association on the occasion of her husband's death.

The PRESIDENT then referred in suitable terms to another loss the Association had sustained in the death of Dr. Hunter Mackenzie, and it was agreed to send a letter of condolence to his widow.

The following cases were then shown:—

1. A case of laryngeal tuberculosis in a man, æt. 45, by the PRESIDENT.

Dr. ATWOOD THORNE spoke on the advisability of treating such cases out of London, or in some such healthy neighbourhood as Hampstead.

2. A case of laryngeal tuberculosis in a woman, æt. 35, by Mr. CHICHELE NOURSE.

The PRESIDENT thought that had it not been for the presence of undoubted signs of pulmonary disease in this case, there would be good reason to hesitate as to the diagnosis.

3. Cases showing the beneficial action of mucin in atrophic rhinitis, by Mr. STUART-LOW.

Dr. P. H. ABERCROMBIE testified to the great benefit derived from the treatment in several of his hospital patients.

Dr. J. STEWART MACKINTOSH also spoke in favour of the treatment, and referred to its beneficial action on the stomach and bowels, and the relief of pain in malignant disease of the rectum.

Dr. PEGLER inquired as to the *modus operandi* of the mucin.

Dr. WYLIE had seen good results in several cases of atrophic rhinitis treated with mucin.

Dr. JOBSON HORNE suggested that the massage employed along with the mucin might account for part of the good result obtained, and asked how the internal administration of mucin could affect atrophic rhinitis.

Dr. VINRACE wished to know if it was an accepted fact that deglutition was impossible with the neck over-extended, as Mr. Stuart-Low had stated in his paper, and also asked if the forcible nasal syringing advised by Mr. Stuart-Low was not liable to injuriously affect the sinuses.

The PRESIDENT congratulated Mr. Stuart-Low on his results with mucin. He thought that not enough time had yet elapsed for the treatment to have had a thorough trial. The good effect on digestion he regarded as of great importance. He suggested that the alkali

present in the tabloids of mucin might have something to do with the good results.

Mr. STUART-LOW, in replying, thanked the Fellows for the great interest taken in the subject, and described the *modus operandi* of mucin to be local and general. It inhibited bacterial growth and was hygroscopic and cleansing, and it supplied the natural moisture which was defective in these patients. He admitted that the massage carried out by the surgeon was beneficial, but that cases had benefited markedly without the massage, and only with the mucin. Mucin acted as a protective coating to the stomach, and it was the natural protector.

4. Two cases of adhesion between the soft palate and the posterior pharyngeal wall, the result of tertiary syphilis, operated on with good results by Dr. P. H. ABERCROMBIE.

Dr. VINRACE thought that the openings would gradually lessen in size as time went on.

Mr. NOURSE said that considering the great discomfort arising from the nasal obstruction in such cases he thought it wise to do all in one's power to give relief. And he thought systematic dilatation of the openings might be advisable.

The PRESIDENT congratulated Dr. Abercrombie on the good results following his operations, and remarked how much relief might be obtained in such cases with even very small openings.

5. Cases of deflected septum, treated by Moure's operation, together with the septotome devised and used by the contributor, by Dr. HEMINGTON PEGLER.

Dr. DUNDAS GRANT congratulated Dr. Pegler on the excellent results obtained. He regarded it as a distinct gain to correct the deformity without making a septal perforation.

Dr. JOBSON HORNE regarded Dr. Pegler's instrument as better than the original one.

6. Specimen and slides of a cystic cholesteatoma from the supra-tonsillar fossa, by the PRESIDENT.

7. Microscopical section of epithelioma of the nostril, by the PRESIDENT.

8. Section of the new growth in the larynx shown at the last meeting, by Dr. JOBSON HORNE. It proved to be an endothelioma.

9. Coloured drawing by Dr. JOHN STEWART MACKINTOSH of naevus of the throat, shown at the last meeting by Dr. P. H. ABERCROMBIE.

10. A case of attic suppuration successfully treated by simple incision and irrigation by Dr. HEMINGTON PEGLER. In this case, the suppuration had, unfortunately, set in again.

Mr. STUART-LOW protested against the use of irrigation in cases of chronic ear suppuration, as tending to drive infection into the mastoid antrum and cells, and set up acute mastoid symptoms.

11. Dr. DUNDAS GRANT read the notes of several cases of radical mastoid operation, one in which facial paralysis occurred the day after the operation, with ultimate almost complete recovery from the palsy.

Dr. FREDERICK SPICER inquired as to the time of onset of the facial paralysis, and as to the supposed cause whether direct injury at the time of operation or inflammatory pressure afterwards.

Dr. WYATT WINGRAVE then delivered his Presidential Address on "Tobacco Deafness."

Dr. DUNDAS GRANT proposed a vote of thanks to the President for his excellent address, and Dr. VINRACE seconded this.

Mr. LANG, speaking as a visitor, said he had seen many cases of retinal and optic nerve affections as results of the abuse of tobacco, but he had not noticed deafness in association in these cases. Perhaps this might be explained by the fact that it had not been looked for carefully and that the deafness in these cases was particularly for low tones. He intended to be on the outlook for deafness in such cases in the future.

MR. R. HENSLOWE WELLINGTON, M.R.C.S., L.R.C.P., Deputy Coroner for the City of Westminster and the South-West Division of London, has been called to the Bar.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD JANUARY 16TH, 1903.

Dr. G. E. SHUTTLEWORTH in the Chair.

DR. G. A. SUTHERLAND and Mr. THOMSON WALKER read a paper on a case of
SYPHILITIC ENDARTERITIS AND NEPHRITIS IN AN INFANT.

The disease of the cerebral arteries was that first described by Heubner. The authors agreed with Friedlander and Baumgarten in regard to the importance of changes in the vasa vasorum of the adventitia in this process. Syphilitic arteritis was rare in congenital syphilis, only a few cases being found in the literature. They looked upon the condition as being a secondary rather than a tertiary manifestation. The renal condition was an interstitial nephritis, and was to be distinguished from the congenital syphilitic kidneys described by Stoerk. The connection between syphilis and such cases of interstitial nephritis was not, the authors considered, merely accidental. It was possible that the condition had been frequently passed over, for some cases had been reported in which no macroscopic change was found, but microscopically interstitial nephritis was found.

The paper was discussed by the Chairman. Dr. LEONARD GUTHRIE considered that the views expressed by the authors bore out his own opinion, namely, that chronic interstitial nephritis in children was often due to syphilis.

Dr. ROBERT HUTCHISON showed the kidneys from a child, who possibly belonged to the group described by the authors of the paper.

Dr. GEORGE CARPENTER offered some remarks, and Dr. SUTHERLAND replied to the discussion.

Mr. THOMSON WALKER showed specimens of (a) traumatic cephalhydrocele, and (b) punctured fracture of the skull.

Mr. SYDNEY STEPHENSON described a case where paralysis of the cervical sympathetic on one side had followed the evacuation of a retro-pharyngeal abscess. The symptoms were characteristic, and included exophthalmos, ptosis, contraction of the pupil, and lowered intra-ocular tension.

Dr. EDMUND CAUTLEY inquired whether any changes were noted in the state of the blood-vessels or the function of sweating on the affected side.

Dr. G. A. SUTHERLAND also discussed the case and Mr. STEPHENSON replied.

Dr. LEONARD GUTHRIE showed an infant, æt. 5 months, suffering from an unusual kind of microcephaly. There was, in addition, general spasticity of all the limbs. The child's features did not suggest imbecility.

Mr. A. H. TUBBY entered a protest against operating upon such cases. His experience in that direction had been uniformly unfortunate. Craniectomy appeared to be powerless to cure the condition. The case was further discussed by Drs. Cautley and Hutchison, Mr. G. Pernet, the Chairman, and Dr. Sutherland.

Dr. LEONARD GUTHRIE replied.

Dr. CHARLES W. CHAPMAN read notes of a case of dilatation of the stomach in a girl, æt. 8. The patient had been accustomed to unsuitable food, taken at irregular intervals. Under suitable treatment the child made a complete recovery. The case was discussed by Drs. Sutherland and Cautley, and

Dr. CHAPMAN replied.

Dr. GEORGE CARPENTER read notes of a case of "acute primary thyroiditis in a rachitic infant, æt. 14 months." The disease proceeded to suppuration, the abscess was opened, and the patient recovered. He called attention to the rarity of the condition, even as a complication of the specific fevers, and pointed out that in some reported cases induration of the gland and not suppuration had resulted as a sequel of inflammation.

DR. T. N. KELYNACK has been elected Honorary Secretary of the Society for the Study of Inebriety.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF SURGERY.

MEETING HELD FRIDAY, JANUARY 23RD, 1903.

SURGERY OF THE GALL-BLADDER.

MR. MCARDLE brought forward a number of cases to illustrate, first, the method of applying sutures to the gall-duct before opening over a stone impacted therein, thus rendering the procedure of very short duration. Secondly, instances of gall-stones simulating cancer of the stomach where operation effected a complete cure. Thirdly, cases where adhesive bands joined the colon to gall-bladder and liver producing dilatation of the stomach. Fourthly, tumour of the gall-bladder leading to symptoms simulating chest trouble, dyspepsia, and inducing mental distress. In all of these, the proper treatment of the gall-bladder was thoroughly effectual in relieving the patient of the secondary troubles which were so distressing.

MR. FAGAN said, in regard to Case 3, of Mr. McArdle's paper on surgery of the gall-bladder:—Patient middle-aged, suffered for five years from severe epigastric pain and vomiting. Seen by me September, 1901; case had then been diagnosed in London as cancer of pylorus. On examination stomach dilated upwards, displacing apex beat of heart; downwards reaching umbilicus to left, two inches to right of middle line. A narrow, dull area lay to right of this and still more to right a second resonant area (combined percussion and auscultation method was used). Gave Ewald's test meal, and had gastric contents examined at Laboratory of Trinity College. HCl and pepsine pronounced present in normal amounts. Hence the diagnosis referred to, and the recommendation to have an operation done.

SIR THOMAS MYLES said:—The difficulties of diagnosis in cases of gall-stones without jaundice were often very great. He described a case in which a lady, *æt.* 34, subject to violent attacks of pain had been brought to him by Dr. Rice, of Portarlington. Examination showed a greatly dilated stomach and a floating kidney. He was at first inclined to attribute the symptoms to the floating kidney, but determined, after consultation with Professor Dwyer, to make an exploratory incision in the middle line. This was done and an elongated tube line gall-bladder more than nine inches in length was brought into the wound, opened, and 98 small white calculi removed therefrom. Sir Thomas Myles asked Mr. McArdle for his views on the question of complete closure of the gall-bladder in these operations and the frequency of ventral hernia after suture of gall bladders to parietes.

The Section then adjourned.

ULSTER MEDICAL SOCIETY.

MEETING held in the Medical Institute, Belfast, on Thursday afternoon, at 4 o'clock,

Dr. JOHN CAMPBELL, the President, in the Chair.

Dr. J. T. Creery, Coleraine; Dr. Dryden Stead, Belfast; and Dr. A. Trimble, Belfast; were elected Fellows of the Society; and Dr. J. E. MacIlwaine, Belfast; and Dr. Prudence E. Gaffikin, Belfast; were elected Members.

Dr. HENRY WHITAKER, medical officer of health for the city, opened a discussion on "The Notification of Infectious Diseases" and the working of the Act in Belfast. A special note was added to the notice of meeting sent to members saying that the Council had heard with great regret the charges made in the City Council and elsewhere with regard to notification of infectious diseases without sufficient grounds, and that, while they had not sufficient evidence to warrant them taking direct steps in the matter, they had arranged this meeting, and specially requested a large attendance of members, as such allegations seriously involved the honour of the profession.

Dr. WHITAKER made a lengthy statement giving particulars (excepting the names) of a number of flagrant

cases of abuse of the Act, but rather stultified himself by saying that he had never prosecuted a medical man, and hoped he never would.

Dr. O'NEILL, who is a member of the Town Council and of the Health Committee, followed, speaking most strongly concerning three medical men in particular. When pressed for their names he gave them privately to the President, who said that one of the three was a member of the Society. Dr. O'Neill said that the Public Health Committee were determined to prosecute whether Dr. Whitaker wished it or not. He referred to the disgrace brought to the city by numbers of cases being notified as typhoid which were not so at all, the city thus getting a worse reputation for unhealthiness than it deserved.

Dr. GARDNER ROBB, attending physician to the Fever Hospital, criticised Dr. Whitaker and Dr. O'Neill's figures severely, showing that in reality there was even more typhoid than the figures showed.

After some remarks from Dr. WILLIAMSON and Dr. KELVIN,

Dr. CECIL SHAW moved the following resolution:— "That this Society exceedingly regrets to hear the statement, made by the medical officer of health regarding the working of the Notification Act, but they do not consider that they have the necessary authority to deal with cases of groundless notification, and believe that the public authorities who are responsible for the bringing into force of the Act are also responsible for the detection and punishment of any, if such exist, who act dishonestly in carrying out its provisions." This resolution having been seconded, Professor LINDSAY moved as an amendment that the whole matter be referred to the Council to consider, and Dr. Whitaker having promised to aid the Council in obtaining evidence of [the alleged dishonest practices, the amendment was carried by a large majority.

Dr. KILLEN showed two interesting eye cases—one an eye destroyed by a piece of metal, and the other a soldier with a specific history, who had suffered from double ophthalmoplegia externa. The affection was still marked in one eye, but under specific treatment was rapidly clearing up.

France.

[FROM OUR OWN CORRESPONDENT.]

ADHESIVE PERIGASTRITIS.

PARIS, February 1, 1903

At the meeting of the Société Médicale, M. Duplant spoke on adhesive perigastritis, which, he said, was a frequent complication of gastric ulcer. During the last year he was able to collect seventeen cases, verified either by laparotomy or by autopsy. The large majority of the cases concerned the left side of the epigastrium. The affection was quite amenable to clinical observation and examination by well-defined signs and symptoms. Making its appearance at the terminal period of gastric ulcer, perigastritis furnished two subjective signs—pain and vomiting, which should attract the attention of the attendant. The pain which had its seat in the epigastrium was liable to appear at any hour of the day or night after or before meals; it is not modified by the nature of the food taken nor by the changes in the position of the body, nor is it made better or worse by the absorption of food.

The constancy, the long duration, the seat of the pain between the appendix and the umbilicus, were signs of great value. The character of the pain was described by patients as a painful sensation of weight or constriction at the epigastrium.

The vomiting was rarely that of food; it was generally that of acid liquid, clear or more or less opaque from the presence of mucus derived from gastric catarrh, which accompanied old ulcers.

The above symptoms, although of great value, were not in themselves sufficient to affirm the existence of the affection (adhesive perigastritis), if the objective signs were not present and discovered. Several cases must be observed.

(1) No tumour or swelling was apparent in the epigastrium. Exploration, on pressing the wall under the costal edges, revealed an abnormal resistance, giving a sensation of induration, ill-defined, but compared to a flat cake.

(2) The wall of the epigastrium appeared to be under tension and slightly bulging forward. The aspect was due to peritoneal effusion.

(3) The perigastritis appeared under the form of a hard superficial mass, due to the inflammatory neoplasm situated at the periphery of an old ulcer. It made one suspect the existence of cancer, especially if it coincided with emaciation.

All those symptoms, subjective or objective when they lasted for years, became aggravated at each attack, and were accompanied by all the signs of cachexia.

The progress and the prognosis of the perigastritis was in direct relation to the condition of the ulcer. If the ulcer be definitely cured, the perigastritis would assume a slow evolution, insidious at the beginning, but always chronic, with slight subacute attacks. When the peritoneal induration was formed, which corresponded with the complete cicatrisation of the ulcer, the syndrome of the perigastritis was definitely created, and led the patient to progressive cachexia, frequently fatal, and in any case irremediable by medical means.

The treatment consisted in rest in bed and a dietary régime of eggs, milk, raw meal, butter and cream.

When that treatment was not sufficient to ease the pain and the vomiting, a surgical operation should be thought of, not limited to the breaking up of the adherences, which always returned, but gastro-enterostomy as performed by M. Pinatelle, as the radical cure of ulcer. By it absolute rest was insured to the stomach. Unfortunately before patients would accept surgical interference their condition was very low, rendering them unfavourable subjects for a successful issue.

Germany.

[FROM OUR OWN CORRESPONDENT]

Berlin, January 31st, 1903.

At the Society for Internal Medicine Hr. Westenhoeffer related a case of

MILIARY TUBERCULOSIS AFTER ABORTION.

The patient was a woman, æt. 27, who had aborted four weeks when she was admitted into hospital on August 11th with fever ranging between 39° and 40° C. and collapse. The history showed that the fever immediately followed the abortion. She died on the 15th. The autopsy revealed general miliary tuberculosis of all the serous membranes and of the internal organs. The endometrium was especially infected. The tissue was free but the veins were full of caseating tubercle. This was the source of the general tuberculosis. There was old caseating tubercle in the left tube and a patch less extensive in the apex of the left lung. The speaker observed that when a patient had suffered for four weeks continuously from fever after delivery the case could not be one of sepsis. It was very difficult to distinguish between sepsis and pyæmia. That was important, as where surgical interference was possible the diagnosis pointed out the spot, but

with sepsis any operation would be useless. He did not think the plæenta or fœtus could have been infected although it was not examined, as the disease began after the abortion.

Hr. Guttmann related a

CASE OF DIABETES AND ACUTE PANCREATITIS.

A woman, æt. 41, was admitted into hospital in a state of diabetic coma. The urine contained 4.52 per cent. sugar acetone and acetic acid. Death took place two days after. Section showed great wasting and typical diabetic kidneys. The pancreas, not deformed, weighed 50 grammes. The microscope showed it full of leucocytes everywhere; no hæmorrhages, no abscess, no necrosis. There were no bacteria, and the exit passages were intact. He did not believe that the disease in the pancreas stood in any causal relationship to the diabetes, as the diabetes had existed for years and the pancreatitis was acute.

Hr. J. Boas related a case of

CHRONIC ULCERATIVE COLITIS.

with demonstration. The case was that of a single woman, æt. 28, who came under his treatment after suffering from intestinal trouble for four years. She complained of diarrhœa four or five times daily mixed with blood and pus, and she was much reduced. Examination of the abdomen showed nothing but moderate tenderness over the colon and slight tympanitis. Microscopic examination of the stools showed Charcot-Leyden crystals, no amœbæ, and no tubercle bacilli. Urine normal. A diagnosis was made of ulcers of the colon, which was neither syphilitic nor tuberculous. The treatment consisted of regulated diet and irrigations, but no permanent benefit resulted from these. Then, as the patient was so greatly reduced weighing only 80 kgrm., operation was thought of, as successful cases had been published, and on April 21st, 1901, Steiner did a temporary colotomy with a favourable result. Systematic washing out of the colon was now instituted, the most successful being that with a solution of iodine. At first the stools were recta but they soon became cæcal. It was difficult to decide when the cæcal opening should be closed. Regular examination of the returned water used in flushing even seven months after the operation showed crystals and some pus. The opening was, therefore, not closed until March, 1902. A small fæcal fistula remained, as was usually the case, but this soon closed. The result was excellent. The patient had daily evacuations (after water enemata) of healthy stools, and her body-weight had greatly increased.

The speaker then related a second case that had been operated on by Körte. Her recovery was not so simple, although the patient was better. In any case the method of treatment appeared to be suitable in serious cases.

Hr. Körte remarked, in connection with the last case, that he had done a cæcotomy in December, 1901, for chronic dysentery, after which all possible washings out were put into practice, but without result. Nine months later he had separated the ileum from the cæcum so that all fæcal matter could escape from the ileum. The washings out had to be stopped on account of the exquisite pain they caused. At present the patient was somewhat better, her weight had increased. Possibly after a while the fistula could be closed, but blood and pus still came away with the stools. The case showed that operation did not ensure success.

Hr. Stiener said that the chief factors were the prevention of the passage of fæces over the ulcers, and the medicinal and mechanical flushings out. These should be very copious—five to six litres. He had

postponed the definite closure of the fistula until, after three weeks' temporary closure, the stools had ceased to cause irritation to the diseased parts.

Hr. Ewald did not expect such favourable results. In a case observed by himself an opening was made in the descending colon without result. Then Trendelenberg made one in the ascending colon, again without favourable result. Some improvement took place occasionally, but after a while the patient got worse again, and now after six years no considerable change had yet taken place.

Hr. Körte said that his patient at once lost her fever and her pain after the operation, and so far the operation was very advantageous.

Hr. Boas would distinguish between ulcerative and amœbic colitis; the latter could be readily cured by ipecacuanha

Hr. Krause said that in Vienna and Gratz recent amœba colitis was rarely seen. The prognosis was not bad. The disease could be cured with cer.ainty with calomel.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 24th, 1903.

SYPHILITIC DEFORMITY.

Neurath showed to the Gesellschaft a child, æt. 6, presenting deformities, the result of inherited syphilis. The arms were quite rigid. All the joints were the seat of spindle-shaped swellings. The lower extremities were similarly affected, more particularly the knees and ankles, which were markedly bent. Immediately above the elbow- and ankle-joints abnormal mobility was perceived, due to separation of the epiphyses. The Röntgen ray showed no dark shadow at the margin of the bone.

CARCINOMA LARYNGITIS.

Osker brought forward a seaman, æt. 56, who had the larynx totally extirpated four and a half years ago for carcinoma of the larynx. No return of the disease had so far shown itself. He could swallow well, and had a voice or sound that can be heard thirty metres on a still sea without the aid of any instrument. This operation was performed by means of the "circular stitch" in closing the orifice, which he considers to be a great advantage in closing the trachea after resection, as by this means the cicatricial walls are still left mobile.

Koschier at the same time showed five other patients on whom he had operated two years ago. One of the cases had the right vocal cord with surrounding frames removed; in two he did unilateral extirpation of the larynx; and in the other two hemi-removal of the larynx along with the entire epiglottis. Only one of the patients has shown any symptoms of local recurrence in the region of the tongue. These favourable results were obtained, he thought, by using Mikulicz's tampon, whereby the secretions could be prevented from irritating the bronchi.

MALFORMATION OF SPLEEN.

Sternberg showed the internal organs of a female, æt. 75, in whom no trace of the spleen could be discovered. The arteria linealis was altogether wanting, so that no doubt remained in the minds of the observers that this was a congenital defect. The mesentery and retro-peritoneal lymphatics were unaltered. Beyond the absence of the spleen no other abnormality existed. Toldt, in his text-book, relates seventeen cases of absence of the spleen, and of these thirteen had other malformations. Clinically, nothing abnormal had ever been

observed, and the patient died from tuberculosis of the lungs, æt. 73.

CHRONIC PIGMENTARY URTICARIA.

Schwoner next showed a child, æt. 2, with urticaria pigmentosa chronica, from which it had suffered for two months. The hairy part of the scalp and the forehead and neck were white with yellow patches slightly infiltrated with a xanthomatic efflorescence on the body and extremities. In other places there were confluent patches of a dirty reddish-brown colour rising above the level of the skin. It was distinguished from syphilis by its absence on the hands, face, soles of the feet and buttocks.

CYSTOSCOPE AND SUTURES.

Kapsamer related two cases in which he had used the cystoscope to remove stitches which had accidentally found their way into the bladder from the wound of an operation for calculus. In both cases immediately after the operation the patients began to complain of frequent micturition with cloudy urine, which subsequently became purulent and blood-stained. Various cystic sedatives were employed, but with no relief. At last the cystoscope was resorted to and the bladder examined internally, when in both cases sutures were seen hanging from the wall of the bladder. After their removal the cystitis disappeared, and the patients recovered in a very short time. After the operation, the sutures, two in number, appeared to have formed a fistula in the wall of the bladder, and were found together on the internal surface of the organ. He also exhibited other two cases where he had cauterised ulcers on the internal surface of the bladder by the aid of the same cystoscope.

THERAPAUTIC VALUE OF JONEN.

Pauli read an elaborate dissertation on the therapeutical properties of jonen, which has a chemical formula of $C_{13}H_{20}O$, being an isomer of iron $C_{13}H_{20}O$ in the naphthol group. This substance, he maintains, is a valuable agent in measuring the metabolisms of the albuminoids and salts in the body. There was a close relationship between the cyanide of jonen and the nitrate, bromide and iodide of the same substance, as may be observed chemically. The cyanide of jonen is useful in catarrhs and acne, and has a sedative effect particularly in the cephalalgia of advanced syphilis. Its specific indication is, however, in arterio-sclerosis.

The Operating Theatres.

WEST LONDON HOSPITAL.

FOUR ABDOMINAL OPERATIONS AS THE RESULT OF APPENDICITIS.—Mr. SWINFORD EDWARDS operated on a young man, æt. about 25, who had been admitted with a pelvic abscess. The following history was obtained: A month before he had evidently had an attack of appendicitis, when he was seen by a surgeon, who did not consider an operation advisable, and the patient got much better after careful medicinal treatment. A short time afterwards, however, he began to get worse again; he got more abdominal pain, the temperature went up, the tongue became furred, and there was difficulty in getting the bowels open. At the time of admission his temperature was 101° , the pulse somewhat rapid, and the tongue furred; he looked in much distress, presenting an anxious appearance. In the hypogastric region there was a well-marked swelling, and on introducing a finger of one hand into the rectum with the other hand on the hypogastric region, a large pelvic abscess was revealed. The abdomen was opened in the middle line, and some coils of small intestine were

found matted together in the hypogastric region ; on separating these coils the abscess was found. Its area having been packed round with strips of bicyanide gauze, it was freely opened, giving exit to, close on a pint of pus ; the cavity was well washed out, a large rubber drain inserted, and the abdominal wound closed. On account of this intra-peritoneal suppuration no attempt was made to find the appendix, although the matting of intestine proceeded from the abscess towards the right iliac fossa, pointing to the appendix as having been the cause of the trouble. The patient was much improved by this operation, and appeared to be about to make a rapid recovery, when increasing difficulty in getting the bowels open took place, and three weeks after the first operation complete obstruction set in, which could not be overcome by any aperient medicines or enemata. It seemed clear that this was due to mechanical obstruction caused by binding down of knuckles of small intestine to the original area of inflammation ; accordingly, a second operation was undertaken. An incision was made in the right iliac region as for appendectomy ; on approaching the cæcum, a small abscess cavity was opened in which lay a good-sized concretion, the cæcum at this point had ulcerated through. The opening was accordingly stitched up by Lembert's sutures, and the appendix looked for. It was found to be unusually long, and about its middle bent at an acute angle, giving it a V-shaped appearance. It was freed and removed ; its walls were somewhat thickened, but there did not appear to be any rupture or ulceration of it. A central incision was now made in the middle line of the abdomen, thereby opening up the old fistulous tract into the pelvic abscess ; three coils of intestine were found to be adherent and tightly bound down in this situation. One was freed, but it was found impossible to do so with the other two, so, to relieve the obstruction, a distended piece of small intestine was opened and stitched to the abdominal wound in the right iliac region, a temporary enterostomy being thus performed. This brought the patient considerable relief, and he much improved for two or three days ; the trouble now was that the intestinal secretion, being very acid, produced considerable excoriation all round the wound area ; indeed, the edges of the wound became partially digested ; it was clear that the sooner this temporary opening in the bowel was closed the better it would be for the patient, provided that intestinal anastomosis was first carried out. The abdomen having therefore been again opened in the middle line, the small intestine was traced downwards from the junction of the duodenum and jejunum. It was then found that the jejunum had been opened about two feet from its commencement, which accounted for the very irritating nature of the intestinal contents. The small intestine was now traced from the artificial anus towards the obstruction, and a loop of ileum above the obstruction drawn out ; the ileum was now traced backwards from the ileo-cæcal junction also towards the obstruction ; this part of the intestine was not more than a foot long. With this portion the loop, which had been first drawn out, was now united by means of a Murphy's button, and the central abdominal wound closed, the artificial anus being left untouched. Four days after this there was a slight action of the bowels *per anum*. As a preliminary to closing the artificial anus the spur was destroyed without the employment of an anæsthetic by the use of a large pair of pressure forceps which are known by the name of pedicle forceps. Two days after this Mr. Edwards freed the opening in the jejunum from its union with the abdominal wall ; having thoroughly cleansed this part of the gut it was

sewn in a transverse direction, Halsted's sutures being employed. The gut having been returned as far as possible, the edges of the abdominal wound were not approximated, but a tampon of gauze inserted. Mr. Edwards drew attention to his having only opened the abscess at the first operation without attempting then to remove the appendix, which would have been difficult to find among the matted intestines ; besides, he had judged it more prudent to wait, because of the presence of so much intra-peritoneal suppuration. With regard to the removal of the appendix at the second operation, he pointed out that he had simply excised it and sutured the stump, as he considered the performance of the coat-sleeve method would have occupied too much time, for the sewing up of the cæcum at the point of ulceration had already taken some time, and he had to proceed to the opening of the fistulous tract in the middle line and the separation of the adhesions of the intestines. He thought it unfortunate that the portion of intestine which he had stitched to the abdominal wall had proved to be situated so high up in the small intestine, the secretion here being so acid as to produce great excoriation, besides partially digesting the edges of the wound ; but at the time of stitching he had naturally chosen the most distended part he could see. At the next operation he said he had sewn up the intestine in a transverse direction with Halsted's sutures in order to interfere as little as possible with the lumen of the bowel. He pointed out that still another operation would have to be undertaken in this case, and this, the last, would consist in closing the abdominal wound.

Ten days after the last operation the patient was doing well. Fæces had passed *per anum*, but then Murphy's button had not yet come away.

Society of Apothecaries of London.

THE following candidates passed in the examinations during January :—

Surgery.—W. M. Emmerson (Sections I. and II.), W. T. Harris (Section II.), A. R. Henchley, G. Lucas, (Sections I. and II.), M. E. S. Scharlieb (Sections I. and II.), H. G. Sewell (Sections I. and II.).

Medicine.—E. F. Beaumont (Sections I. and II.), F. G. H. Cooke (Section I.), W. E. Denniston (Section I.), L. E. Ellis (Section I.), W. M. Emmerson (Sections I. and II.), A. E. Henton (Sections I. and II.), H. Jacques (Section I.), T. G. Longstaff (Section II.), C. C. Rushton (Section II.).

Forensic Medicine.—R. Appleton, E. F. Beaumont, F. G. H. Cooke, W. E. Denniston, H. J. Gater, R. C. Rumbelow, J. W. Watson.

Midwifery.—E. F. Beaumont, W. M. Emmerson, H. J. May, A. Rogers, J. E. Turler, T. R. Waltenberg.

The L.S.A. Diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery :—R. Appleton, W. T. Harris, A. R. Henchley, A. Mooney, and M. S. F. Scharlieb.

Conjoint Examinations in Ireland.

THE following candidates have passed the Final and Second Professional Examinations as undernoted :—

Final—A. Honours :—C. W. Ewing. B. Pass :—Miss L. H. Alexander, J. E. Brereton, J. B. Logan, J. P. O'Donnell, W. H. Mac M. Phelan.

Second Professional.—A. Honours (in order of merit):—W. W. Boyce, T. J. Madden, Miss C. E. O'Meara, equal ; R. Bury, A. C. Adams, M. J. C. Kennedy, R. A. Browne, J. M. Hayes, equal ; H. Hosty, I. Allann, H. N. Cole, J. S. Dunne, equal ; W. T. Morton. B. Pass—Alphabetically :—M. Ambrose, C. J. R. Clarke, P. E. Hayden, P. M. Moore, W. J. O'Donnell, H. E. Redmond.

Bequest to King's College Hospital.

UNDER the will of the late Mr. Robert Reeves Storke this institution is expected to benefit to the extent of £60,000.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX,"

WEDNESDAY, FEBRUARY 4, 1903.

THE RECENT ASYLUM FIRE TRAGEDY

IN the early part of last week the London County Council's lunatic asylum at Colney Hatch was overtaken with a disaster unparalleled in the history of the United Kingdom, although it has been equalled or surpassed in the United States of America. The fire took place in a temporary building erected about seven years ago, and capable of accommodating some three hundred and fifty persons. It broke out at half past five in the morning at one end of the annexe in question. Under the influence of a high wind it quickly consumed the whole building, which was one storied and constructed of timber, match-boarded, and corrugated iron. The general arrangement of the annexe was that of five parallel wards connected by a central corridor. Each of the wards held about sixty patients, all of them women, and each had a separate exit. Altogether, at the moment of the outbreak, the roof of the annexe sheltered about three hundred and thirty persons all told, including nurses and attendants. Of these three hundred and thirty occupants within half an hour of the first appearance of the flames, two hundred and seventy-nine were in safety, while the remaining fifty-one, all female inmates, were killed. The asylum and district brigades were quickly in attendance, and it is officially stated that there was an abundant supply of water. The individual heroism of medical officers, nurses, and attendants in the rescue of patients was conspicuous, a fact we are glad to mention as the one cheering feature in this terrible tragedy. The annexe was connected with the main building by a corridor, also constructed of wood and iron, but the fire was fortunately prevented from spreading to the larger building. The main question that now arises is, how to prevent similar occurrences in the future. With regard to

the danger of fires in hospitals and asylums we ventured to predict in our issue of November 12th, 1902, that a great disaster would sooner or later overtake one of these institutions in the United Kingdom. Then, and not till then, might we hope that steps would be taken to secure as far as possible the safety of hospital and asylum patients from the terrible risks of fire. So far as our great hospitals, infirmaries, and asylums are concerned, we venture to say there is hardly a single one in the whole Kingdom constructed on modern principles with a view to the exclusion or prevention of fire. Some of our great London hospitals are built in such a way as to constitute one vast death-trap in the event of fire. Surely, if it be right for the County Council to control the construction of theatres, it would be far more necessary for them to look after the security of institutions peopled day and night by a helpless resident population. At the very least, they might be empowered to enforce the construction of such buildings in isolated blocks, and thus reduce the limits of a fire by an obvious and elementary precaution. At this very moment, however, two great London hospitals are extending their buildings without, so far as we can ascertain, the least regard for the limitation of the spread of possible fires. The inevitable consequence will be that some day or other the public will be startled with the news of an appalling holocaust in a hospital, infirmary, or asylum, of which the Colney Hatch tragedy may be taken as a type and a warning. Where it would perhaps be impossible to make buildings fire-proof, it is nevertheless feasible vastly to multiply the security of inmates against fire by the use of fire-resisting materials and fire-limiting construction, together with proper structural exits and well-organised means of fire extinction. How many of our great hospitals in any part of the Kingdom are properly equipped in these matters? From a somewhat wide experience we can testify that not a few of them are practically devoid of the most elementary appliances, and even of proper telephonic or other means of summoning the fire brigades in case of need. At Colney Hatch the annexe was built of most inflammable materials which we have no hesitation to say should not be countenanced in any building used for housing patients, least of all those who by the circumstances of the case, have to be kept under lock and key. The County Council, to our certain knowledge, have similar matchwood buildings at other asylums under their care, and it is to be hoped that steps will be taken forthwith to replace them by more stable structures. In future the Commissioners of Lunacy are not likely to license any more makeshift structures of the kind that were permitted to pass the ordeal of their inspection at Colney Hatch. Following within a few months time of the fatal fire in the City of London the present asylum tragedy may reasonably impress his Majesty's Government with the necessity of a general inquiry into the question of fire prevention as applied to all institutions, public and private, used for the reception of patients within the limits of the United Kingdom.

COMPARATIVE STATISTICS OF MORTALITY AMONG SOLDIERS.

THE contrast between the mortality in the French as compared with the German army, recently published by the *Gazette de Cologne*, showing as it does that the former is four times in excess of the latter, has not unnaturally given rise to much searching of heart. There must obviously be something radically wrong in the sanitary and hygienic arrangements of an army for the mortality to reach 17 per thousand men, while in that of a neighbouring country it only attains 1·4 per thousand. The figures, of course, only bear on deaths from disease. One explanation of the smaller mortality in the German army is that the supply of recruits being in excess of requirements, the weaker ones are not incorporated in the regiments. It follows that the average standard of health in the German army is, *pro tanto*, higher than in the French. The influence of this factor is the greater because the French have to strain every nerve to enlist an equal number of men, even after the Germans have eliminated 9 per cent. of the physically unfit. It follows that a comparatively low standard is all that can be insisted upon in the French army with results which are portrayed in the mortality returns. Moreover, in the German army, the moment a soldier's health shows signs of deterioration his place can easily be supplied from the reserve; consequently, he does not remain to swell the mortality returns of the army. This source of error can be got rid of by comparing the number of deaths from such a disease as typhoid fever in one and the other army since the victims cannot be got rid of and the disease runs its course *sur place*. From this point of view the figures are even more damning for France, typhoid fever accounting for 625 deaths among French soldiers as compared with only 87 in the German army. Even scarlet fever is more fatal in the French army in the proportion of 96 to 16, while tuberculosis is responsible for 1,415, against 129 deaths on the other side of the Rhine. Since the mortality returns under consideration bear only on causes common to the military and the civil population alike, they may be taken as indicative of defective hygiene affecting the population in general, although the mortality among the military is from 6 to 9 per cent. greater from this cause than in civil life. The hardships and physical stress incidental to military training cannot be credited with any share in the production of this terrible mortality, moreover, they would in any event tell with equal force on both sides. Indeed, on scrutinising the returns we find that the minimum mortality coincides with the maximum fatigue, *i.e.*, the periods of the *grands manœuvres*, and the mortality is everywhere far higher in the sedentary branches of the army than in those on active service. This, however, may be due in part to the fact that the more sedentary posts are occupied by recruits who, for physical reasons, are not judged capable of supporting the strain of active military life. The statistics of the English army cannot usefully be contrasted with those of conscript

armies, for the simple reason that the selection is much more rigorous and the standard of hygiene is far and away superior to that of any European army. The lesson is, nevertheless, worth learning, for it teaches us that sanitary defects are, in the long run, more deadly than the most disastrous campaigns.

ALCOHOLIC EPILEPSY.

ALIENISTS, and indeed all who take an interest in the etiology of epilepsy, must notice how frequently alcoholic excess is assigned as a cause of the disease. From the earliest times it has been known that epilepsy may be caused by alcoholic excess; but, it is a strange fact that in the past when such heavy drinking was common in every class of society, alcoholic epilepsy was seldom met with. Visceral complaints followed excesses, but epilepsy was seldom met with. Even more remarkable is the fact that in Southern Europe the disease is seldom met with, and in Southern France, Spain, and Italy, alcoholic epilepsy is practically unknown. Even the gin-drinking Dutchman escapes it. In countries that are almost, if not altogether, free from the disease, the wines, beers, and alcoholic drinks generally consumed are not heavily taxed, and as a rule are well matured, wholesome products of the grain or the grape. The heavy drinkers of the past consumed such liquors, and although they suffered visceral troubles from their excesses, epilepsy seldom followed. To-day the comparatively sober man becomes an epileptic. What is it that has changed the effects that the alcohol produces? We think the answer is to be found in the quality of the alcoholic drink of the day. The high duty on alcohol in the three kingdoms is a direct incentive to the production of alcohols from potatoes, beet-root, and treacle. These distillates are usually surreptitiously run and got rid of as quickly as possible at a cheap rate to some friendly vendor who mixes them with his stock, and corrects their nauseous flavour by artificial ethers. Sometimes, these raw spirits, sweetened and flavoured, find their way to the public as brandies or liqueurs. Come as they may, they are lethal in their effects. The price of pure alcoholic drink is almost prohibitive, and the difficulty is met by putting on the market doctored raw spirits that, as a rule, contain amylic and other alcohols, which in every sense of the word are toxins. In some instances, the toxic property of the liquid is diluted with silent spirit, as spirit which cannot fairly be included under either the name of whisky or brandy, and is not called for by the public, but manufactured specially for the publicans. The high duty levied on alcohol, by placing the matured old whiskies out of the reach of the people, indirectly fosters shebeening and the consumption of a poisonous drink, and this is too high a price to pay for revenue. Much might be done to check the production of these raw spirits by allowing a drink of low alcoholic strength to be produced at a lessened duty.

Notes on Current Topics.

The Pathology of Alcoholism.

IN the evolution of the race, alcohol has been and still is an influence of immense importance. Dr. Valpy French, in his valuable study on "Nineteen Centuries of Drink in England," has afforded abundant evidence of the moulding and modifying action of drinking habits on English life and character. Indulgence in alcoholic beverages is a procedure of great antiquity, and if we are to judge by the evidence of recent statistics, intemperance is likely long to remain as witness to human frailty. But during recent years there has been a remarkable growth of sentiment setting strongly in favour of restricting all agencies making for excessive indulgence in alcohol. The development of a strong public opinion on this matter has led to legislative action, which has secured measures rich in prophylactic and remedial possibilities. The coming into force of the new Licensing Act has focussed professional and popular attention on certain more conspicuous aspects of the alcohol question. Wide differences of opinion exist in regard to this matter. We are of opinion, however, that the awakening of a large section of the community to the dangers arising from the widespread alcoholisation of the people is due in great part to the increasing interest taken in hygienic matters. Medical men have for long insisted that the temperance question was fundamentally concerned with personal and public health. And it is manifest, we think, that if progress is to be maintained, it must be by a fair recognition of those scientific facts and experimental conclusions which recent investigation has rendered so clear and definite. Professor Sims Woodhead, of Cambridge, in a recent valuable essay on "The Pathology of Alcoholism," shows that the early morbid anatomists belonged to the school of the pessimistic physicians; they recognised the advanced morbid changes wrought by alcoholic excess, but until Virchow gave a new bent to the methods and observations of pathologists, the minor changes of function and structure were almost entirely overlooked. We now know that the history of a diseased cell can only be written when the most advanced pathological conditions can be traced back to the normal through the comparatively insignificant phases of deranged function and altered structure. Experimenters have followed the modern method in regard to alcohol with the result that it is now possible to demonstrate the deteriorating effect of even minute doses of alcohol upon healthy protoplasm; and in the case of the higher cells of the nervous system it is even possible to graphically record slight degrees of degradation of function. If the alcohol problem is to be solved, we believe it will be by a clear recognition and acceptance of the conclusions of pathological and psychological research. But there is still much to be made clear, and need for patient, unprejudiced investigation. We have gone far, however, in basing reform on a sound foundation of scientific precision.

A New Rest Cure.

THE "rest cure" is in the air at present, and many and varied are the forms it takes. Certainly one of the newest is that of careering across the Atlantic in midwinter. This does not sound conspicuously restful; but modern developments in shipbuilding seem to be popularising the winter ocean trip in the Atlantic as a remedy for the complaint popularly known as "run-down." The largest steamers in the world are the Atlantic "ferries" and the keen competition among the different lines sets a standard of luxury unknown on any other sea. A hospital nurse who lately crossed to Boston and back in a fourteen-thousand-ton liner (the Cunard "Saxonia," twin ship to the "Ivernia") was particularly struck with the effects of the voyage upon some of the passengers who were suffering from various forms of nervous trouble, generally accompanied by insomnia. These ships are not among the fastest of the line, taking about eight days from Liverpool to Boston, so that there was time to observe the effects of the voyage; moreover the question was not complicated by seasickness, as the "Saxonia" and "Ivernia" never develop motion enough to have the "fiddles" or storm-racks laid on the tables. The cold was by no means as trying as that on land, the air being extremely bracing and pure, so that most of the passengers were oftener on deck than in the warm saloons and libraries. The invalids in a day or two found themselves able to sleep with an unbroken profoundness only known at sea, and appetites increased with every meal. On ships of this magnitude, golf, cricket, and many other active games can be played at almost any time, and they are to be decidedly recommended, from a health point of view, to all who feel equal to the exertion. A warning against over-eating is necessary, as the keenness of an ocean appetite is not always the safest guide in the case of a traveller voyaging to recover health; and the number of meals served on liners of this class may be considered rather elaborate and excessive, from a medical point of view. On the whole, the North Atlantic "cure" seems to be surprisingly effective and rapid. The almost surgical purity of the atmosphere has probably much to do with this; the absolute freedom from worries of the land a good deal also, but the air is really the main thing. It is concentrated life and energy; there is nothing on land to compare with it.

The Treatment of Typhoid Fever by Bilberry.

MANY and varied attempts have been made to cope with the specific cause of typhoid fever by means of intestinal antiseptics. They aim at introducing into the intestines bactericidal agents in such form and of sufficient strength as to destroy the typhoid bacilli, or, at least, to arrest their development and stay their dissemination. The search for a convenient and effective disinfectant or antiseptic has been arduous, and in the course of the quest the praises of many bodies have been loudly proclaimed. Chlorine water, salol, naph-

thalin, *A*-naphthol and *B*-naphthol, iodoform, calomel, and others, either in simple substance or more or less complex combination, have been employed. And now Dr. Bernstein, at the last meeting of the Hunterian Society, sings the praises of the common bilberry. His evidence, both clinical and bacteriological, is by no means convincing, but the result of his experiments, at least those carried out according to laboratory methods, seems to indicate that bilberries have as much right to be considered an intestinal antiseptic as many much advertised substances. But it is necessary to exercise much caution in drawing any conclusions from the results of investigations concerning the action of drugs. There is no doubt that the conditions *in vitro* are not comparable with those prevailing in the intestinal canal of the living subject. We certainly think that at present it is wisest to assume a doubtful attitude towards the treatment of typhoid fever by antiseptics. And we are sceptical as to the likelihood of any such being ever available. It must be remembered that typhoid fever must be considered a general disease. The organisms have been found in all parts of the body, and even isolated from the rose spots, and hence to focus attention on the intestinal tract is to take a very restricted view. It is, of course, quite possible that some of these so-called intestinal antiseptics may sometimes be of some benefit in lessening or even arresting fermentative changes, but there is certainly no satisfactory evidence that they are of any service in destroying the typhoid bacillus in the body, and hence to claim for bilberry or any other substances specific virtues is to hinder rather than hasten the adoption of rational procedures in the management of this all too common infectious disease.

Psychical Research.

MEDICAL men have numerous and peculiar opportunities for making excursions into mental, psychological, and psychical regions. To these Sir Oliver Lodge's brilliant presidential discourse to the Society for Psychical Research will open up many new paths deserving of exploration. Principal Lodge, as a distinguished physicist, approaches psychical investigation in the truly scientific spirit, and seeks to imbue all workers with a like incentive. Sir Oliver, at last Friday's meeting, was able to present ample evidence of the seriousness in which he approaches the perplexing problems connected with psychical research, for he announced that an endowment fund had been started which already amounted to £2,000; and it is proposed, as soon as a capital sum of £8,000 has been attained, to offer a research scholarship in psychical science, the holder being elected irrespective of sex or nationality, and devoting his or her time to the work of psychical investigation. Although so-called psychical manifestations are viewed askance by many, and not a few prejudiced and shallow minds seek delight in vulgar scoffing, there seems no good reason to deny the possible utility of such studies as Sir Oliver Lodge desires should be carried out, and we are glad to see that there is a possi-

bility of subjecting many points now in dispute to careful experimental investigation.

The Mental Borderland.

THE borderlands are ever the battlefields, be they territorial, moral, or intellectual. The lawyer and the physician are constantly disputing regarding boundaries, limitations, and definitions. The Lunacy Act recognises the lunatic as being a person of unsound mind, which, of course, is perfectly correct; but, unfortunately, the Commissioners and lawyers generally are slow to recognise that the reverse proposition is not necessarily correct, and that everybody of unsound mind is not a lunatic. Dr. G. H. Savage insists on the fact that much is needed before our lunacy legislation will even approximate perfection. It is not to be expected that the definitions of lawyers and doctors will ever agree. The former are always hankering after a "sign" while the latter insist on denying the application of a hard and fast definition of insanity. Insanity is peculiarly a relative condition, so that what is sane in one man is insane in the conduct of another, and what may be sane at one period of our lives would be insane at another. Insanity always connotes unsoundness of mind, but unsoundness of mind certainly does not connote legal insanity. The sooner this fact is realised by those responsible for the carrying out of the law the better for the patients and the better for those who care for them.

The Constitutionally Unemployed.

PUBLIC attention is largely occupied just now with the problem of relieving the distress of the unemployed, and we note everywhere a desire to distinguish as far as possible between the "genuine unemployed" and the large proportion of poor who are mentally or physically incapacitated for steady work. From both the social and medical points of view, the latter are a much more interesting class than workmen who are merely "out of a job." To be born with a rooted distaste for honest work or with a constitutional incapacity for physical exertion, is obviously a much more serious matter than to be temporarily unable to find work to do. In the former case the evil is ephemeral, whereas in the latter it renders the afflicted useless members of the community. We may leave it to the State and to municipalities to cope with the problem of finding work for the unemployed of the able-bodied, willing class, but it would be folly to persist in ignoring the grave problem of how to deal with the other class. These are always with us, be the state of the industrial market what it may. They furnish a large contingent to the criminal classes from sheer inability to live by honest means. To deal fairly by them we are constrained to regard a chronic indisposition to work as a mild form of mental aberration closely allied to physical enfeeblement, and calling for special measures. Apparently the only way of eliminating this distressful class from our urban population would be by the formation of industrial colonies, but the technical difficulties in the way

of organising such colonies by any process of selection are enormous, and have so far paralysed the efforts of philanthropic individuals in that direction. Still, something of the kind must sooner or later be attempted, and the dreary processions which have of late cast a gloomy shadow over the thoroughfares of the Metropolis are serving the purpose of bringing home to the more fortunate and better gifted the terrible element of danger which lurks more or less unperceived in these aggregations of the unfit. Our duty as Christians is to strive to relieve the wretchedness of the *debiles* and our interest as members of the body politic should impel us to take steps to educate, train, and, if necessary, maintain, those who are unfitted to play a useful part in the struggle for existence by physical or intellectual incapacity.

The Colour Cure of Insanity.

THIS cure was tried as far back as 1897, and Dr. Monette, at Ward's Island Asylum, is using it now for insanity. Only the primary colours are employed, and the patient is so surrounded by an atmosphere of that particular colour deemed best by the physician for his particular case that its vibrations act upon him. The walls, furniture, and shades of a room are painted a certain colour, so that the patient is submerged in the one colour. Black and complete silence are employed for those suffering from acute mania, red is employed when melancholia is being treated (everyone knows the cheering effect of red). Then there are violet rooms for the milder forms of insanity, blue and green rooms for the boisterous, and white for those who are most normal. The patient is treated in three grades of colour rooms, and the result is said to be most beneficial. It is also being used for nervous prostration by some American doctors. Our asylums would soon cease to be overcrowded if the heads of them could be brought to believe that the upholsterer and paperhanger are the chief factors in what would certainly be a cheap cure.

The International Medical Press Association.

WE publish elsewhere a letter from the chairman of the provisional committee of the British Medical Press Association, calling attention to the formation of an association of the British medical press to co-operate with the international committee in bringing about a really international organisation of those engaged in medical literary work. The proposal was first mooted at the International Medical Congress at Rome, but the first steps in the direction of organisation were not taken until the Congress in Paris in 1900, consequent upon which twenty-eight delegates met at Monaco in April last at the invitation of the Prince of Monaco to discuss the rules or statutes of the proposed association. After considerable discussion certain principles were agreed upon to serve as the basis of organisation. In all cases it is the scientific and literary side, and not the commercial aspect, of medical journalism that is to be represented at, and form part of, the international association.

The members will be required to undertake to respect the conventions for the protection of literary copyright, to facilitate exchanges of publications and to pay their subscriptions to the international treasurer. For the current year the subscription per nationality only amounts to sixty francs. The Association is governed by a permanent committee consisting of the members present at the Monaco conference, subject to re-election at each general assembly which will take place shortly before each international medical congress. It is hoped by this means to obtain that medical journalists shall no longer be isolated individuals, but will have an international and representative organisation, from which they can obtain assistance when required, and the adhesion of all who are interested in medical journalism is invited with this object in view.

The Fee for Public Vaccination at Home.

A FEE of seven shillings and sixpence for vaccinating a child at his own home cannot be considered exorbitant in view of the trouble which such domiciliary visits entail, but a very wide construction has been placed on the term "home," and it has become necessary to define with more precision exactly what it is intended to convey. The question came to the front the other day at Kingston-on-Thames, where the amount of the public vaccinator's bill was challenged by a local ratepayers' association, and the Government auditor's attention was drawn to the scale of fees charged in respect of a number of men employed at the waterworks who had been vaccinated on the premises. These had been charged as home vaccinations, but the auditor held that the lower scale of fees, viz., half a crown, was payable when the person was vaccinated at the vaccinator's surgery "or elsewhere than at the patient's home," consequently the charges would have to be modified accordingly. There may be special circumstances under which vaccinations carried out on private premises, other than the public vaccinator's residence, ought to be paid for at the higher rate, but, as a general rule, it must be conceded that vaccinations *en masse* performed at factories are adequately remunerated by the lower fee. In the absence of a decision, however, it was only natural that the higher fee should have been asked, and, as matters stand, it is not unlikely that the auditor's dictum may be challenged.

Toxic Resistance to Anæsthesia.

EVERY anæsthetist is aware of the fact that the induction of anæsthesia in persons addicted to the abuse of alcohol presents special difficulty. The habitual ingestion of alcohol in excess appears to induce a condition of the nervous system which renders it more or less refractory to the influence of most anæsthetics, the stage of excitement being unduly marked and prolonged. Dr. Hewitt points out that over-indulgence in tobacco determines a very similar state, and in some instances these two vices, associated as they so frequently are,

render the subject virtually refractory to the induction of anæsthesia. These are factors which have to be reckoned with in anæsthetic practice, and if the subject were closely investigated there is little doubt that accidental toxic conditions of this sort would be found to be responsible for a tolerably large proportion of the accidents under anæsthetics. It is worth noting that the resistance thus developed is not limited to any one anæsthetic but extends to them all—nitrous oxide, ether and chloroform alike, so that an alcoholic subject, in addition to the diseases specially predisposed to by his habit, comes on the operating table under circumstances vastly less favourable than the average surgical patient.

• Is Appendicitis in Fashion ?

THE editors of medical journals do not lay claim to the prophetic instinct more than their fellows of the lay Press, but the editor of the *Journal of the American Medical Association* ventured some time ago to foretell that the fact of the King having been operated upon for appendicitis would lead to a "boom" in this department of surgery. In a number recently to hand he claims, on what appears to us to be very slender grounds, to have obtained the realisation of his prophecy. They may be better informed in America than we are here, but we are not in possession of any information which would lead us to suppose that such operations have of late increased in frequency. Even if they had the inference that would suggest itself is that the courageous example of his Majesty may have induced the victims of this lesion to submit more readily to the only effectual remedy than was the case previously. The fact that appendicitis is now very common, whereas a quarter of a century ago it was unknown, is evidence merely of improved diagnosis, and, as a corollary, more accurate nomenclature. Under the circumstances we must with regret refuse the gift of prophecy to our contemporary.

The Pathogenesis of Puerperal Insanity.

THE possibility that the peculiar form of insanity which develops in connection with labour and the puerperium may be due to the presence of toxins in the blood of the victim has received a certain amount of attention of late years, but the hypothesis does not appear to repose on any serious scientific basis. It has not been shown that puerperal insanity is essentially different from forms of mental aberration which develop under other conditions in the absence of puerperal stimuli. There is, on the other hand, every reason to believe that the puerperal state is merely the accidental excitant which reveals a lack of mental equilibrium, it may be, previously unsuspected. Nevertheless, an investigation into the personal and family antecedents of the victims almost invariably demonstrates a constitutional predisposition to mental instability, and this is, after all, what one would expect. Under these circumstances it can hardly be a question of its prevention, and our interest is concentrated on its diagnosis

and treatment. With regard to treatment there can be no room for difference of opinion as to the extreme importance of placing the victims of puerperal insanity in special institutions, the irritating effect of the normal environment being one of the most salient features of these attacks. The diagnosis is by no means easy, that is to say, the conscientious practitioner is often at a loss to define the exact degree of mental instability which would justify sequestration, and he is consequently prone to adopt an expectant attitude which opens wide the door to disastrous eventualities. Our knowledge in this respect has not been markedly increased in spite of the attention the subject has received. Failure of appetite and sleeplessness must still be regarded as the principal warning symptoms which ought to place the practitioner on his guard, and in presence of these premonitory symptoms it behoves him to take steps, short of instant removal, to secure the safety of his patient and of the child.

Annual Dinner of the British Gynæcological Society.

SIR JOHN HALLIDAY CROOM (President of the Royal College of Surgeons, Edinburgh) occupied the chair at the annual dinner of the British Gynæcological Society, held on Thursday last, at the Café Monico, London. The usual loyal toasts having been honoured with due ceremony, and Dr. Clement Godson having proposed the toast of "The Visitors," in which he complimented the ladies, who were present in considerable numbers, Dr. Eden utilised the opportunity of his replying to the toast by relating how his old teacher, Sir John Halliday Croom, used to delight his students with aphorisms that lived in the memory of all who heard them. The President of the North of England Obstetrical and Gynæcological Society (Dr. S. Buckley) gave the toast of "The Society." The attractions, he said, to attend the Society's meetings were threefold: imparting knowledge, gaining knowledge, and the promotion of good fellowship. Sir John Halliday Croom, in replying, delighted his audience with a witty and humorous speech. Dr. Macnaughton-Jones next gave the toast of "Universities and Medical Corporations," in which he expressed regret that the Queen's University in Cork had ceased to exist. He proudly declared that the Queen's University in its thirty years of life had trained as many famous servants of the State as any University in the Kingdom, and he named the late Sir William MacCormac as a brilliant example of the type of man Cork University had produced. He evidently was voicing the opinions of his audience when he eloquently delivered himself of the opinion that a University that was a mere examining board could never become a real University capable of developing character in its graduates. Mr. W. Parson (Master of the Society of Apothecaries of London) and Dr. F. F. Schacht having responded to the toast, were followed by Dr. Heywood Smith, who gave the "Sister Societies." This was duly acknowledged by Mr. Howard

Marsh (President of the Clinical Society of London). A very excellent programme of music contributed greatly to the enjoyment of the evening, and much praise is due to the efforts of the hon. secretaries, which resulted in such a successful function.

Mr. Troutbeck Again to the Fore.

THE ways of Mr. Troutbeck are past understanding. On his own showing the services of Dr. Freyberger, erroneously described as pathologist to the London County Council, were only to be requisitioned in "special cases," but Mr. Troutbeck's notions of special circumstances are exceedingly elastic and vary accordingly. At an inquest held last week on the body of an infant, who, it was suggested, had succumbed to the effects of improper feeding, he confided the post-mortem examination to his pathological acolyte instead of asking the medical man in attendance to fulfil this task. He was good enough to intimate to the practitioner that he might attend as a witness, but was rewarded by what he described as a very impertinent letter "protesting against his (the coroner's) action in not calling him in to be a judge of his own case." Mr. Troutbeck enlisted the sympathy of his jury by insisting on the extreme importance of obtaining unprejudiced evidence, thereby implying very clearly that the practitioner's evidence would not have been unbiassed. This is only another instance of Mr. Troutbeck's willingness to cast aspersions, utterly unwarranted by facts, on medical evidence, and is not unlikely to lead to further developments. It would be absurd to pretend that Mr. Troutbeck's reckless remarks threaten the honour of the profession, but they are certainly calculated to give rise to a most undesirable amount of friction.

Indian Army Anecdotes.

AN interesting article on some former worthies of the Indian Medical Service appears in the current number of the *Navy and Army*. The serious aspects of the service are left untouched and the writer devotes himself to several pleasant anecdotes of medical men he has met during a long stay in India. He starts by noting the decease of that Dr. "Dado" to whom Sir William Hooper referred in his address to the Lieutenants of the Indian Medical Service at Netley a short time ago. Dr. "Dado" was devoted to a certain reliable pill of his own composition, and in his hospital rounds was invariably accompanied by an orderly who carried a box of them. The doctor gravely listened to each sufferer, but no matter what the complaint, his remedy was similar. The summary of woes over he would turn to the orderly—"Dado" (*Hindustani give*), and the treatment of the case was complete. The writer has a kind word for most of those whom he mentions. Surgeon-General Sir Anthony Home, V.C., even though he and Lady Home not infrequently confronted their callers with an intimation that "they did not desire to extend the circle of their acquaintance," still had "heaps of professional enthusiasm," and was the most

retiring man the writer ever met. As a contrast to Sir Anthony, the story of an Irish medical man is told who took it into his head to chaff a visitor, a major in a native infantry regiment, on being an "impartial rider"—"impartial as to what part of the animal ye ride on," and whose chagrin was deep on learning that his victim was one of the best steeplechasers in India. Captain Wheeler's article will doubtless recall pleasant memories of old times to many of his readers.

The Resignation of Mr. Austin Meldon.

THE resignation of the Surgeoncy of Jervis Street Hospital by Mr. Austin Meldon has been received with much regret by the managing committee. Mr. Meldon has held the position since 1867, and during this period had been the recipient of many honours. He was president of the Royal College of Surgeons on more than one occasion, President of the Irish Medical Association, and a D.L. for County Dublin. He still holds the Consulting Surgeoncy of several institutions. His former colleagues on the Medical Board at Jervis Street Hospital, on learning of his resignation, unanimously resolved: "That the medical staff of Jervis Street Hospital do place on record their profound regret at the resignation of Doctor Meldon, D.L., and their warm appreciation of his services to the hospital and his colleagues through a long series of years." Mr. Meldon has been succeeded by Dr. Edward Stapleton.

A Hospital Without Water.

UNDER the above heading, the general newspaper Press has been flooded with descriptions of the circumstances attending a temporary failure of the water supply at a special hospital in South London. Proceedings at a local police court have not been successful in obtaining redress from the water company concerned, who successfully pleaded the influence of circumstances outside their control. It is questionable, however, whether their statutory obligations towards consumers would be dismissed with such apparent lightness in the higher courts. The police court proceedings, however, were peculiar in that the complainant was the senior surgeon of the special hospital in question, a gentleman who is also professor of ophthalmology in a leading school. His name and titles have been blazoned forth wholesale in the public newspapers in a way that must be most offensive not only to himself but also to his colleagues. We would suggest that the proper person to conduct police court proceedings on behalf of a hospital is the secretary, and not one of the honorary staff, who may by courtesy be supposed to be far too busy to run the chance of wasting many precious hours in a police court.

St. Bartholomew's Hospital.

THE mass of pointed criticism raised by the appeal for an extension fund on the part of the authorities of St. Bartholomew's Hospital has not been without its far-reaching effects. While the executive of that ancient charity denounced their

critics in unmeasured terms as ill-informed and hostile, they have nevertheless so far bowed to the storm as to appoint a special committee to consider the feasibility of changing the site of the Hospital. So far as can be judged, the composition of the committee is hardly wide enough to ensure a thoroughly independent and unbiassed report. In making that remark there is no intention whatever of reflecting on the individual honour and integrity of the distinguished gentlemen whose names appear on the committee in question. The issues at stake, however, are so great as to make it desirable in the interests both of the public and of the medical profession that they should be investigated by a body as far as possible representative of all important outside views. The great distributing funds, the other large hospitals, the City Corporation, the London County Council, the medical journals, the British Medical Association, the Medical Defence Union, and many other lay and professional bodies might not unreasonably claim a voice in the matter. In approaching the question of the decentralisation of hospitals, it is important that executive committees of these charities should bear in mind that they are the trustees of funds which it is their imperative duty to administer to the best advantage of the community at large. Any strong board of inquiry should secure the services of some legal luminary learned in the practical handling of evidence.

Unnecessary Heroism.

THE occurrence of a case of typhoid fever in the rural district of Stafford gave rise last week to a discussion as to the probable source of infection. Infection by oysters being *à la mode*, certain bivalves which the patient had eaten were incriminated, but Dr. S. Butler, the medical officer of health, discredited this view, and on visiting the shop whence the oysters had been procured himself ate a score thereof, thus conclusively (?) demonstrating their freedom from contamination. The example is not one which we can commend, for, if followed, many valuable lives would be quite unnecessarily sacrificed on the altar of science. Moreover, the test is notoriously fallacious, first because non-infection is no proof of non-infectivity, and, secondly, because the non-infectivity of one plate of oysters by no means demonstrates the innocuousness of a previous batch. The duties of medical officers of health include risks enough when carried out in accordance with precedent, and additions thereto are to be deprecated.

An Anti-Echinococcal Serum.

THE echinococcus does not belong to the group of parasites against which preventive or seropathic injections have hitherto given any noteworthy results, but Dr. F. Dévé, of Paris, has sought to turn to useful account the curious immunity of the guinea pig against inoculations with the scolex. After a number of experiments he states that he has succeeded in rendering a rabbit immune to such inoculations by injections of guinea pig serum, the rabbit usually being very susceptible to

infection. The experiment resembles too closely the attempt to confer immunity against tuberculosis by means of injections of goat serum for it to command ready acceptance; moreover, echinococcal infection is, under ordinary circumstances, such an infinitesimal risk that merely preventive measures possess at most a scientific interest.

Sleepy Railway Travellers.

THE ways of the average British railway traveller are certainly such as to suggest a lethargic nature to a casual observer. Whether by day or by night, it is his custom, if the journey be reckoned in anything beyond minutes, to close his eyes and nod his head and mimic, even if he doth not achieve the outward pose of slumber. For all that it may be taken as a fact that in most cases he is simply performing the essentially old-fashioned insular trick figuratively known as "sleeping with one eye open." The reasons that lead to slumber or its reposeful counterfeit on the part of the British day traveller are most likely of a complex nature. The conditions of railway travelling are not, as a rule, favourable to reading, especially if the traveller suffer from any abnormality of vision, however slight. The alternative of focussing one's eyes on the opposite side of the carriage or upon a row of uninteresting fellow travellers soon becomes irksome, and a ready escape therefrom is often afforded by the mere closing of the eyelids. Besides, the faculty of commanding slumber amid unfavourable surroundings may perhaps be regarded as an outward sign of the solidity of the national temperament. To sleep at any moment is undoubtedly a sign of physical soundness and Philistine sanity, especially in the matter of the brain and its functions. A physician would have little anxiety about the general condition of a patient who could sleep at will on a railway journey. In these days of hurry and bustle there could be no more encouraging sight to the philosopher than a railway carriage at noonday full of sleepy passengers.

THE eleventh International Congress of Hygiene and Demography will be held in Brussels from the 2nd to the 8th of September next, under the patronage of the King of the Belgians. The Secretary-General of the Congress is Professor Dr. F. Putzeys. All information and programmes can be obtained from Dr. Paul F. Moline, 42, Walton Street, Chelsea, S.W., the Hon. Secretary of the British Committee.

PERSONAL.

DR. H. RADCLIFFE CROCKER will deliver the Lettsomian Lectures of the Medical Society of London, beginning on February 16th.

SIR HENRY G. HOWSE, President of the Royal College of Surgeons of England, will deliver the Hunterian Oration on Saturday, February 14th.

PROFESSOR E. VON BERGMANN has been elected President of the Berlin Medical Society, in succession to the late Professor Virchow.

DR. T. G. BRODIE has been appointed Professor Superintendent of the Brown Animal Sanatory Institution, in succession to Dr. J. Rose Bradford, F.R.S.

LORD ROBERTS is to be admitted to the Honorary Fellowship of the Royal College of Surgeons of England at the Hunterian Festival Dinner on February 14th.

PROFESSOR DANIEL CUNNINGHAM is mentioned as the probable successor to Sir William Turner in the chair of anatomy at the University of Edinburgh.

SIR WILLIAM CHURCH, President of the Royal College of Physicians, has promised to preside on Wednesday, March 4th, at the annual meeting of the After Care Association for Poor Persons Discharged Recovered from Asylums for the Insane.

DR. A. S. F. GRUNBAUM has been appointed director of the Institute for Cancer Research so largely due to the munificence of Mr. Sutton Timmis, of Liverpool. The work is to be carried on in connection with the University College and the Royal Infirmary.

MR. EDWARD FITZGERALD STAPLETON, M.D., has been elected Surgeon to Jervis Street Hospital, Dublin, to fill the place rendered vacant by the resignation of Mr. Austin Meldon, F.R.C.S., D.L., to which we have referred in another column.

SIR WILLIAM TURNER, K.C.B., F.R.C.S., F.R.S., the new Principal of Edinburgh University, was formally inducted on January 31st, at a meeting of the Senatus. The proceedings were private. Professor Crum Brown, as Senior Professor, presided, and Professor Chrystal, as Senior Dean, presented the new Principal to the President. The formal ceremony having been completed by Professor Sir Ludovic Grant, Secretary to the Senatus, reading the commission appointing Sir William Turner to the Principalship, his late colleagues in the Professoriate cordially welcomed their new Principal.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

ENDOWMENT OF RESEARCH BY THE CARNEGIE TRUST.—It is reported that the trustees, having dealt with the two primary objects for which the fund was instituted—the payment of fees, and the better equipment of the universities in matters connected with teaching—have now under consideration what is a necessary corollary and extension of the second of these objects—the endowment of scientific research. It will be remembered that after providing for some of the demands made by the universities, the trustees still retained in their hands a part of the income of the trust, and it is to be presumed that some of this, at least, will be devoted to endowing original workers. According to the London correspondent of the *Scotsman*, who is seldom incorrectly informed, the project of the executive committee will probably be approved by the general body of the trustees, and will be made public during the present month. It is not intended to create Fellowships, which will be a source of maintenance to the fortunate holders, but rather to make grants which, while sufficient for adequate study, are not so large as to tempt the possessors to cling to them for a livelihood. Carnegie Fellows will not be selected by competitive examination, but will be chosen by the trustees, so that

these Fellowships will in no way compare with the majority of other university awards. The candidates will have to show their university record, and state the work they propose to pursue. The conditions of granting the endowments will be as little rigid as possible, and subject to the periodical reports which the Fellows hand in being satisfactory, the fullest liberty will be given as to where the research is to be carried out. A second and minor class of scholarships is also contemplated, the holders of which will be graduates connected with the university classes. It will be a matter for regret if, as stated, the extramural schools do not participate in the scheme, though no doubt most of the students of these schools intend graduating at the universities, and so will be eligible for election to a Fellowship.

In regard to the security of the Carnegie Fund, it should be recollected that though fluctuations may occur in the Steel Trust stocks, the endowment consists of debentures, which are never publicly offered, and are secured on great blocks of property.

OVERCROWDING OF EDINBURGH POORHOUSE HOSPITALS.—This question came before the Parish Council recently on the receipt of communications from the Local Government Board, and it was ultimately decided to provide additional buildings at Craiglockhart for the accommodation of pauper patients. The mover of the motion which became the finding of the committee approved generally of the plan of having temporary wood and iron structures instead of permanent stone buildings. In the discussion it appeared that numerous phthisical patients were distributed among the general wards because there was not space for all in the ward reserved for such cases. One proposal, therefore, was that a separate building to accommodate forty or fifty phthisical cases should be provided, while another speaker advocated a children's ward. The only other suggestion in the way of obviating the difficulty was that many chronic patients should be sent to other poorhouses throughout the country.

PLAGUE OF RATS IN EDINBURGH.—It is stated that the business premises in Prince's Street are invested with rats, which have gained entry from the gardens opposite. The nuisance has increased greatly since a bank of ivy was planted some years ago on a terrace which slopes down from the street to the gardens. This ivy affords an excellent shelter and breeding place for the vermin, which burrow their way to a disused drain, and thence to the shops, hotels, and private houses opposite. The Corporation have been asked times and again to move in the matter, the remedy suggested being to remove the ivy and plant grass, but have shown no inclination to take any steps, while the sufferers are naturally averse to making their grievance public. Apart from the nuisance which the depredations of the animals create, the more remote dangers to which their presence in unchecked numbers may give cannot be denied, and it cannot be forgotten that only two years ago a large hotel in Glasgow had to be closed because of the occurrence in it of a series of cases of plague. Though, happily, such a thing is almost beyond the limits of possibility now, if it did occur the existence of this swarm of rats would greatly enhance the difficulty of checking it. It is, therefore, to be hoped that steps will soon be taken to avert what bids fair to become a public scandal.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

BELFAST MATERNITY HOSPITAL.—An election was held last week for the post of senior physician, rendered vacant by the resignation of Dr. Brice Smyth. There were a large number of applicants for the post, to which Professor J. W. Byers was elected. It is said that the committee of the hospital, being anxious to strengthen their teaching staff, invited him to apply, so that his election was a foregone conclusion.

THE HOSIER GREEN CONSUMPTION HOSPITAL.—We regret to find that this excellent institution is not being as liberally supported as it should be, and from the report we learn that the year closed with the balance on the wrong side. Subscriptions from the City of Belfast are both numerous and large, but from the different Ulster counties, from which the hospital receives patients, there is no corresponding list of subscriptions. If the country gentlemen acted in the same generous spirit as the Belfast citizens, the support afforded would be sufficient to not only enable the full capacity of the building to be availed of, but it would enable the governors to enlarge the buildings and establish more beds. The value to the community of a sanatorium where incipient tuberculous cases could be sent is very great, both from a financial point of view and from a sanitary one. A healthy people make little demand on the taxpayer, in the ranks of commerce as in those of the army it is the sick and broken-down soldiers that run up the expense. The best friend of commercial industry is preventive medicine, and next to preventive measures are the sanatoria that restore the bread-winner to their families and homes.

Correspondence.

CORONERS AND POST-MORTEM EXAMINATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is one reason which is in favour of the appointment of a pathologist by the London County Council which is not considered in your article of last week. I had opportunities of judging of it from the post-mortem work I took an interest in when Lecturer on Pathology and Forensic Medicine to the Westminster Hospital, and Mr. St. Clair Bedford was good enough to discuss the question of inquests with me. The reason I refer to is the risk that practitioners run when they have midwifery and surgical practice which requires care, and above all things, the avoidance of handling the dead body. It frequently occurred to me to be asked to share the £2 2s. fee in inquest cases, where my object was to have a subject for lectures to students and questions of forensic interest were involved. It appeared to me then that it would really be of advantage if a pathologist had the post-mortem to do, much as the analysis in poison cases is handed over to chemists.

I am, yours truly,

ROBERT LEE

39, Gunterstone Road, W., February 1st, 1903.

ASSOCIATION OF THE BRITISH MEDICAL PRESS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—A proposal was made some time ago on behalf of the French medical press for the formation of an International Association of the medical press. A provisional committee was formed in this country under my chairmanship. This committee was represented at a conference held at Monaco in April, 1902, under the presidency of Professor Cornil to settle preliminary details. The regulations then adopted have recently reached this country and the provisions proposed seem on the whole expedient and reasonable. An association of the British Medical Press has therefore been formed to co-operate with the International Association.

The editor of any British journal devoted to medicine who may wish to join this association or desires further information on the subject should communicate with Mr. L. E. Creasy, Editor, *The Clinical Journal*, 35A, Welbeck Street, Cavendish Square, London, W.

I remain, Sir, yours faithfully,

THOMAS WAKLEY, JNR.,

Joint Editor of *The Lancet*.

January 27th, 1903.

Laboratory Notes.

ODIN VEGETABLE EXTRACT.

(Prepared by the ODIN SYNDICATE, LTD., 31, Eagle Wharf, New North Road, London, N.)

THIS preparation, which is purely a vegetable one, has a remarkable similarity—both in chemical composition and in its physical characters—to the best types of meat extract. We have had the opportunity of making a personal visit to the works where this article is prepared, and are able to testify to the care and scrupulous cleanliness observed in manufacture.

No preservative is employed, but the extract will be found to keep well even in tropical countries. Its high degree of concentration and consequent portability render it very suitable for expeditions, and the ease with which a palatable and nourishing soup may be prepared by its aid will render it invaluable to foreign travellers.

On analysis we have obtained the following results:—Moisture, 20.0; total solid matter, 80.0; mineral matter, 20.1; total nitrogenous matter, 37.0. The mineral matter was rich in phosphates.

From these figures it will be seen that it bears a strong resemblance in composition to the best meat extracts, and no doubt is equal to them in stimulating and nourishing qualities.

We can confidently recommend this preparation to our medical readers, by whom samples may be obtained on application to the makers.

Lunacy Department.

THE TREATMENT OF INCIPIENT INSANITY.

EDINBURGH Parish Council, at a recent meeting considered a report by the clerk on the observation wards in Barnhill Poorhouse, Glasgow, for the treatment of cases of incipient and temporary insanity, and came to the conclusion that there was no necessity meantime for altering their present arrangements.

Edinburgh Royal Infirmary treats such cases, while the Glasgow infirmaries do not, and this perhaps accounts for the Glasgow parochial authorities dealing with them.

While the number of Glasgow cases treated in the observation wards in the course of 1900 and 1901 amounted to 248 and 212 respectively, similar cases treated in the Royal Edinburgh Infirmary amounted to 337 and 316.

Out of all these cases in Edinburgh only 34 in each year were handed over to the parish and sent to the asylum, which demonstrates the success of this treatment of incipient insanity.

The method adopted by the Glasgow authorities saves the patient from the stigma of having been treated in an asylum, while the Edinburgh method goes one better, saving them also from the stigma of pauperism.

EDINBURGH LUNACY BOARD.

A MEETING of this Board was held on the 19th ult., and the proposal to construct five villas of wood and iron at Bangour, as recommended by the General Board of Lunacy, was again discussed. One member compared this step to putting "the cart before the horse," and referred to these buildings as "death traps," and thought the Board were taking the proper proceedings to reduce the number of lunatics.

He could not see the necessity for pushing the matter so quickly, thus displaying total ignorance of the true state of affairs, as there is every reason for all speed. His remarks were foolish with the exception of his reference to the material used in building being inflammable. Its nature is of a composite wood and iron character, and the interior covering is composed of a peculiar papier-maché composition, and there is no doubt the risk of fire is very great, especially with open fire-places. The asylum committee had visited the

Glasgow district asylums and inspected similar buildings recently constructed there, and were highly satisfied with the result of their visit.

We think the Board have decided wisely in resolving to erect this style of building, as the rapidity of its construction is a weighty essential, considering the unfortunate position into which they have brought themselves.

LUNACY IN NEW ZEALAND.

THE report of the Inspector-General for 1901 on the lunatic asylums of this colony is interesting and worthy of notice. It enlightens us as to the treatment of the insane in that country, and enables the statistician to compare the results with those obtained in this and other countries. The number of registered insane persons on December 31st, 1901, was 2,773, an increase of 101 over the previous year, and the proportion of the total insane to the total population was 3.34 per 1,000. The cause of insanity in 15 per cent. of the admissions was attributed to alcoholic excess, and to congenital and hereditary in 16 per cent. The percentage of deaths on the average number resident during the year was 6.41, as compared with 5.61 for the previous year. The table showing the causes of death presents nothing exceptional. In 14 and 12.6 per cent. of the cases respectively death was due to general paralysis and phthisis. The percentage of recoveries to admissions was 42.17, and this must be regarded as satisfactory. The average total cost per patient was £27 12s. The report includes reports by the various medical superintendents and entries of visits of the inspector to the different asylums, together with the usual statistical tables.

Auckland Asylum.—Dr. Beattie again draws attention to the urgent need for increased female accommodation. Unfortunately the asylum population consists of a very large number of female refractory patients, and the accommodation for this class is quite inadequate. The number of patients has increased from 487 to 515, and the admission rate continues high. The general health has been good, though four cases of typhoid fever occurred. A new male hospital wing has been opened. The inspector records his admiration for the results of Dr. Beattie's admirable energy and devotion.

Wellington.—During the year 107 patients have been admitted, and here also there is a cry against congested accommodation. The recovery rate is very satisfactory; of the males, 57.9 per cent. recovered, and 57.8 of the females. The percentage of death to admissions was about 15 over all. The question of morality and heredity, as it bears on insanity and criminality, has been forcibly thrust upon Dr. Gow by a case admitted, and the statement he gives concerning her antecedents and progeny reveals a moral depravity so disgusting that we are appalled. The State should provide a remedy for such cases. There has been a good deal of dissatisfaction and changing amongst the staff, attributable to agitation for shorter hours and improved wages.

Sunnyside.—In referring to the admissions the medical superintendent observes that this asylum has become a dumping-ground for defective troublesome children and old people in their dotage, and that a very large proportion of the admissions are most unfavourable as regards recovery, rendering the asylum more of an almshouse than a hospital for the insane. This abuse, he also says, is becoming more aggravated each year. Dr. Levinge's remarks are, unfortunately, only too true, and many asylums in this country have a similar experience, and we believe therein lies the explanation to a great extent of the alleged increase of lunacy. There is certainly much need for reform in this respect, as many cases are sent to asylums which ought to be sent to the workhouse or other suitable institution.

Seacliff.—The admission rate has been high—141—and 70 more patients are accommodated than the cubic space warrants. This makes itself felt in an unduly

high death-rate, and in epidemics of influenza and measles. Fifteen, or 30 per cent. of the deaths were due to tuberculosis. The inspector states the overcrowding must be provided for elsewhere.

Poriru.—The admissions numbered 101 discharges, recovered 24, and deaths 21. Dr. Hassell refers also to the committal of helpless and infirm patients to asylums. He suggests for consideration the erection of a separate building for recent and curable cases, and a home for nurses.

Literary Notes and Gossip.

DR. JOHN C. M'VAIL contributes an article on the Vaccination Acts to *Nature* of January 15th.

DR. PFITZNER, of Strasburg, well known by his valuable anthropological studies, is dead.

SIR M. FOSTER, M.P., F.R.S., contributes "A Prospectus of Science" to the January number of *The Quarterly Review*.

UNDER the editorship of Dr. J. Reynolds Green Messrs. Dent and Co. are about to commence the issue of a series of works having the general title "English Men of Science." They will portray the part played by Great Britain in the furtherance of scientific work.

HITHERTO the employment of ocean travel as a means to preserve or restore health has been directed too much by mere empirical considerations. The scientific method, however, is doing much to secure a more reliable basis for selection and guidance, and the recent article on "Oceanography," by Dr. Hugh R. Mill (*Encyclopaedia Britannica*, Vol. XXXI., 1902), will prove of much service in furthering precise information and is rich in valuable references.

MR. T. P. WHITTAKER, M.P., has reproduced his Lees and Raper Memorial Lecture for 1902, on "The Economic Aspect of the Drink Problem." Although dealing principally with the economic standpoint of the so-called Drink Question it contains much respecting its medical and scientific aspects and affords useful and carefully compiled information regarding the hygienic and sanitary considerations of the subject. The pamphlet is one which should prove of value as a concise and convenient source of reference.

THE coming into force of the new Licensing Act and the action now taken by magistrates and various public bodies in regard to habitual drunkards has focussed attention on the question of inebriety and stimulated serious study as well as encouraged practical effort in dealing with the victims. The London County Council has established a reformatory for female inebriates at Farmfield, and the report of the Inebriates Acts Committee, now published, not only indicates the nature of the excellent work there being carried out but contains much of suggestive interest for all engaged in dealing with this unfortunate and difficult class of patients.

MESSRS. BARR AND SONS, of Covent Garden, have sent us their new seed "Guide" for 1903, and as they offer to forward it post free, doubtless many of our readers who live in the suburbs of large towns, or in the country, will be glad to possess it at the coming seed time. The compilers, having extensive seed and plant farms in Surrey, can, and do offer practical hints on floriculture, fruit, and vegetable growing, and as each item is arranged alphabetically, with useful cultural hints, and a list of novelties and specialities for the new year, its contents will delight the heart of the amateur gardener and assist him in his choice of what to plant and when to plant.

Medical News.

Medical Libel Case.

AT the recently held Cardiganshire Assizes an action was tried in which Mr. G. R. E. Bonsall, medical officer of the Aberystwyth Union Workhouse, claimed damages for libel from the editor of the *Welsh Gazette*. It appeared that Mr. Bonsall had operated upon a woman, who subsequently died after an operation had been declared to be unnecessary, or, at any rate, undesirable, by the medical staff of the infirmary, the inference being that he had performed an unnecessary operation and had thereby accelerated the death of the patient. In the box Mr. Bonsall proved anything but a good witness, but in spite of his shortcomings in this respect the jury had no hesitation in returning a verdict in his favour with £10 damages. We will do newspapers the justice to say that it is very rarely that they wantonly throw such grave aspersions on medical men, who, even when mistaken, are never animated by any other object than the welfare of their patients.

Adjustable Stretcher Cover.

MAJOR R. CALDWELL, F.R.C.S., D.P.H., R.A.M.C., has devised an adjustable stretcher-cover having for its object to prevent the contamination of stretchers occupied by persons suffering from communicable diseases. It consists of a waterproof sheet of sufficient dimensions to cover all parts of the stretcher, including the pillow, which are likely to be brought into contact with the patient. It is furnished at each corner with tapes and buckles, by which it can be fastened to the stretcher handles and so secured against displacement. It can be readily adjusted, promptly removed, and easily cleansed or disinfected. It is manufactured by Messrs. Evans and Wormull, Stamford Street.

Fatal "Hot" Baths.

EVERY year a small but unfailling number of cases of deaths from scalding in baths are reported with remorseless certainty of recurrence. The facts of this class of tragedy are few and simple as they are absolutely preventable by the exercise of a modicum of common sense. The latest occurrence of this kind was investigated at an inquest held last week at Walthamstow, Essex, the deceased being an infant eighteen months old, who was brought to one of the female officers of the Salvation Army Home. With the aid of another officer the first mentioned procured a hot bath into which the child was plunged, on the assumption that it was "going into a fit." When in the bath the child suddenly began to "draw its breath," and on being taken out of the bath "the skin began to peel off the legs." The temperature of the bath was not tested before use. Amateur doctoring and nursing of this description is not altogether uncommon amongst philanthropists. We would suggest that in future the Salvation Army train their officers of Homes in ordinary ambulance work, and make it a standing rule to summon a medical man in cases of sudden sickness as well as to test the temperature of all baths both by thermometer and by the elbow of the attendant.

Zymotic Diseases in London.

There are at present only five patients suffering from smallpox under treatment in the hospitals of the Metropolitan Asylums Board. There are still 3,217 patients suffering from scarlet fever and diphtheria, but this figure shows a diminution on the number for the previous fortnight. The Gore Farm Convalescent Hospital is now practically closed.

An Unlicensed Private Lunatic Asylum.

A London magistrate last week fined a man named Albert William Gibbs, of Upper Holloway, for taking charge of an alleged lunatic in an unlicensed house. There were four inmates in all, two men and two women, but none of them were certified as mental cases. There was no attempt to show that the house was not cleanly and well appointed, or that it was not properly conducted. The defendant, however, had most clearly

exposed himself to the prosecution instituted by the Commissioners of Lunacy. Under the circumstances he may consider himself fortunate in escaping with the extremely light penalty of £5 and £5 5s. costs. Were this sort of thing permitted the thin end of the wedge might be inserted for the revival of the worst abuses of the liberty of the individual that look place in former times. In the interest of every one of his Majesty's subjects it is evidently necessary that absolute official supervision should be maintained over every individual kept under restraint for real or suspected lunacy. There is no doubt something to be said in favour of an elastic treatment of "borderland" cases, but that does not by any means imply that such patients may be withdrawn from the jurisdiction of the Commissioners. A thorough remoulding of the Lunacy Laws would be advantageous to most persons concerned. A flagrant abuse of lunacy law is to this day witnessed in Austria, where perfectly sane members of the Royal Family can be locked up for the rest of their lives and treated as insane if their presence be not acceptable at Court.

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 the 28th ult., with the following results:—

First Examination—4 years' Course.—Henry Gordon Campbell passed the examination.

First Examination—5 years' Course.—Of 17 candidates entered the following nine passed the examination:—Scott Jackson Stenhouse, Nena Beatrice Ievers, George Isles Swanson, Hugh McIlroy, Thomas McClure, Alexander Paul Dias, Arthur Patrick O'Connell, Duncombe Steel-Perkins, and Thomas Campbell Dykes, and three passed in Physics, three in Elementary Biology, and four in Chemistry.

Second Examination—4 years' Course.—Of four candidates entered the following three passed the examination:—Angus Calder Mackay Macrae, James Henry Allan, and James Sydney Cooper.

Second Examination—5 years' Course.—Of twenty-two candidates entered the following nine passed the examination:—William Barclay, Capel Geary Dyer, Thomas Percy Cox, Robert Wearing, Samuel Ethelbert Mangénie, Narinda Singh Sodhi, William Watson, Sohrab Shapurji Antia, and Daniel Colin McNair, and two passed in Anatomy.

Third Examination—5 years' Course.—Of twenty-nine candidates entered the following fifteen passed the examination:—Solomon Newmark, Andrew Sergeant McNeil, George Arthur Charter, Charles Richard Whittaker, James Walsh, James Augustus Robertson, John Forbes Webster, L.D.S., Ernest Howard Edward Coghlan, Elizabeth Saunders Graham, Alfred Lionel Johnston, Malayampakhum Rajabahdur, Sidney Percival Joseph, John David Jones, Charles Stewart Hunter, and Rudolf Baranov, and three passed in Pathology.

Final Examination.—Of eighty-seven candidates entered the following thirty-seven passed the examination, and were admitted L.R.C.P. and S.E. and L.F.P. and S.G.:—Solomon Newmark, William Henry Burnhill, Walter Bartlett Chapman, John Lewis Maitland Govan, John O'Regan, Charles Mackie Begg, Lewis Beesly, John Wilson, William John Shorten, Dennis Woodley Purkis, William Ernest O'Hara, Helen Stephen Baird, George Harrison, Edward Graham Taylor, Patrick Francis Doorly, Robert Adair Lockhart, Alexander Wood, Oscar Wesley Haist, John Ellul, Thomas Taylor Smith, Donald Cameron, Daniel Sayre MacKay, John Arthur Denzil Rome, Madhava Lal Mallick, Mohamed Musharruf Ali, Shripat Govind Ranaday, Behram Burjorjee Bharncha, Jehangir Hormasji Contractor, Henry Joseph Patchett, Arthur Leslie Howard, H. Thomas, Sohrab Mancherji Hodiwalla, Frederick Herbert Maberly, Samuel Robert Scott, Frederick Russell Bremner, Ernest Farrant Cox, Neil Lipscomb, and Malayampakhum Rajabahdur, and fourteen passed in Medicine and Therapeutics, and one in Surgery.

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.

M. R. C. P. (London).—If you have any doubts as to the identity of the parasite, the best thing you can do will be to send it to a bacteriological laboratory for further identification. We are not prepared to undertake examinations of the kind, as there is no accommodation for parasites on our office premises.

THE SEA AS A SANATORIUM.

A sea voyage in ancient days was for many a consumptive the departure on the long journey which knows no return. The sea has, indeed, gone out of fashion as a resort for the phthisical. But much of the disappointment in the past was due rather to the unfortunate conditions of sea travel, and a lack of due selection of cases. A society has recently been formed, which is to devote its energies to a serious study of sea climate in its action on health and modifying influences in disease. Already sea sanatoria are being arranged for, and no doubt such will prove of much service, provided, however, the *mal de mer* does not introduce a disconcerting and discounting influence.

A. S. V. G. asks for information respecting an iron bed-table for invalids, he believes of American make, prospectus of which, with diagram, was distributed by post some months ago. The cost was about 25s. Perhaps some of our readers may be able to identify the appliance.

ANOTHER COMPLAINT.—If you will place us in possession of the facts under which the document came into the possession of the firm, we may be able to comply with your request.

M. R. C. V. S.—Certainly the company have the right to terminate a policy, "under conditions," whenever they please, the power to do so forming an integral part of such policies. Nor are they under any obligation to justify their action, which, moreover, cannot have any other object than to guard the company against an undesirable risk. Your contention that by cancelling a policy without just cause they may indirectly prevent your being accepted by any other company is plausible, but we suppose every company would be prepared to take each case on its merits, and, even though you might have ground for complaint, you would apparently have no remedy.

DR. C. WATERFORD.—Your letter received after the journal had gone to press. We will refer to the matter again in our next issue.

Meetings of the Societies, Lectures, &c

WEDNESDAY, FEBRUARY 4TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Annual Meeting. Specimens will be shown by Dr. Tate, Dr. Sikes, Dr. Elen, Dr. Groves, Dr. Inglis Parsons, Dr. H. R. Spencer, Dr. Blacker, Dr. Russell Andrews, and Mr. Handley. The President (Dr. P. Horrocks): Annual Address.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Dr. J. Galloway: Erythematous Eruptions; their Relationship to General Diseases.

THURSDAY, FEBRUARY 5TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Mr. N. Smith: Congenital Displacements of the Hips, including a description of Lorenz's method of Bloodless Reduction. Mr. S. Spokes: Immediate Regulation of Teeth.

RONTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Discussion on Some Points suggested by the Presidential Address of November, 1902 (opened by Mr. J. H. Gardiner).

FRIDAY, FEBRUARY 6TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Paper:—Mr. C. J. Heath: Operative and other Treatment of Chronic Suppuration in the Middle Ear.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Ordinary Meeting. Cases, Specimens, and Instruments will be shown by Mr. C. Symonds, Dr. Pegler, Mr. Lake, Mr. de Santi, Dr. B. Kelly, Mr. Stewart, Dr. Donelan, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. P. R. W. de Santi: Clinique. (Ear.) 5.15 p.m. Dr. H. W. G. MacLeod: House Ventilation and Drainage.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (Society's Rooms, West London Hospital).—8.30 p.m. The Annual Discussion. Discussion on the Sequelæ of Typhoid Fever and their Treatment (opened by Dr. S. Taylor and continued by Dr. W. Hunter, Dr. A. Elliot, and others).

THURSDAY, FEBRUARY 12TH.

MEDICO-PSYCHOLOGICAL ASSOCIATION (County Asylum, Mickleover, Derby).—3 p.m. Members are invited by the courtesy of Dr. Legge to lunch at the Asylum at 1.30. Papers will afterwards be read by Drs. W. Lloyd Andriezen, Ernest W. White, and T. Outerson Wood.

BRITISH GYNECOLOGICAL SOCIETY (20 Hanover Square).—8 p.m. The President, Dr. Heywood Smith, will give his introductory address, and specimens will be shown by Dr. Macnaughton-Jones and others.

Appointments.

BALL, CHAS. ARTHUR, M.B., B.Ch., Assistant Surgeon to Sir P. Dun's Hospital, Dublin.

BYRNE, HERBERT U., M.B., B.Ch., Medical Officer of No. 4, South City Dispensary District, has been elected Visiting Physician to Cork Street Fever Hospital, Dublin.

CLEGG, J. GRAY, M.D., B.S., F.R.C.S., Honorary Surgeon to the Manchester Royal Eye Hospital.

ECCLES, W. MCADAM, M.S. Lond., F.R.C.S. Eng., Assistant Surgeon to St. Bartholomew's Hospital, London.

EMMANUEL, J. G., M.D., B.S., B.Sc. Lond., M.R.C.P. Lond., Second Physician for Out-patients at the Queen's Hospital, Birmingham.

HAY, JOHN, M.D. Vict., M.R.C.S., L.R.C.P. Lond., Honorary Pathologist to the David Lewis Northern Hospital, Liverpool.

HILL, CHARLES A., M.B. Cantab., D.P.H. Vict., Honorary Bacteriologist to the David Lewis Northern Hospital, Liverpool.

LEE, C. HOWARTH, M.B., Ch.B. Vict., Resident Medical Officer to St. Mary's Hospital, Manchester.

MONTGOMERY, HUGH MAYER, M.D., C.M. Edin., Honorary Physician to the West Cornwall Infirmary and Dispensary, Penzance.

NOALL, WILLIAM PAYNTER, M.B., B.S. Lond., M.R.C.S., L.R.C.P., House Surgeon to the Bradford Royal Infirmary.

PEARCE, THOMAS MANSEY, M.B., L.R.C.P. Lond., M.R.C.S., Honorary Medical Officer to the Ashburton and Buckfastleigh Cottage Hospital.

PRICE, THOMAS ARTHUR, M.B., Ch.B. Edin., Assistant Medical Superintendent at the Hospital for Insane, Toowoomba, Queensland.

SEATON, DOUGLAS, M.B., Ch.B. Vict., Honorary Surgeon to the Leeds Public Dispensary.

SCODER, D'ARCY, L.R.C.P. Lond., M.R.C.S., Honorary Medical Officer to the Ashburton and Buckfastleigh Cottage Hospital.

SYMONS, JOHN, M.R.C.S., L.S.A., J.P., Honorary Surgeon to the West Cornwall Infirmary and Dispensary, Penzance.

TEALE, M. A., M.R.C.S., L.R.C.P. Lond., Honorary Ophthalmic Surgeon to the Leeds Public Dispensary.

Vacancies.

Leeds General Infirmary.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to the Secretary to the Faculty.

North Riding Lunatic Asylum, Clifton, York.—Senior Assistant Medical Officer. Salary £200, with the usual emoluments. Application to the Medical Superintendent.

Bolton Infirmary and Dispensary.—Senior and Junior House Surgeons. Salary £130 and £100 per annum, with apartments, board, and attendance. Applications to W. W. Cannon, Esq., Hon. Secretary, 20, Mawdsley Street, Bolton.

Metropolitan Hospital.—Casualty Officer. Salary £150 per annum. Applications to Charles H. Byers, Secretary.

Birmingham Corporation Waterworks, Elan Valley, Radnorshire.—Resident Medical Officer. Salary £300 per annum, with board, lodging, and drugs provided. Applications to Mr. B. R. Body, Hon. Sec., Elan Valley Sick Club, near Rhayader, Radnorshire.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications endorsed "Dispensary Surgeon," to William Maw, Secretary.

Children's Hospital, Sheffield.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to Mr. Frederick Gill, Secretary, 14, Norfolk Row, Sheffield.

Medical Officer for Sugar Plantation in South-east Africa. Salary £200 to £250 per annum, with board and return passage. Three years' agreement. Applications to Mr. Stocker, 22, Craven Street, Strand, W.C.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £150, with furnished apartments, board, washing, and attendance provided. Applications to the Medical Superintendent.

Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.—Assistant Resident Medical Officer. Salary £100 per annum, with board and lodging in the Hospital. Applications to the Secretary, 34, Craven Street, Charing Cross.

Hampstead Hospital.—Resident Medical Officer. Salary £120 per annum, with rooms, coal, and gas. Applications to R. A. Othwaite, Honorary Secretary.

Birmingham Corporation Waterworks Elan Valley, Radnorshire.—Resident Surgeon. Salary £250 per annum, with board and lodging. Applications to Mr. E. Antony Lees, 44, Broad Street, Birmingham.

Births.

ORMEROD.—On Jan. 28th, at 87, Lansdowne Place, Hove, the wife of Ernest William Ormerod M.D., of a son.

TRACEY.—On Jan. 29th, at The Gables, Willand, Cullompton, Devon, to Dr. and Mrs. H. Eugene Tracey, a son.

Marriages.

RUSSELL—STERIKER.—On Jan. 28th, at St. Stephen's, Bow, George Herbert Russell, M.R.C.S., L.R.C.P., of Upton Park, second son of the Rev. John Russell, of Holy Trinity Barking Road, to Ethel Kate, eldest daughter of Robert Battam Steriker, of Bow.

Deaths.

CULPEPER.—On Jan. 28th, at Notting Hill, William Moe Culpeper, M.R.C.S., aged 83.

FFYFE.—On Jan. 29th, at Delhi, India, of pneumonia, Lawrence Bruce Fyffe, India Civil Service, youngest son of the late Surgeon-General Fyffe, of Clifton, Bristol, aged 25 years.

FORD.—On Jan. 23rd, at 5, St. Leonard's Road, Surbiton, Joseph Ford, M.R.C.S., L.S.A., late of Wedmore, Somerset, aged 74.

GILBERT.—On Jan. 28th, James Gilbert, Deputy Surgeon-General, late Bombay Army, aged 80.

JAY.—On Jan. 28th, at King's College Hospital, Frederick Waters Jay, only son of Frederick Fitzherbert Jay, M.D., of 8, Leicester Place, London, aged 33.

TURNER.—On Jan. 30th, at Sutton, Surrey, Jessie Caroline, widow of Surgeon-General John Turner, Bombay Medical Service, in her 63rd year.

WATKINS.—On Jan. 30th, at Kirby, Newton-le-Willows, suddenly, John Webb Watkins, M.D., aged 69.

The Medical Press and Circular.

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Original Communications.

TOBACCO DEAFNESS.

THE PRESIDENTIAL ADDRESS DELIVERED BEFORE THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, JANUARY 30TH, 1903.

By WYATT WINGRAVE, M.D.

Physician and Pathologist to the Central London Throat and Ear Hospital.

WE cannot fail to have observed the rapidly increasing consumption of a drug which is not only beyond all proportion to the increase of population, but promises to extend to a still greater degree, and, further, that its over-indulgence (especially by youths) is likely to be responsible for serious morbid changes, some of which are of immediate interest to us in one department of our work. I refer to tobacco. Its responsibility for certain morbid visual changes has been fully established, and observing the frequent occurrence of deafness in those suffering with tobacco amblyopia, it occurred to me that the association might be more than coincidental. This prompted a careful examination of such cases, with results which justify my submitting to you a preliminary communication on the subject.

The relationship between rhinology, otology, and ophthalmology has recently been before us, in the shape of Dr. Ziem's paper on "Diseases of the Eyes and Nose," and cases were shown by Mr. Mayo Collier and myself illustrating the occurrence of optic neuritis with middle ear disease, so that the field is not quite new to us, only embracing another aspect.

Most of the cases now referred to occurred in my hospital practice, some were seen in private, and others were referred to me by my colleagues. With regard to the ocular phenomena, the scotoma cases were verified by specialists in that department. It will suffice to briefly sketch the main features which were observed.

Deafness due to tobacco smoking may be conveniently classified in three groups, according to their etiology: (1) Mechanical or pneumatic; (2) irritative or catarrhal; (3) toxic or nerve deafness.

1. *Mechanical*.—This has its origin in the habit of smoking a tightly-packed pipe, cigar, or cigarette especially in those suffering with nasal obstruction. A violent minus or negative naso-pharyngeal pressure is exerted with each inspiration, not only upon the Eustachian tubes, but also upon the blood

and lymph vessels of the parts so leading to hyperæmia, upon whose symptoms and treatment we need not dwell.

2. *Irritative or Catarrhal*.—This form is very familiar in the early morning cough and expectoration of habitual smokers. It is caused by the chemical and mechanical irritation of the smoke on the mucous membrane extending along the Eustachian tube, and inducing also hypertrophic changes.

3. *Toxic or Nerve Deafness*.—This is due to the gradual accumulation of certain toxins of tobacco in the system. Whatever the actual poison may be, whether picrotoxin, nicotine, or any other, it is found as a rule in largest amount in the darkest, strongest, and cheapest tobaccos, e.g., cut plug, cut cavendish, shag, &c., also in cigars of the maduro strength, Oriental as well as Occidental. This poison is undoubtedly cumulative, since complete abstinence is essential to effecting any permanent improvement; mere reduction in the quantity consumed or of its strength generally proves unsatisfactory.

The effect of tobacco toxin upon the cardiovascular system is familiar to all of us. Also, its influence upon the gastro-intestinal tract which may be responsible for the production of further toxins. But its most striking effect is upon the nervous system, as exemplified in "tobacco amblyopia," a disease characterised by degeneration of certain bundles of the optic nerve, known as the papillo-macular fibres—scotoma—characterised prominently by the loss of appreciation of the visual red waves. Does the auditory nerve present a similar degeneration? Although at present we have no definite histological evidence, the fact that there was marked deficiency in the appreciation of low-tones in 50 per cent. of the cases recorded is presumptive evidence in favour of there being some selective degeneration at work in the auditory as in the optic nerves.

The effects of the toxins may possibly be terminal and central, but these are questions which also demand careful and extensive observations, both histological and clinical. The cases which I have examined are seventeen in number. They were those of typical "nerve deafness," for which no cause other than tobacco abuse could be found. To save time I give you a brief abstract of their chief features:—

Ages.—With regard to age, eight occurred between 24 and 40, and nine occurred between 48 and 64.

Tobacco.—They all smoked very strong tobacco or cigars and in large quantities.

Deafness.—They were all subjects of *symmetrical* nerve deafness; an appreciation of low tones was deficient in eight. Tinnitus and vertigo being generally well marked.

Vision.—There was marked impairment of colour sense—Red—in twelve, of which four had well-defined scotoma.

Treatment.—Treatment consisted of complete abstinence from tobacco in every form, with the administration of strychnia, quinine, or bromides.

Results.—Quinine, bromides, separately or combined, afforded no appreciable effect, but strychnia pushed to full doses proved more successful; three severe cases were completely cured in eight nine, and twelve months respectively; nine showed marked improvement; two improved only slightly; and two refused to continue treatment. That the improvement was in a great measure due to arrest of smoking was shown in several cases, which always relapsed on resuming the habit, although strychnia was persisted with. Improvement was again marked on abstaining from tobacco.

In conclusion, allow me to emphasise the following points:—

1. That they were all well-marked cases of nerve deafness (unattributable to other causes) occurring in heavy smokers.

2. That the loss of low-tones in 50 per cent. suggests an auditory equivalent for a recognised ocular lesion.

3. That there was definite scotoma in four cases and impaired sensation of vision in eight of them.

4. That the disease was symmetrical.

5. That 80 per cent. showed marked improvement on abstinence from tobacco, and, supplemented by drug treatment, three were cured. But the habit was so strong and the will so weak that the forecast was not always encouraging.

Although you will doubtless find in these notes many points of weakness and many deficiencies, still I trust I may have presented evidence sufficient to justify my selection of the subject, in view of a more thorough clinical analysis in the near future, and also of eliciting the views of those whose wider experience of scotoma may enable them to speak with greater confidence.

CASES OF TOBACCO NERVE DEAFNESS.

1. Ch. S., æt. 24. Warehouseman. Complete deafness and noises R. Duration, nine months. Smokes 3 ozs. shag weekly. Rinné +, Air C. — 12. Low T—. Difficulty in reds. Treatment, quinine. Result, marked improvement in four months.

2. T. M., æt. 50. Horsekeeper. Deafness B.E. Tin. R. Duration, nine years. Smokes 1 oz. shag daily. R. meatus — 40, mastoid — 30, Rinné — L. meatus — 30, mastoid — 20. Low tones — Colours: Green = Blue, red = difference in brilliancy. R being dull. L bright. Treatment, pot. brom. Would not give up tobacco, but smoked lighter variety. Improved slightly.

3. J. B., æt. 26. Clerk. Complete deafness and tin. Duration, six months. Smokes 3 ozs. weekly. Meatus and mastoid both —. Rinné +. Low tones lost. Colour sense, reds dull. Treatment by strychnia. Result, improvement in two months.

4. E. P., æt. 54. Carpenter. Deafness left. (C.C.M.E. and N.D.) Duration, ten years. Smokes heavily; lately only $\frac{1}{2}$ oz. shag daily. Meatus both —. Mastoid both +. Rinné +.

Low tones —. Under treatment for scotoma, which is better since arrest of smoking. Lost sight of.

5. C. H., æt. 54. Labourer. Complete deafness in R. ear, with tin. and giddiness. Duration, six months. Smoking, $\frac{1}{2}$ oz. Cavendish (black) daily. Meatus, both —. Mastoid, both —. Rinné, both +. Lones tones —. Vision nyctalopic. Slight scotoma. Colours Red = brown. Treatment, quinine and strychnia. Would not change habit, and no change in symptoms.

6. A. R., æt. 40. Ostler. Complete deafness R.E. Duration, six years, on and off. For months lately had been a great smoker, and very deaf at times, but improved on diminishing tobacco. Smokes $\frac{1}{2}$ oz. shag daily. Meatus, R. — 6; Mastoid — 10. Rinné, +. L. — 4, Mastoid —, Rinné, +. Colour, reds almost gone. Well-defined scotoma. Treatment, strychnia. Reported great improvement.

7. F. K., æt. 34. Blacksmith. Complete deafness in R.E. Duration, four years. Smokes $\frac{3}{4}$ ozs. navy cut weekly. R. Meatus, — 12, mastoid — 6, Rinné + L. Meatus — 15, mastoid — 5, Rinné + Vision, reds = chocolate; faint scotoma. Treatment, strychnia. Result, lost sight of.

8. J. T., æt. 60. Painter. Complete deafness. Duration, ten years on and off. Smokes $\frac{1}{2}$ oz. shag daily; lately less. R. Meatus, — 8, Mastoid — 4, Rinné +. L. Meatus — 12, mastoid — 5, Rinné + Low tones. — Vision, colour, reds dirty. Under treatment for scotoma. Treatment, strychnia. Four months later reported better.

9. M. W., æt. 64. Farmer. Complete deafness and noises. Duration, four years. Smoked 1 oz. shag daily; always been a great smoker. R. Meatus — 4, mastoid — 6, Rinné +. L. — 7, mastoid — 8, Rinné +. Colour sense, no note. Low tones weak. Treatment at first, bromide, then strychnia under the latter gave up tobacco, and in seven months reported great improvement.

10. E. G., æt. 56. Park keeper. Complete deafness. Duration, four years. Great smoker, 2 ozs. dark Virginia daily. R. Meatus — 6, mastoid — 7, Rinné +. L. Meatus — 2, mastoid — 2, Rinné +. Colour good. Low tones—. Treatment, strychnia, no tobacco at all. Result, twelve months cured; reduced smoking to almost nil.

11. S. H., æt. 34. Complete deafness, twenty years, with noises, and E.T. Smokes $\frac{1}{2}$ oz. weekly. R. Meatus — 4, mastoid — 6, Rinné, +. L. Meatus — 10, mastoid — 4, Rinné +. Treatment, removed tonsils and bromides; no result in two months, stopped smoke, and ordered strychnia, marked improvement in two months. Colour sense good.

12. J. S., æt. 22. Deafness and noises B.E. Duration, thirteen months; onset gradual. Slight smoker. R. Meatus, — 2, mastoid + 4, Rinné + L. Meatus — 8, mastoid — 17, Rinné +. Vision history of weak eyesight R. Treatment, liq. strychnia, no tobacco; marked improvement in one month; cured in eight months.

13. M. T., æt. 53. Farmer. Complete deafness and noises and giddiness. Duration, two years, on and off. Smoker moderate. R. Meatus — 8, mastoid — 10, Rinné +. L. Meatus — 20, mastoid — 20, Rinné +. Treatment, stopped smoking and strychnia, and hearing improved but not tin.

14. M. M., æt. 30 Navy. Increasing deaf-

ness. Duration, three years. Smokes 3 ozs. black navy cut per week; always a great smoker. R. Meatus — 4, mastoid —, Rinné +. L. Meatus — 9, mastoid +, Rinné +. Colour sense difficulty with red regarded it magenta. Treatment, Fellow's syrup and no tobacco. Result, marked improvement in four months.

15. Male, æt. 48. Waiter. Complained of deafness and noises. Duration, ten years. Smokes six cigars daily, always a smoker. R. Meatus — 6, mastoid +, Rinné +. L. Meatus — 6, mastoid —, Rinné +. Low tones—. Vision weak, defective; reds defective. Treatment quin. hydroburn. Result, marked improvement in three months.

16. Male, æt. 49. Fitter. Complained of deafness and noises on and off for twelve months. Smokes freely, but an abstainer from alcohol. R. Meatus — 8, mastoid — 4, Rinné +. L. Meatus — 6, mastoid — 5, Rinné +. Vision good but had been weak. Treatment, strychnia and Eustachian catheter for sub. A.C.M.E. Result, marked improvement in each symptom.

17. J. J., æt. 40. Barman. Deafness for four years. Smoked 3 ozs. navy cut daily. R. Meatus — 10, mastoid — 4, Rinné +. L. Meatus — 8, mastoid — 6, Rinné +. Vision weak. Treatment, strychnia. Result unascertained, January 24th, 1903.

THE
USE OF CHLOROFORM
AS AN
ANÆSTHETIC FOR DENTAL
OPERATIONS. (a)

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

THE question as to whether or not chloroform should be used as an anæsthetic agent in dental surgery has, I think, been satisfactorily decided, in this country at all events, and it is not the practice of the Anæsthetists to use it for that purpose in the Dental Hospital of Ireland. Chloroform, is, however, still used to a considerable extent for this purpose in other places, and it seemed to be suitable that we should consider its physiological action and dangers so that you might be in a position to judge of the soundness of our practice. This is of more importance since in general surgery chloroform is the anæsthetic almost always selected in the case of prolonged operations on the mouth and nasal passages, and so, reasoning by analogy, one might be led to think that in dentistry it should be selected in place of ether.

Chloroform, or the terchloride of methyl CHCl_3 was discovered in the year 1831, and was first used for anæsthetic purposes on the human subject in the year 1848 by Sir James Y. Simpson, of Edinburgh. It is a colourless mobile liquid with pleasant but penetrating smell and sweet fiery taste. Its sp. gr. at a temperature of 17°C is 1.491, and its boiling point is 60.16°C . or 140.2°F ., its vapour density compared with air is 4.199. It is found that chloroform is less liable to decomposition when it has added to it traces of ethyl alcohol, and consequently the "British Pharmacopœia" directs that a sufficient quantity of absolute alcohol should be added to it to produce a liquid with a sp. gr. of not less than 1.490 and not more than 1.495. It is most important that the drug when used for anæsthetic purposes should be pure and the "British Pharmacopœia" lays down many tests to which it should conform. The best way to ensure getting a good article is to buy it from a good maker, and the best test of its reliability is to inhale some of the vapour,

and if as Professor Ramsay says "it goes into the lungs easily and there is no feeling of coughing or oppression of any kind," it is probably quite pure. "Chloroform containing a small quantity of carbonyl chloride has a harsh feeling and irritates the bronchial tubes and altogether produces a different sensation." Chloroform readily decomposes when exposed to white light, so should always be kept in coloured bottles and in a dark place.

There are two chief methods of administering chloroform which are known respectively as the open method, and the method by measured dosage. The description is not a very happy one, as in both methods free access of air and admixture of it with the chloroform is aimed at. In the former method the drug is dropped or poured on a Skinner's mask or folded napkin or towel and the patient breathes in the vapour of the drug freely mixed with air. Sometimes an open cone is used and the patient draws in the air through a sponge on which the chloroform has been poured. The principle which underlies the use of all these different forms of apparatus is, however, the same namely, presenting a diluted vapour to the patient and judging of the dose necessary by the effects produced on the patient. The second method aims at giving to the patient a definite quantity of chloroform vapour with each respiration which will be just sufficient to produce and maintain a satisfactory anaesthesia. The rationale of this method is based on the following considerations.

When air containing chloroform vapour is brought to the alveoli of the lungs, a certain proportion of the chloroform is absorbed into the blood and the quantity so absorbed will vary with the tension or quantity of chloroform in this air. The quantity of chloroform which the air can hold in solution varies with the temperature and pressure of the atmosphere, being governed by the same law which determines the quantity of watery vapour which the air can retain in solution. Thus at the ordinary atmospheric pressure a hundred cubic inches of air will take up the following quantities of chloroform at different temperatures:—

| | |
|------------------------|--|
| Temperature Farenheit. | Cubic inches of CHCl_3 vapour |
| 45° | 8 |
| 50° | 9 |
| 55° | 11 |
| 60° | 14 |
| 65° | 19 |
| 70° | 24 |

Recognition of this fact is of importance as you see that when giving chloroform in the ordinary way increase of the temperature of the atmosphere some 15°F may double the amount of chloroform available for absorption. Now chloroform will enter the blood till the tension of the chloroform in the residual air in the lungs and in the blood is equal, and when once that equilibrium is established none of the drug can enter or leave the blood by the pulmonary mucous membrane as long as that equilibrium is maintained.

From this Snow arrived at the general law:—"As the proportion of the vapour in the air breathed is to the proportion that the air or space occupied by it, would contain if saturated at the temperature of the blood, so is the proportion of vapour absorbed into the blood to the proportion the blood would dissolve." Now Snow, by very elaborate experiments and calculation arrived at the quantity of chloroform which it was necessary should be dissolved in the blood to produce the various stages of anaesthesia, and by his application of this law has laid down how much chloroform should be mixed with the air breathed in order to arrive at this result. Snow made the following division of the stages of chloroform-anaesthesia. Snow says "In the first degree I include all the effects of chloroform that exist while the patient retains a perfect consciousness of where he is and what is occurring around him. In the second degree of narcotism there is no longer correct consciousness. The mental functions are impaired, but not necessarily suspended. When a patient inhales chloroform quietly for a medical or surgical purpose, he usually appears as if asleep in this degree; but if his eyelid be raised, he will move his eyes in a

(a) Paper read before the Dental Students Debating Society of Ireland, January 14th 1903.

voluntary manner. There are occasionally voluntary movements of the limbs, and although the patient is generally silent, he may nevertheless laugh, talk, or sing. In the third degree of narcotism there are no longer any voluntary motions. The eyes for instance are not directed towards any object, and although the limbs may move they are not directed to any purpose. The pupils are generally inclined upwards in this degree, and are at the same time somewhat contracted. It is in this degree of narcotism that rigidity and spasms of the muscles occur in certain cases. The rigidity and spasm are greatest and most constant in labourers and persons accustomed to athletic exercises and they are usually absent in persons who have been long confined to the room or are much reduced in strength from any cause, I have seen the spasms take an epileptiform character in a few cases; but by gently continuing the chloroform they have always been subdued. In the fourth degree of narcotism the breathing is stertorous, the pupils dilated, and the muscles completely relaxed. It is very seldom necessary to carry the effects of chloroform as far as this stage. If the dose of chloroform is gradually increased after these effects are produced, the breathing entirely ceases, but the heart continues to pulsate very distinctly, till its action becomes arrested by the absence of respiration as in asphyxia. This interval, including the embarrassment and cessation of breathing, I call the fifth degree of narcotism."

Snow calculated that to induce the third degree or the condition in which surgical operations are usually commenced would require that about 18 minims should be absorbed by an average adult or about 1.42 of the saturation of the blood. For the fourth degree about 28 minims or 1.28 of the saturation, while to arrest the function of respiration would require about 36 minims or 1.14 of the saturation of the blood. Taking the tidal air of the ordinary adult respiration as 25 cubic inches we can see from the following table how much chloroform should be volatilised with each respiration to produce the desired percentage of vapour in the air. 1.20 of a minim of CHCl_3 gives 0.23 % vapour in air

| 1-10 | " | " | 0.46 | " " |
|------|---|---|------|-----|
| 1-5 | " | " | 0.92 | " " |
| 2-5 | " | " | 1.84 | " " |
| 3-5 | " | " | 2.76 | " " |
| 4-5 | " | " | 3.68 | " " |
| 5-5 | " | " | 4.6 | " " |

breathed.

Since air when saturated at a temperature of 100° F. will take up 43.3 cubic inches of chloroform vapour we see that

| | |
|---------------------------|----------------------|
| 0.23 % of vapour is about | 1.200 of saturation. |
| 0.46 | 1 100 |
| 0.92 | 1.50 |
| 1.84 | 1.25 |
| 2.76 | 1.17 |
| 3.68 | 1.13 |
| 4.6 | 1.8 |

These fractions are only approximate, but they are close enough for our purpose, and from them by the application of Snow's law we can estimate the saturation of the blood which will be produced by breathing each strength of vapour. Thus the constant administration of 1.5 of a minim of chloroform with each respiration should, in an adult, produce the third degree of anaesthesia in about five minutes. In actual practice we find that somewhat more is necessary, as of course, a considerable quantity is lost with each expiration. Now although by such experiments and calculations Snow was able to estimate the exact amount of chloroform that should be administered to produce the desired effects, yet in practice he found that about 4 per cent. of vapour in the air breathed was the most suitable proportion for causing insensibility for surgical operations. On this point he makes the following remark. "The great point to be observed in causing insensibility by any narcotic vapour, is to present to the patient such a mixture of vapour and air as will produce its effect gradually, and enable the medical man to stop at the right moment. Insensibility is not caused so much by giving a dose as by performing a process. Nature

supplies but one mixture of diluted oxygen, from which each creature draws as much as it requires, and so, in causing narcotism by inhalation, if a proper mixture of air and vapour is supplied, each patient will gradually inhale the requisite quantity of the latter to cause insensibility according to his size and strength. It is indeed desirable to vary the proportion of vapour and air, but rather according to the purpose one has in view, whether medicinal, obstetric, or surgical, than on account of the age or strength of the patient; for the respiratory process bears such a relation to the latter circumstances, as to cause each person to draw his own proper dose from a similar atmosphere in a suitable time."

The action of all the regulating inhalers is based on this consideration of presenting vapours of suitable and known strength, from which the patient can absorb the necessary quantity of the drug. As a type of these we may take the Junker as modified by Krohne and Sesemann of London. In this the face-piece consists of an open cone with a feather placed in such a position over the opening that it moves up and down with each respiration. Into this face-piece a definite quantity of chloroform vapour is delivered at the beginning of each inspiration. The bellows attached to the chloroform bottle consists of three rubber balls of different sizes. The smallest of these has a cubic capacity of 10 cc., the middle one a capacity of 30 cc., and the largest of 60 cc. At a temperature of 60° F. a complete compression of the small ball, yields the vapour of 1.6 of a minim of chloroform to the face piece, of the middle ball 3.6 of a minim, and of the large one 6.6 of a minim. In other words the small ball gives a percentage of chloroform in the tidal air of 0.76, the middle ball of 2.3, and the large one of 4.6. By means then, of this inhaler it is possible to carry out easily the principle of Snow and to be sure that at no time can the patient get too strong a vapour. As the apparatus is used the temperature of the chloroform falls slightly so that less of the drug would be vapourised, and at ordinary temperatures it would probably not be possible to get from the large ball a vapour of more than 4 per cent.

I have gone thus minutely into this question to show you the necessity of guarding the dosage in chloroform administration, but I do not for a moment wish you to think that you can render such administration perfectly safe simply by the use of measured doses, no matter how carefully they are measured. There are many other factors which have to be taken into consideration as well, but if one is careful not at any time to administer more than 4 % of chloroform in the air breathed, and at the same time see that the respiration is maintained perfectly free and unobstructed, the danger from the use of chloroform will be reduced to a minimum.

We have seen from Snow's experiments that if a person gradually gets an overdose of chloroform the respiration first ceases and then the heart, but it is also perfectly well established that sudden death from cardiac syncope may take place under chloroform, and that too quite early in the administration.

I do not intend to go deeply into the question of the physiology of the action of chloroform, but merely to tell you what are the most recent views which appear to have both clinical and experimental justification as to its action on the nervous and vascular systems. Waller, in an elaborate series of experiments which he described before the British Medical Association at the Montreal Meeting in August, 1897, showed that when an isolated nerve is exposed to the action of various anaesthetic vapours it rapidly loses its excitability and becomes as he calls it "immobilised." If the nerve has not been subjected too long to the vapour, or to too strong a vapour, it rapidly recovers its excitability when removed to fresh air. It was further found that the power of recovery varied with different anaesthetics, and that in the case of chloroform the nerve was much more apt to be killed or rendered permanently immobile than was the case with ether. In fact from these experiments Waller concluded that chloroform was seven

times as strong a nerve poison as ether. This conclusion is to a great extent borne out by clinical experience, for we find that generally speaking we use about the same number of drachms of chloroform as we do ounces of ether in a similar case. The exact physiological action of chloroform on the central nervous system is not known, nor, indeed, is it known by what action on the nerve centres any anæsthetic produces its anæsthetic effect. The action of chloroform on the circulation and the vascular system generally has been the subject of much dispute, and even yet it cannot be said that physiologists have come to an agreement on the matter. The chief question in dispute was: Does chloroform exert any depressing action on the heart? The Hyderabad Commission, which met chiefly with the idea of solving this question, replied to it in the negative, stating that chloroform had no action whatever on the heart itself. This statement has not, however, been accepted by physiologists, and it has been shown that in many points the methods of the Commission were faulty, and so the result obtained cannot be relied on. It may be taken as established that chloroform acts as a depressant on the musculature of the whole vascular system, producing a lowered blood-pressure and a tendency to paralytic dilatation of the heart. At the same time it has been shown that the action of chloroform tends to reduce that power which the vascular system normally possesses of counteracting the action of gravity on the circulation produced by changes in the position of the patient. For example, the blood-pressure in a normal cat remains fairly constant, no matter what position the animal is made to assume, but if the animal be anæsthetised by chloroform alterations in position produce very marked alterations in blood-pressure. Quite recently, Dr. Embly has brought forward some very remarkable investigations which he carried on with dogs with the view of explaining the early and sudden death which so often occurs during the administration of chloroform. The conclusions which he has arrived at may be given shortly as follows:—Heart muscle is very sensitive to the poisonous effects of chloroform. Chloroform raises the excitability of the vagus mechanism, particularly in the early part of the administration. This increase in the excitability is due to the action of chloroform on the centres. The administration of a weak chloroform vapour after a period of mild excitation depresses vagus excitability, and a stronger percentage in the air inhaled may cause dangerous and persistent inhibitions.

Vagus inhibition is in dogs the great factor in the causation of sudden death under chloroform. Failure of respiration in inhalation experiments is mainly due to fall in blood-pressure, and restoration of respiration is dependent on restoration of blood-pressure. The chances of dangerous vagus inhibition in chloroform administration are greatly increased by imperfect respiration, and as respiration fails when the blood-pressure falls greatly, from cardiac inhibition or other causes, we have the material for the formation of a vicious circle. For example, supposing, as happens in some cases, that from the inhalation of too strong chloroform vapour cardiac inhibition occurs, this occasions a dangerous fall of blood-pressure; the cessation of respiration and the asphyxia consequent thereon themselves increase the inhibition. These conclusions, based on very elaborate and carefully carried out experiments, are of the utmost importance from a practical point of view, and it is not too much to say that everyone who undertakes the responsibility of administering chloroform should be familiar with them and their applications to practice.

Let us now turn our attention to the question of the use of this drug in dental surgery, and see if from the materials at our disposal we can arrive at any definite conclusions as to whether we should or should not use it. The advantages of the drug are many and obvious, and if among them we could include the element of safety it would undoubtedly be largely used in place of ether. It is, however, just the absence of this element of safety that determines our practice. Clinical experience has shown that a large number of deaths

occur during the use of this drug for dental and other surgical operations of a like nature, and our knowledge of its action suggests to us that it is the conditions of the operation which render the drug unsuitable.

Chloroform has the advantage of being, as a rule, easy to take, portable as regards the apparatus necessary, rapid in its action, and at the same time affording a typically good class of anæsthesia which can be prolonged indefinitely without detriment to the operator or operation. If, then, we add to these advantages the fact that it is probably the only anæsthetic many medical men have any experience in the use of we cannot wonder that it is sometimes used.

The large majority of dental operations can be completed in three minutes or less, they are too long for a single administration of nitrous oxide, or even nitrous oxide and oxygen, but it is felt that there is not the necessity to induce the same degree of anæsthesia which is usually adopted in the case of surgical operations, which may take half an hour or more. This idea leads to the tendency to hasten the induction by pressing the drug, and often to starting the operation before full surgical anæsthesia is established. Both these practices are distinctly dangerous in the case of chloroform, and liable to be attended with serious results. If a strong chloroform vapour is presented to a patient, it is very liable to cause sudden death, as we have seen, by over-stimulation of the already excited vagus centre and at the same time it is likely to cause holding of the breath, which, in itself, is likely to add to the danger which already exists. So, too, any sharp reflex stimulation of peripheral nerves during the stage of imperfect anæsthesia may induce this vagal inhibition of the heart and cause sudden death. From this we learn that the anæsthesia should with chloroform be induced slowly and with very dilute vapours, and that no surgical operation should be undertaken till full anæsthesia has been established. Anything which tends to interfere with the freedom of respiration is attended with danger during chloroform anæsthesia, especially since it has the double disadvantage of further obstructing the already depressed heart and the liability of causing an overdose of the drug by preventing elimination of it from the lungs.

When we remember the effect that I have already told you chloroform has on the heart there is no difficulty in appreciating the danger of placing a patient who is under its influence in the upright position. This should never be done under any circumstances, on account of the danger of syncope, and this fact alone renders chloroform unsuitable as an anæsthetic in dental operations. When patients are placed lying on their backs, as would be necessary for such operations, there is a great danger of blood being sucked into the air passages, and either causing immediate asphyxia or starting later an aspiration-pneumonia. In the cases where this drug is used for ordinary surgical operations on the mouth special precautions have to be taken to prevent the occurrence of these troubles. Thus, in some cases the head is hung over the end of the table as is done in cleft palate operations, or the pharynx is plugged and the chloroform is administered through a tracheotomy tube. There is one class of operation in surgery in which the conditions very closely approximate to those of a dental operation; I refer to the operation for the removal of post-nasal adenoids and tonsils. In both a short anæsthesia is required, but though short, still a longer time is often wanted than can be got by a single administration of nitrous oxide, and in both cases a rapid recovery is desired to enable the patient to expectorate the blood. Like dental operations, too, the operation in itself is devoid of immediate danger and should never cause death, yet we find many deaths recorded from it. In this connection, let me read you an extract from a paper by Mr. Henry Chaldecott, Anæsthetist to the Metropolitan Throat, Nose and Ear Hospital, and reported in the *Lancet* of September 13th last. "The operation *per se* entails no immediate risk to life, and one can hardly conceive the possibility of a patient dying on the table or in the chair if operated upon without an anæsthetic. It follows,

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then, that any fatalities which have occurred have been caused by the anæsthetic employed, and so far as I have been able to ascertain the anæsthetic has in every recorded case been chloroform or some mixture containing chloroform. I have collected a list of more than fifty recorded cases of death under chloroform given for this operation, including children and adults; cases in which the chloroform was given by specialists in anæsthetics, and cases in which it was administered by general practitioners and house-surgeons; cases of death at all stages of the procedure, before the commencement of the operation, during the operation, and after its completion. Now this list lays no claim to being exhaustive, and could probably be largely increased. What, then, is the obvious deduction? That here we have an operation which ought to be, and is in itself, absolutely free from immediate danger, perverted by the use of chloroform into one of the most immediately deadly of all in the long list of surgical operations. Is there any one surgical operation—major or minor—which can claim such a record of deaths upon the table? I doubt it. Since 1897 more than thirty recorded deaths have taken place from chloroform during adenoid operations only." A very similar paragraph might have been written about dental operations, and I very much regret that I have not complete figures at my disposal to bring before you. I have myself gathered from some of the medical papers of the last few years the records of four deaths under chloroform, administered for a dental operation, and probably the list could be greatly augmented. In the *Journal* of the British Dental Association for the year 1895, Hewett, in a paper on this subject, makes the following statement: "I have taken a period of fifteen years—i.e., from 1880-1894 inclusive, and have exerted every means in my power to obtain particulars of all fatalities which have occurred during this period in Great Britain in connection with the use of anæsthetics for dental operations." The following table gives the result of these inquiries:—

| Anæsthetic used. | England and Wales (excluding London). | | |
|--|--|---------|---------|
| | Scotland. | London. | London. |
| Chloroform | 12 | 15 | 0 |
| Chloroform and morphine | 1 | 0 | 0 |
| Chloroform (3 parts) and ether (1 part) mixed | 0 | 1 | 0 |
| Methylene | 0 | 2 | 0 |
| Ether | 0 | 1 | 0 |
| Nitrous oxide | 1 | 2 | 2 |
| Total | 14 | 21 | 2 |

"We find that out of this total of thirty-seven fatal cases no less than twenty-seven occurred in connection with the use of chloroform; and if we include the chloroform-and morphine case, the chloroform-and-ether case, and the two cases which arose in connection with the use of the so-called methylene (which experience has shown to consist largely of chloroform), we may say that out of the thirty-seven cases no less than thirty-one took place in association with the use of either chloroform or some combination containing chloroform." In regard to the ether and nitrous oxide fatalities Hewett tells us that the former occurred from mechanical asphyxia, principally due to a cancerous growth in the mouth, and in a patient in such a state of health as to render the administration of any anæsthetic at the time particularly hazardous. One of the nitrous oxide fatalities resulted from the entrance of a tooth into the larynx. Hewett further says: "Nothing, I think, could show more clearly the lethal influence of chloroform as a dental anæsthetic. In London, where it is not used, the ratio of deaths to the population is extremely small; in England and Wales (excluding London) where chloroform is used, but not to the extent which obtains in Scotland, the ratio is considerably higher; and in Scotland itself, where chloroform is the routine anæsthetic—at all events for all major dental operations—the ratio is very much higher."

I have tried to tell you something of the nature of chloroform, of its modes of administration and its

physiological action; I have given you some figures indicating its dangerous nature when employed in dental and similar operations in order that you may be able to appreciate the grounds of our practice in the Dental Hospital, Ireland, where the use of chloroform never obtained a footing, and I trust when in practice yourselves, unless you have some good reason to the contrary, you will avoid its use also.

OCULAR HEADACHES. (a)

By SYDNEY STEPHENSON, C.M.,

Ophthalmic Surgeon to the Evelina Hospital, &c.

(Concluded from page 103.)

It might possibly be assumed from some of the above cases that from the first moment a patient begins to wear glasses his complaints cease forthwith. Such, however, is by no means the case. If the error of refraction is almost fully corrected, many patients have to go through a period of more or less discomfort before they reach a time when the glasses are really comfortable and relieve a headache from which they may happen to suffer. Many highly organised people have considerable difficulty in becoming used to glasses, and some, alas! will not persevere long enough to obtain any relief. If the glasses are correct—not always an easy thing to make a patient believe—the only remedy is time. The uncomfortable feelings gradually become less and less marked, until, in the course of two or three weeks, they are no longer experienced. One annoying effect of correcting astigmatism in adults by cylindrical glasses is the production of "binocular metamorphopsia." This manifests itself by an apparent distortion in the shape of familiar objects—as, for example, a picture frame, which may appear to be wider at one end than the other, although it is in reality oblong. The same sort of distortion is seen when going up and down stairs, and under other conditions that need not be more particularly specified. The change, which, as the name implies, is only visible when both eyes are open, has been accounted for in various ways. But the simplest explanation would be that there is a natural conflict and contradiction going on in the patient's mind between the impressions of a life-time and those resulting from the correction of an astigmatic and ametropic eye. Binocular metamorphopsia, as a rule, is complained of by observant people, and, above all, by artists. It can be overcome only by the constant and persevering use of the correcting glasses.

The following case will illustrate the foregoing remarks upon the subject of binocular metamorphopsia:

In September, 1893, a lady æt. 50, consulted me on account of failing sight. Each crystalline lens showed signs of incipient cataract. R.V. $\frac{1}{8}$ —1.0 D $\frac{1}{8}$. L.V. $\frac{2}{3}$ —2.5 D. Cyl. axis 60° $\frac{1}{8}$. Making due allowance for the presbyopia that was present, the following glasses were prescribed for near work:

R.E. +1.5 D Sph. L.E. $\frac{+2.0}{-2.5 60^\circ}$. With these

glasses the patient, whilst in my room, could read the smallest print. A day or two after she had got her glasses I received the following very emphatic letter from the patient:—"I have received my glasses, but am sorry to say they are quite a failure. I can see across a room very much better without than with them, and even when reading they make the page quite aslant. My husband and two of my children have put them on and they make everything appear crooked to them as they do to me. I have naturally a sharp eye for detecting if anything is out of the straight, and am usually sent for when pictures are rearranged in the house to see if they are straight, so that I cannot in the least understand why the glasses produce this distortion. Possibly they would distort objects to you as they do to me if you looked through them."

In conclusion, a few words may be added about *megrim*, an affection that, in my experience, is often

(a) Paper read on January 9th, 1903, before the Wimbledon and District Medical Society.

connected closely with ocular defects. This is no new observation, inasmuch as the connection was recognised by Piorry nearly seventy years ago, and has been commented upon by many writers, including Airy, Liveing, Ranney, Hewetson, Lauder Brunton, and Stevens, since that time. Indeed, in 1882, Dr. Savage (a) of Jackson, U.S.A., announced that he had discovered the "real cause" of sick-headache to be hypermetropia and astigmatism, and that its successful treatment consequently consisted in the use of proper glasses. In 1885, H. Bendelack Hewetson (b) laid stress upon the fact that correction of the eyes by cylindrical glasses relieved not only the headache, but also the intermediate dyspepsia, insomnia, and irritability of temper liable to occur in some patients between the attacks of megrim. A year later (1886) Dr. Ambrose L. Ranney (c) stated that "the symptoms of sick-headache are reflex in character to a large extent, and are due primarily in almost every case to some optical defect."

Nowadays few people would probably care to go so far in their statements as Drs. Savage and Ranney, although at the same time it must be admitted that many cases of megrim are closely connected with eye-strain.

Let me quote the following case where the sequence of cause and effect appeared to be singularly free from fallacy: a very intelligent medical friend had suffered slightly from megrim since he was seven years of age, but as he got older, and especially as he was reading for his professional examinations, the bouts had become severer and more frequent. He was affected, in fact, with classical "blind headache." The attacks began with a coloured and scintillating obscuration of central vision, and as this passed away, as it generally did in five to ten minutes, intense unilateral headache supervened. The attacks were always associated with nausea. They were brought on by (a) indigestion, and (b) straining the eyes, as with the microscope. There was a family predisposition to megrim; the patient's mother and sister suffered severely from the affection, and two of his children were also affected. The headache, as a rule, did not last for longer than an hour, but on one occasion it persisted for four days without intermission. General remedies did little, if any, good. At last, at the age of about 39 years, the slight hypermetropic astigmatism (0.5 D) was corrected with spectacles for constant wear. The result was almost magical. The headaches became fewer in number and milder in character, and this has continued until the present time, some fifteen years after the glasses were prescribed. It may be added that severe headaches can still be induced by attempting to use the eyes without glasses.

In the next case the relief afforded by weak glasses was very prompt and striking:—Grace C—, æt. 22, consulted me in November, 1902. She was a fine, robust-looking country girl, but had always been subject to headaches, which had become worse during the last two years. The pain, which was ushered in by ocular spectra, affected the frontal region, and generally lasted a whole day. It was followed by vomiting. She generally had two or three such headaches during the week. The eyes were stated to ache and to get red after close work. The headaches were definitely induced by reading or working. General medical and dietetic treatment had proved useless. Upon examination no defect of the external ocular muscles could be found; there was 1 D of hypermetropia in the right eye and 0.75 D in the left eye. Spectacles correcting this small amount of long-sight were ordered for constant wear. After six weeks' use of the glasses, Miss C— reported that there had been no return of the headache, and that there was no aching, &c., of the eyes.

Megrim, contrary to what is sometimes thought, is far from rare in childhood. Nevertheless, it is perhaps

uncommon to elicit a clear account from young patients of the classical symptoms, so that cases must often be overlooked. I have met with fairly typical attacks in children as young as six years. The following case, although occurring in an older child, may be quoted because one or two unusual symptoms were present:—George D—, æt. 10, had suffered from three attacks of megrim, the first in the autumn of 1900. The attacks commence with an alteration in speech and a numbness of the right arm, and are followed by persistent vomiting. There is a strong family history of typical hemicrania, preceded by hemianopsia, in the mother and in several of her people. The patient, upon examination under atropine, was found to be affected with an extremely low grade of hypermetropic astigmatism, and the weakest cylinder of the trial case (+ 0.25 D), with its axis horizontal, was ordered for constant use. In the result, the megrim disappeared completely, and had not returned when the patient was seen a year afterwards.

I shall occupy no more of your time by quoting further instances of the relief or cure of megrim by the use of spectacles, although there would be no difficulty in doing so, but I shall simply say that, in my opinion, the eyes in every case of megrim should be examined as a matter of routine practice. I have good grounds for believing that in such cases relief can often be obtained by correcting the strain and confusion that arises in people of neuropathic disposition from even a small error of refraction or fixation. At all events, the experiment is worth trial in every case of so-called "sick-headache."

Now to turn to a second possible cause of ocular headaches, namely, the balance of the external muscles of the eyeball. Normally, those muscles should be so adjusted by means of their nervous supply as to cause objects, near or distant, to be fixed exactly and simultaneously by the two eyes. In other words, the visual axis of the eyes should meet at any object towards which they are directed, owing to a correct innervation of the external muscles of the eyes. If this state of muscular equilibrium is disturbed, a squint, manifest or latent, will be the result. The manifest or obvious squint we may leave on one side, but the latent squint is of interest from our present point of view. Provided the sight of the two eyes is approximately equal, the instinctive desire for binocular vision is usually so strong that although one eye tends to deviate inwards or outwards, yet it is restrained from doing so by involuntary innervation, which, though unfelt, may give rise to a condition of muscular asthenopia.

A special nomenclature has been designed to indicate the various kinds of muscular anomaly. Thus, the condition of the eyes in a state of normal muscular balance is called *Orthophoria*, while all departures are grouped under the name *Heterophoria*. If there be a latent convergence of the eyeball, we speak of *Esophoria*, and an excess of divergence is known as *Exophoria*. The last-named condition has been known to oculists for years as "insufficiency of the internal recti muscles," and is commonly associated with the higher degrees of myopia. *Esophoria*, on the other hand, is often combined with hypermetropia. Should the visual axis of one eye tend to deviate upwards the condition is known as *Hyperphoria*—"right" or "left," according to the eye affected. Combinations of these muscular defects may occur.

When these muscular defects give rise to symptoms of discomfort (which is by no means always the case) they may be relieved in several ways, of which the chief are correction of associated ametropia, the use of prisms, exercise of the defective muscle or muscles, tonics, out-door exercise, and operations upon the muscles.

These muscular anomalies have been studied chiefly in America, where, rightly or wrongly, heterophoria is credited with producing not only eye-strain and headache, but even such different disorders as neuralgia, insomnia, disturbances of nutrition, neurasthenia, chorea, epilepsy, and some forms of insanity.

(a) Savage.—*Medical and Surgical Reporter*, Philadelphia, July 29th, 1882.

(b) Hewetson.—*Medical Times and Gazette*, March 21st, 1885.

(c) Ranney.—*New York Medical Journal*, February 27th, 1886.

With regard to disorders of nutrition and derangements of nervous function, they are not seldom relieved by correction of ametropia, apart altogether from the question of muscular balance or imbalance. For example, Dr. Weir Mitchell quotes the case of a feeble, nervous, anæmic woman, æt. 30, with trifling hypermetropic astigmatism, who lost all pains, headache, and fatigue by wearing her glasses constantly. "The change in her appearance," wrote Dr. Mitchell, "was remarkable, and was, I think, solely due to relief of the strain with which she used her eyes." An interesting case of my own may be quoted in this connection. It is as under:—Theodora G—, æt. 12, the daughter of a medical man, came to me on September 22nd, 1900, complaining that use of the eyes for more than a few minutes brought on pain in the eyes and in the frontal region. It appeared from the history that a brief attendance at school always induced symptoms of an impending nervous breakdown. The child lost flesh, got white, and her health became extremely poor. This led the parents to send the girl when ten years of age to Tasmania. On the voyage the patient put on flesh and seemed healthy in every way, but when sent to school soon after reaching Tasmania, all her former symptoms reappeared. A change to the mountains of Wesley Dale in the colony was tried, but without success. Finally, after staying for a year in Tasmania, she returned to England. Another ophthalmic surgeon, who had examined the child just before I did so, stated that the eyes were not at fault, or rather that so little was the matter with them that there was no need to interfere. Upon examination, I found the sight almost but not quite normal ($\frac{1}{2}$ partly). There was some exophoria, corrected by a prism of $1\frac{1}{2}$ D base in. Under atropine, slight compound hypermetropic astigmatism was found, and the following glasses ordered for all purposes:

R.E. $+0.25$ Sph. $+0.50$ Cyl. 80° . L.E. $+0.5$ Sph. $+0.5$ Cyl. 70° . The symptoms were relieved at once by the glasses, the child became brighter and better in all ways, and she was able to attend school just like any ordinary girl. In November, 1902, there was a slight recurrence of the headaches, coinciding with a change to a school where greater demands were made upon the eyes. Symptoms, however, soon subsided after a slight change had been made in the axis of the cylinders, and a brief trip undertaken to Switzerland.

The view that heterophoria may cause chorea and epilepsy and insanity has met with little favour in this country, where much less importance appears to be attached to disorders of fixation than in the United States. The condition is common enough in England, but practically only in association with errors of refraction. Here the general opinion seems to be that its effects can be minimised by correction of the co-existing ametropia, without special attention to the muscular anomaly itself. Hence, in England we hear little of the "graduated tenotomies," so dear to the hearts of many trans-Atlantic surgeons.

Speaking for myself, I have met with a few, but very few, cases of vertical deviation, where headaches were promptly relieved by suitable prisms. It will suffice to quote a single case of this description:—Amelia P—, æt. 26, complained of vertical headaches, which had commenced when about fifteen years of age. They had become much worse since an attack of scarlet fever six or seven months before I saw the young lady. They were brought on by use of the eyes, and were most marked during her menstrual periods. There was no error of refraction, but a right hyperphoria of 1 D existed. This was fully corrected by a prism of $\frac{1}{2}$ D before each eye, and the result was both prompt and satisfactory.

(2) *The general health and constitution of the patient.*—It is clear that an error of refraction or of muscular balance is more likely to cause headache if the patient is in poor health, as from influenza, or debilitated, as from lactation or a recent confinement. It is far from uncommon for discomfort to make its appearance for the first time under such circumstances, even although

the ocular defect may have existed from childhood or even have been congenital. The explanation is simple. The general condition has involved the ciliary muscle and so has rendered it unable to compensate hypermetropia or hypermetropic astigmatism. The converse is to some extent also true. The effects of eye-strain can often be relieved, for a time at all events, by the giving of tonics, the use of physostigmine to the eyes, and the leading of an out-door and active life.

Then, complaints of headache are apt to be particularly pronounced in that numerous class of people who have inherited or acquired an unstable nervous system—the "neuropathic" disposition, as George T. Stevens (a) calls it.

Occupation, also, is not without influence. An ocular defect that would pass unperceived in an agricultural labourer would be apt to cause distress in a highly-cultured person.

In short, we should expect asthenopia to be marked under the following conditions and circumstances;—(1) In patients who are recovering from some general illness; (2) in those of neuropathic disposition; (3) in those of sedentary habits, who use the eyes for long together; (4) in persons of good social standing and of more than ordinary education; and (5) in children and those who belong to the female sex.

MAX SÄNGER:

A Biographical Record.

By H. MACNAUGHTON-JONES.

THROUGH the recent death (January 12th, 1903) of Professor Säger, gynecology has lost one of its greatest ornaments, and Germany one of her most distinguished teachers. His unaffected simplicity, his genial and courteous manner, the pains he ever took with all who visited his clinic, gained for him a universal regard. When the sudden blow came which initiated his long and weary illness, tragically commencing in the midst of an operation, all the scientific world of medicine in Germany and Austria-Hungary felt it as a personal grief. Säger was a stupendous worker; indeed, no one can estimate the full output of that laborious life who has not glanced through the list of his published works and writings. These covered every subject in the branch which he practised, having written as many as some hundred and thirty communications, from the time that he commenced his career as a doctor in 1875 until he was compelled to relinquish work.

Säger was born in Bayreuth on May 14th, 1853. He studied medicine in Würzburg and Leipzig, obtaining his degree of doctor in the latter university in January, 1875. He was assistant from 1876 to 1878 at the Polytechnic of Medicine and the Institute for Pathological Anatomy under Professor Wagner, becoming Privat Dozent from 1878 to 1881. He was a wide seeker after knowledge, and studied at various clinics outside his own country. He worked under Crédé's personal management, becoming operator in the gynecological clinic, continuing in this position until 1887, when Zweifel took over the duties. Meantime, he inaugurated a private Gynecological Poly-clinic, which in 1891 he had rebuilt and reorganised. Here now his old pupils and co-workers, Professors Krönig and Menge, have their clinic. He thus obtained material for his scientific work in Leipzig. In 1890 he became Professor Extraordinary. In 1896 he was appointed Medical Adviser to the Royal Family of Saxony, when the First Class Knight's Cross of the St. Olsforden's Order was bestowed on him. He was corresponding and honorary member of many foreign societies. In 1899 he became Ordinarius and President of the Gynecological Clinic in Prague. Here he worked hard at the completion of the Frauen Klinik in the new Emperor Franz Joseph Pavilion, a building which was completed and set in full working order in December, 1899. Only those who, like the writer, have seen the completeness of that clinic can appreciate the perfection of the arrangements therein, where every modern

(a) Stevens.—"Functional Nervous Diseases," New York, 1887.

idea has been availed of to make it complete both from a clinical and teaching point of view. Professor Kleinhaus, who assisted Sanger in the clinic, has succeeded him, and I am especially indebted to my genial friend, Dr. Schenk, Professor Sanger's first assistant, for most of the particulars of this sketch.

From 1889 Sanger was co-editor of the "Archives of Gynaecology," and in 1894 he founded, with the veteran Auguste Martin (now of Greifswald), a monthly journal of obstetrics and gynaecology which should have a cosmopolitan character, and which, independently of the original articles appearing in it, should indicate the progress of gynaecology all over the world. He also collaborated with Professor v. Herff, of Halle, in publishing an "Encyclopedia of Obstetrics and Gynaecology." The majority of Sanger's writings are to be found in the *Archives fur Gynakologie* and the *Centralblatt* during the twenty years of his active literary career, though he read several important papers at the International Medical and Gynaecological Congresses, as those of Breslau, Bonn, Rome, Brussels, Vienna, and Geneva.

As far back as 1881 he wrote his paper on the technique of amputation of the supravaginal myomata of the uterus (*Central. f. Gyn.*, 1881), and his name was associated with the earlier steps for vaginal total extirpation of the carcinomatous uterus. He was an advocate for the moist rather than the dry aseptic methods of intra-abdominal hemostasis. During the eighties he wrote several papers on Cæsarean section, advocating this step in preference to conservative measures or the Porro operation, making several suggestions as to the better method of performing the operation and its technique. He warmly advocated the views of Noeggerath on the latency and permanent consequences of gonorrhoea, and the later sequelae which follow that disease after long periods of quiescence. Most valuable were the additions that he made to our knowledge of the surgery of the urinary organs through his contributions on trans-peritoneal nephrectomy ("Surgical Text-Book," Thiersch), "The Surgery of the Female Urinary Passages" (*Central. f. Gyn.*, 1892), and on the "Abdominal Uretero-cysto Anastomosis in Uretero-genital Fistulas." Needless to say, he was a warm advocate for asepsis, both in midwifery practice and gynaecology. In 1889, Sanger distinguished and differentiated, under the title of "Deciduoma malignum," certain malignant tumours composed of deciduous or placental elements having special characteristics apart from other uterine neoplasms ("Zwei aussergewohnliche Falle von Abortus," "Ueber Sarcoma uteri deciduo-cellulare"), and again in 1893 he drew attention to these same decidual tumours, and his was practically the first systematic description of the tumour, not but that Maier, in 1875, had written on tumours of the body of the uterus composed of decidual tissue. It may be said that deciduoma malignum is now all but universally acknowledged to be a typical affection *sui generis*. His name was associated with the earlier efforts at abdominal uterine suspension, and as early as 1886 and 1888 he suspended a freely movable uterus by unilateral peritoneal fixation, his name being associated with that of Olshausen in the development of the operation known now by the name of the latter. Not in this direction only did he do much original work, but also in the domain of all plastic operations on the vulva, vagina, and cervix. He quickly recognised the originality of Lawson Tait's principle of operation, and advocated it. We also owe to Sanger, in conjunction with Auguste Martin, Brieske, and a few others, our earlier knowledge of the affection of the vulva known as *kraurosis vulvæ*, Sanger pointing out the secondary atrophic condition following upon the inflammatory stages of the affection.

This is but a brief survey of the more important work of the distinguished Prague professor. Many classical and philosophic papers also issued from his pen, such as that on the "Universal Causes of Female Diseases," which subject he took for his opening academical address, delivered in Leipzig in 1892, and that on "Mechanical Disintegration, Infection, and Propy-

laxis," delivered in Prague in 1900. The last time he visited England was in 1898, when he took part in the meeting in Edinburgh, and he was present at the address of his old friend, Professor Martin, given to the Gynaecological Society in London.

Professor Sanger has left three children to inherit the lustre of his name. Frau Sanger has many friends in England, medical and other, who feel for her that deep sympathy which her sad loss has evoked.

Clinical Records.

BEDFORD COUNTY HOSPITAL.

A Case of Renal Sarcoma.—Nephrectomy.

By S. J. Ross, M.B., Ch.B.,

Surgeon to Out-Patients, Bedford County Hospital.

(From Notes taken by Dr. Newton, House Surgeon.)

THE patient was a boy, et. 4.

Previous history.—The only illnesses from which the patient had suffered were infantile cholera in his first year and again in his second year.

Present illness.—During the winter of 1900, his parents noticed that his eyes and hands were occasionally puffy; his urine was dark "like the beer out of the bottom of a barrel." Early in September, 1901, he complained of pain in his stomach. He was admitted into the Bedford County Hospital, under the care of Dr. Coombs, on October 12th, 1901.

Condition on admission.—Patient extremely pale. Abdomen distended. Mercurial ointment was applied to the abdomen. The bowels were kept regular by aperients. The stools were clay-coloured. *Urine* very small in quantity, revealed on examination albumin and hemoglobin.

Upon carefully examining the abdomen there was discovered a tense swelling three inches in diameter. Fluctuation was present. This swelling was evidently continuous with a large, round, elastic smooth mass, occupying the right side of the abdomen, reaching inwards to the middle line, above to the right costal margin, and downwards to two inches below the umbilicus. The mass above was easily palpable, and lower down, and only on deep pressure. Lower and outer borders rounded. Absolute dulness over the upper part as far as one inch above the umbilical level, below that tympanitic from overlying colon. The swelling somewhat tender on manipulation. The lower margin of the liver palpable, about an inch below the costal margin.

Diagnosis.—The case was regarded as one of hydro-nephrosis.

Mr. Nash, the senior surgeon, having been operating upon a septic case, asked me to cut down upon the kidney. This I did. Upon opening the capsule, blood gushed out. The examining finger broke down soft sarcomatous tissue. The nature of the case being evident, the incision was increased towards the umbilicus and the kidney removed. Adhesions were found to the colon and under surface of the liver.

Subsequent history.—Temperature fell from 101° to subnormal on the evening following operation. It rose again three days later to 100·8°. An aperient reduced it to normal, the temperature remaining normal till the date of discharge, December 4th, five weeks after operation. The average quantity of urine passed after operation till December 4th was 21 ozs. collected, besides some urine passed involuntarily. The urine still contains a trace of albumin.

Remarks.—Upon an error in diagnosis the surgical steps taken were founded. We had to deal with a renal swelling, which increased rapidly in size, and was accompanied by diminished secretion of albuminous urine.

The physical signs which pointed to the renal origin of the tumour were:—

1. The presence of a swelling in the right loin, the borders of which were rounded.
2. Dulness in the right flank continuous with liver dulness, the lower border of the latter organ being definable.
3. Slight descent of the tumour on respiration.
4. Colonic tympany elicited over the tumour.

What might this swelling be?

Cystic disease of the kidneys.—In this condition both kidneys are usually affected. The surface of the swelling is irregular. The late symptoms of this condition are (1) diminished secretion of urine; (2) uræmia. In the case under consideration, the left kidney was apparently normal. The surface of the swelling was smooth. The rapid increase in the size of the swelling was also an unusual feature.

Hydronephrosis.—The kidneys are developed from the metanephros, the ureter from the metanephric duct. Sometimes at the junction of the ureter with the infundibulum of the pelvis of the kidney, there is an obstruction which leads to hydronephrosis. The history of these cases is painless enlargement of the affected organ, with signs of a renal tumour. When only one kidney is affected the secretion of urine may remain normal, from compensatory hypertrophy of its fellow; on the other hand, there may be a diminution of urine from reflex causes. There may be rapid increase in the size of the swelling due either to (1) one cyst bursting into another, or (2) an incomplete obstruction becoming complete.

Renal abscess or tuberculous kidney.—There is usually a history of pain in the lumbar region, and pus is present in the urine.

Sarcoma of the kidney. is usually congenital, but may first make its appearance during the first few years of life. Siebert collected fifty cases and found that forty occurred during the first five years of life, ten occurred in infants under twelve months. In one case a sarcoma of the kidney was discovered in a foetus born dead. In these cases hæmaturia was present at some time or other in nineteen cases.

Hæmaturia is a rare symptom. As one would expect, the growth is really perinephritic, originating in the cells lining the renal capsule. The renal tissue disappears by pressure atrophy. The diminished secretion of urine is partly of reflex origin. Usually a painless enlargement, it may become painful if local peritonitis with adhesion to surrounding structures occur, e.g., as in the above case, where adhesions took place to the liver and colon. The growth is rapid. Usually both kidneys are affected. In structure it is either a round or spindle-celled growth. In the case under consideration it proved to be a round-celled growth. To one or two further points I should like to refer.

1. *Hæmoglobinuria.*—With the profound anæmia present in this patient there must have been a rapid breaking up of red blood corpuscles, with the result of a large quantity of hæmoglobin being freed. The anæmia was probably of uræmic origin.

The rise in the temperature previous to operation was probably due to hæmorrhage occurring in the growth and by the absorption of fibrin ferment.

The clay-coloured stools were the result of pressure upon the duodenum by the tumour. The constipation was probably partly of uræmic origin and partly due to adhesion of the growth to the colon.

Four months ago the patient was alive.

In these cases is operation justifiable? This case seems to warrant an affirmative answer. At any rate, his life was prolonged, and comparative comfort followed the operation. In a similar case I should most certainly advise operation. The irritation of a growing tumour in one kidney acts as a reflex inhibitor to the secretion of the comparatively sound kidney, and in all probability uræmia is more often attributable to this cause than to lack of secreting renal tissue.

I have to thank Drs. Goldsmith and Le Fanu for their able assistance at the operation.

Mrs. Mary Ann Snow, Maida Vale, who died on October 6th, and whose estate has been valued at £87,541, has bequeathed to the cancer research fund of the Middlesex Hospital £700, to the cancer wards of the Middlesex Hospital £500, to the research fund of the cancer hospital at Brompton £500, to the London Mission, for their Home for the Dying, £500, to the Kingsdown Orphanage £500, and to the Society for the Prevention of Cruelty to Children £500.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, FEBRUARY 4TH, 1903.

PETER HORROCKS, ESQ., M.D., F.R.C.P., President, in the Chair.

A CASE OF PROFUSE MENINGEAL HÆMORRHAGE IN A FŒTUS DURING LABOUR.

DR. SIKES showed a foetus which was born after a normal labour lasting under twelve hours, the second stage taking three hours. Nothing unusual was noticed except that there was some delay in the dilatation of the soft parts. The external pelvic measurements of the mother were normal, but the internal conjugate was contracted to a slight extent. The child's head was, if anything, rather below the normal size. The mother was a primipara. The child developed general convulsions soon after birth and died. Post mortem, under the scalp and beneath the meninges, there was copious hæmorrhage, covering both hemispheres and pretty evenly diffused. No hæmorrhage into the ventricles nor into the substance of the brain. The bones, of the foetal skull were very imperfectly ossified and resembled parchment. He recalled that several cases of the kind had been reported by Dr. Spencer ten years ago.

DR. HERBERT R. SPENCER thought with the author that the hæmorrhage was due to the softness of the bones, and he recalled the fact that in his paper on the subject he had pointed out that it was not only general softness of the cranial bones, but more especially that of the anterior cornua of the parietal bones which lay over some veins. If these were obstructed by pressure they would give rise to hæmorrhage from the sinuses. The softness of the bones in some cases was extraordinarily pronounced. He had noted in his paper that in every child which had died after delivery by the forceps there was extensive meningeal hæmorrhage.

THE PRESIDENT mentioned that the difficulty in establishing breathing in newly-born infants which was sometimes experienced, even when the heart was beating vigorously, was often due to hæmorrhage into the medulla oblongata.

DR. SIKES, in reply, said he had examined the medulla but had failed to detect any trace of hæmorrhage. He had examined ten or a dozen infants who had died after forceps delivery, and they had never found any hæmorrhage into the medulla, though possibly if sections had been made this would have been detected.

FŒTAL ASCITES AS AN OBSTACLE TO DELIVERY.

DR. EDEN showed a foetus whose abdomen had been the seat of enormous ascites. The history was as follows: The mother, a single primipara, had been in labour for twenty-four hours when, as no progress was made, she was given a teaspoonful of liquid extract of ergot in brandy, and this was repeated several times during the following day. After being forty-eight hours in labour a leg was found to have prolapsed and an attempt was made to deliver, although the cervix was not properly dilated. The foot came away, and on pulling on the leg that came away also, the foetus being macerated. The same thing happened on the other side and an attempt was then made to grasp the trunk with the craniotomy forceps, but unsuccessfully. He was then asked to see the patient, but experienced great difficulty in making out the position. Ultimately he located the sacrum, and then found that the part presenting was the much distended abdomen of the foetus. He opened it with scissors when much clear liquid escaped and delivery was then effected. The foetus was much macerated and appeared to have died two or three weeks before. The abdominal cavity was much dilated and the thoracic organs were displaced upwards. The bladder was distended, this

being due to an imperforate urethra. There was no hydronephrosis or distension of the ureters. He observed that the pathology of these cases was obscure, though syphilis had been incriminated in some cases and peritonitis in others. In this specimen there was no trace of peritonitis, and though syphilis could, of course, not be excluded there was no definite history pointing thereto. The liver and portal circulation showed no change. A case had been recorded by Herman in which the ascites was due to a new growth pressing upon the portal vein, but this was the only case on record due to this cause.

Dr. SPENCER observed that the specimen belonged to a rare class of which he had seen several instances, two or three as marked, as in this instance, and three others with a smaller amount of fluid in the abdomen. In the "large" cases he had been unable to make out any cause, although in one instance there was hydronephrosis with greatly distended ureters. In the second category there was a strong presumption of syphilis, and there was marked peritonitis with large flakes of lymph. He thought that there could be no doubt that syphilis was a potent factor in the production of this abnormality.

Dr. MALINS said the case was interesting from several points of view. He had met with such a case some years ago, after Sir James Simpson had pointed out that the condition was not infrequent. The cause in that case was tuberculous peritonitis leading to hydroperitoneum. There was the same difficulty in recognising the source of the fluid as there was no evidence of syphilis or of obstruction to the portal circulation.

The PRESIDENT said one point of interest was that the urethra was obliterated. He recalled a case in which labour was obstructed consequent upon the obliteration of the urethra in a female child. In this case the vertex was down so that the difficulty in effecting delivery was very great. The practitioner in charge called in a colleague who tore the arms away and the patient died suddenly just as he (the speaker) arrived at the door, death being due to rupture of the uterus. The abdomen of the fœtus was greatly dilated by the enormously distended bladder. The Fallopian tubes were of great size and the uterus was also very large. This ought to teach that when the child was dead it was idle to attempt to get it away in its entirety, the interests of the mother claiming their undivided attention. Such a child should be lessened in bulk as much as possible to expedite delivery.

Dr. SIKES asked whether the placenta presented anything abnormal.

Dr. EDEN, in reply, said he had discovered nothing wrong with the placenta.

EXTRAORDINARILY RAPID DEVELOPMENT OF A NEW GROWTH.

Dr. INGLIS PARSONS related the case (with specimen) of a woman who came with a large rounded tumour in the abdomen reaching up to the ribs. She had menstruated three weeks before admission. It was diagnosed to be a multilocular ovarian tumour, and it was removed. On examination it was reported to be a cystic adenoma. He had tapped it, but the fluid was too viscid to escape through the trocar. There were one or two slight adhesions to the omentum. She did perfectly well until the thirteenth day, when she complained of pain, and a swelling was made out behind the uterus, which rapidly increased in size. Feeling certain that there was no pus, the temperature not being raised, he delayed further intervention for some days, but had ultimately to intervene *in extremis*. She died the next day, when the ureters were found blocked with new growth, and there were numerous metastases in the organs. It proved to be a round-celled sarcoma. He pointed out that the tumour had first been noticed a year previously, so that it had not grown rapidly. She was well nourished and free from emaciation, and the adhesions were but slight. The interesting feature was the extraordinarily rapid evolution after operation.

A NEW FORCEPS AND NEEDLE-HOLDER.

Dr. H. G. SPENCER showed a novel and ingenious instrument which served as forceps and needle carrier. When armed it pulled the needle through so that suturing was made very easy. It was known as the Kurz forceps or needle-holder.

The PRESIDENT then delivered the Annual Address.

The PRESIDENT pointed out that the laws of the society were altered twelve months ago so as to enable ladies who were legally qualified to practise medicine to join the society. During the year no less than ten ladies had availed themselves of this privilege and no doubt their number would speedily increase. Also a new law had been passed whereby authors of papers could publish their work in other journals than the "Transactions" of the Society. This had been found to work satisfactorily. The new standing Pathological Committee had done excellent work. No less than fifty-nine specimens had been shown during the year, and these were above the average in interest and importance. A brief account of the nine papers which had been read was given, with the chief opinions expressed during the discussions upon them. Obituary notices of deceased Fellows were given—namely, John Griffith Lock, of Tenby; John James Tweed, of London; Thomas Robert Lombe, of Torquay, who had been a Fellow ever since the foundation of the Society in 1859; James Neal, of Birmingham; and Henry Oldham, Consulting Obstetric Physician to Guy's Hospital. Oldham was born in 1815, and died at the age of eighty-seven, in November, 1902. He received his medical education at Guy's Hospital and was appointed Obstetric Physician to that hospital at the same time as Dr. Lever in 1849. He was one of the best lecturers Guy's ever had, and his lectures are still remembered by a large number of practitioners. His style was dramatic. Interesting details of his life obtained from his colleague, Sir Samuel Wilks, from his friend and pupil, Dr. Constantine Holman, and from his son, Colonel Oldham, were given. He was one of the first Vice-Presidents of the Society; its third President, its second Treasurer, and one of its first three Trustees. He held this latter post until his death, that is, upwards of forty years. Dr. Champneys had been elected to fill his place in this respect. Thanks were given for able assistance during the President's two years of office to Dr. Herbert Spencer, who was Senior Honorary Secretary during the first year; and to Dr. Amand Routh, who had fulfilled the duties of that office during the second and last year.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY. MEETING HELD ON FEBRUARY 4TH,

SIR T. R. FRASER, President, in the Chair.

Dr. GEORGE GIBSON showed a

CASE OF ADHESIVE MEDIASTINAL PERICARDITIS in a lad who had suffered for six months from dyspnoea and œdema of the legs. On admission to hospital there was marked cyanosis, anasarca, ascites, and albuminuria. The fingers showed no clubbing, the liver was greatly enlarged, and the spleen was palpable beyond the costal margin. The physical examination of the heart was entirely negative, but the pulse was a very characteristic example of *pulsus paradoxus*. Examination of the blood showed from 7,500,000 to 8,000,000 red corpuscles with from 93 to 105 per cent. of hæmoglobin. A sign, which was necessary before the diagnosis of adhesive pericarditis could be regarded as absolutely established—viz., inspiratory collapse of the veins of the neck—was not present in this case. No other explanation of the signs than that given, however, seemed feasible.

Dr. JOHN THOMSON showed a child evincing a peculiar form of giant growth. The patient was a girl, æt. 5 years and 11 months, and was about 23 lbs. heavier, and 4 ins. taller than the average at that age, resembling in size a child of nine or ten. The hands and feet were small and delicate in relation to the size of the head and trunk, thus differing from

acromegaly. The ring fingers were short, and the little fingers incurved. The overgrowth involved the soft tissues as well as the bones, the features being large and the trunk covered by a thick layer of fat. The voice was gruff and harsh. The eyes were normal and no limitation of the visual fields had been made out. There was a slight amount of general debility, and the child was mentally below par. There was no paralysis, sensibility was normal, slight ankle-clonus and an extensor response of the great toe were present. The increased growth apparently had only become noticeable a few years before.

Dr. MELVILLE DUNLOP showed two

CASES OF SYPHILITIC ARTHRITIS IN CHILDREN, a brother and sister. In the former there was symmetrical synovitis of the ankles, wrists, elbows, and, to a less extent, of the shins and clavicular articulations. There was also a considerable amount of swelling of the left side of the face, with oedema of the soft parts and enlargement of the neighbouring glands. This was apparently due to periostitis of the superior and inferior maxillæ, and considerably interfered with the function of the temporo-maxillary joint. There was neither pain, stiffness, creaking, nor actual deformity of the joints, which seemed against rheumatoid arthritis, while the diffuse nature of the affection had seemed against syphilis. The diagnosis of the specific nature of the condition was, however, confirmed by finding thickening along both ulnar bones, and by seeing the sister of the patient (shown) who suffered from typical syphilitic synovitis of both ankles and knees. As a rule, syphilis affected only the knee-joints; it was excessively uncommon to get so diffused a synovitis as in the case of the boy exhibited.

Mr. COTTERILL showed (1) gangrene of gall-bladder in a case of cholelithiasis; (2) sarcoma of skin; (3) parenchymatous goitre; (4) sarcoma of testicle, with metastases in the brain, heart, lungs, liver, and intestine; (5) symmetrical exostoses of tibia, occurring in above sarcomatous patient; (6) round-celled sarcoma of undescended testicle closely simulating cartilaginous tumour of testis.

Dr. ALEXANDER BRUCE read a paper on
DOUBLE PARALYSIS OF THE LATERAL CONJUGATE
DEVIATION OF THE EYES.

The patient was an unmarried woman, æt. 27, healthy till her fifteenth year, when she suffered severely from anæmia, and very often fainted. There was a family history of tubercle. The illness, on account of which she sought advice, had followed a fall from a ladder, which had rendered her unconscious for about twenty minutes. After recovering from this she became liable to attacks of giddiness, which were especially frequent in the street and caused her to fall towards the right side. She then became aware of a feeling of stiffness on looking to the left side and on the left side of the mouth, particularly on speaking. Previous to coming under Dr. Bruce's observation she had been examined by an oculist, who had discovered a crossed diplopia due to paresis of the left internal rectus; on examination by Dr. Bruce there was almost complete left facial paralysis, and the left palpebral aperture was wider than the right. On looking to the right side the right eye moved almost to the outer canthus, the latter part of the movement being carried out in a series of nystagmoid jerks; the left eye did not move so far to the right, but lagged behind slightly. On attempting to look towards the left the eyes remained parallel, but did not pass beyond the middle line. The convergence of the eyes was perfect. The diagnosis was a lesion of the left sixth nucleus, which innervates the external rectus of the same side, and the internal rectus of the opposite side, through the posterior longitudinal fasciculus, uniting it with the opposite third nerve nucleus. A lesion in this position would easily catch the fibres of the left seventh nerve curving round the nucleus of the sixth, and also the fibres of the opposite posterior longitudinal fasciculus converging fibres to the left internal rectus. It would thus account for the paralysis of the left external and right internal recti and the left facial, and the paresis

of the left internal rectus. In addition to these symptoms there was some disturbance of the muscular sense, as shown by difficulty in touching the points of the fingers together. As time went on the vertigo increased, vomiting set in, and the patient complained of left-sided headache. Conjugate deviation to the right became difficult and finally impossible, and ultimately there was complete paralysis of lateral conjugate movements both to right and left. The patient died with symptoms of tuberculous meningitis, and on post-mortem examination a small tubercular nodule was found in the floor of the fourth ventricle invading the sixth nuclei on both sides. The case was of interest on account of the extreme definiteness and circumscribed character of the lesion, and because it had enabled a demonstration to be made of the course of the fibres from the sixth nuclei to the opposite internal recti. It was found that degenerated fibres could be traced in the course of the posterior longitudinal fasciculus from the sixth to the opposite third nuclei, but no further, thus proving that the sixth nucleus innervates the opposite internal rectus indirectly through the intermediary of the third nucleus.

Drs. Bryom Bramwell, Edwin Bramwell, and Chalmers Watson discussed the paper.

Dr. HARRY RAINY and Mr. STILES gave a lantern demonstration of skiagrams, illustrating various bone affections in children.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST,
ON THURSDAY EVENING, FEBRUARY 5TH.

The President, Dr. JOHN CAMPBELL, in the Chair.

Dr. Wm. CALWELL demonstrated a method of making a short clinical examination of the stomach and its contents, showing how insufficient the ordinary examination is, and the necessity of extending the stomach with gas, and of a more accurate examination of its contents, including a test breakfast. He demonstrated on a case of dilated stomach, the extent of which could not have been ascertained by the ordinary methods of examination.

Mr. A. B. MITCHELL read a paper based on twenty-nine

OPERATIONS ON THE STOMACH,

including eleven for perforation, with seven recoveries. Referring to these eleven cases he said that the first three were undertaken before the necessity for early operation was generally recognised, and were practically hopeless from the outset; all three died. Eliminating these, he had eight consecutive cases with seven recoveries. As he had recently described these cases he did not dwell on them, but passed on to describe eighteen operations on cases clinically regarded as gastric ulcer. This series included six cases of hour-glass stomach with five recoveries; all five were restored to perfect health after years of semi-invalid life. Further, there were six cases of pyloric obstruction with dilated stomach; four of these were treated by posterior gastro-enterostomy, one by anterior gastro-enterostomy, and one by gastro-duodenostomy. Of these, three died, one from ether pneumonia, one from septic pneumonia (this patient being practically moribund before operation), and one from cicatricial contraction round the new opening. Finally there were six cases unclassified, including one of excision of an ulcer, one of separation of adhesions and gastrostomy, one of simple unfolding of an extensive ulcer without opening the stomach, one of gastro-enterostomy for duodenal ulceration—these four cases all made excellent recoveries—and two cases of exploratory laparotomy where no abnormal conditions were found, though both patients expressed themselves as greatly relieved by operation.

After describing these eighteen cases in some detail, Mr. Mitchell proceeded to sum up the indications for operation. In the first place, he said, all cases where the symptoms point to a mechanical cause should be submitted to operation, as it is perfectly useless to

expect any lasting benefit from drugs. Unfortunately, hour-glass stomach can rarely be recognised beforehand. In dilatation of the stomach, washing out relieves at first, but the relief is only temporary, and operation is the best treatment. In a large proportion of cases no definite indication exists, and it is only when all medical treatment has failed that operation is considered, but in these cases it is important to operate in time, and not allow them to struggle on as chronic invalids till they are too weak to give a fair chance to the surgeon.

Operation is sometimes called for in hæmatemesis but the prognosis in these cases is very bad. Mr. Mitchell recalled two cases he had seen brought into hospital for this condition, and both had died suddenly without operation, though in the light of subsequent knowledge one could see that operation would have been right.

In the discussion which followed the paper, Professor Sinclair made some remarks on the value of different forms of operation, expressing a preference for anterior gastro-jejunostomy. Regurgitation of bile was not frequent, he thought, and need not be held up as a bugbear. As to hæmorrhagic cases, though the surgical rule might be to cut down on a bleeding point, he thought one might proceed to cut down on a bleeding middle meningeal artery with about the same prospects of success. Gastrectomy was, in his experience, liable to be followed by contraction and a state something like hourglass stomach.

Dr. TENNANT discussed the bacteriological aspect of these cases, and the effect which the condition of starvation, in which many of these cases were, might have on the growth of bacteria in the bowel.

Professor SYMINGTON asked, as an anatomist, for information on two points—first, what was a *normal* stomach, and second, did the stomach when dilated ascend as well as descend? He suggested that there might be a physiological as well as a pathological form of hour-glass stomach.

Dr. MCCONNELL, one of the most senior members of the Society, congratulated the younger members on the times in which they were born, and on the wonderful advances in surgery, which to him seemed like "the fairy tales of science."

Dr. CALWELL, replying to Professor Symington's questions, thought that when the stomach reached below the umbilicus it was generally regarded as pathologically enlarged, but it was necessary to remember that myasthenic dilatation often occurred in wasting disease, and such cases would often appear in the anatomical rooms. As regarded the second question, the stomach might be pressed up, but did not enlarge upwards.

Professor LINDSAY discussed the relative positions of the physician and surgeon in these cases, and also the question of the diagnostic value of persistent local tenderness. He would not agree with Dr. Calwell's definition of an enlarged stomach, but considered it pathologically enlarged if the food remained for five hours in it.

Mr. MITCHELL briefly replied to his critics, and thanked them for the kind way in which they had referred to the value of his paper.

The President has issued invitations to the members for a Smoking Concert, to be held in the Medical Institute on Thursday evening, the 12th inst.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD JANUARY, 29TH, 1903.

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

Dr. BLAIR BELL reported a case of scirrhus of the male breast.

Dr. PERMEWAN reported three cases in which he had successfully removed benign growths from the larynx.

Dr. McDUGALL congratulated Dr. Permewan on the success of his cases.

CASE OF SUCCESSFUL OPERATION ON SEVERED MEDIAN AND ULNAR NERVES.

Dr. NATHAN RAW showed a case in which he had successfully united the severed median and ulnar nerves several months after division. The point he wished to draw special attention to was the return of sensation within twenty-four hours of the operation.

Mr. DAMER HARRISSON had performed many experimental operations with Professor Gotch, and had several successful cases. He had found experimentally that impulses never passed through the nerve before the tenth day. Sensation returned first, then the trophic lesions passed away, motor power followed, and finally electrical reactions were obtained.

Sir WILLIAM BANKS recalled cases, which he showed to the Society, where he had employed the sciatic nerve of the dog and sheep to repair the injured median and ulnar in man. At the Great St. Helens glassworks division of the latter nerve is of no infrequent occurrence, and in former days, when no attempt at primary suture was made, it was very curious what an amount of sensation and motion gradually returned after two or three years. This was explicable on the "loophole" theory, but in Dr. Raw's case the immediate return showed that the nerve current had at once found its way back through the old route. Viewing a nerve in the light of an electric telegraph cable, with each thread of the nerve corresponding to each wire of the cable, we know that, when a broken cable was repaired it was necessary to unite the broken ends of the identical wires, whereas when we joined a nerve,—either immediately or through the intervention of some piece of indifferent tissue, it was not possible to join the identical nerve fibres, and yet messages were sent. Might not the principle of Marconi's wireless telegraphy explain this? Let us suppose the divided ends of the fibres of a nerve to be attuned to each other like Marconi's masts, then any impulses sent along the proximal end from the electrical battery, the brain, can be conceived as travelling through a suitable medium to reach the distal end, without the necessity of intervening fibres (wires) at all.

Mr. G. G. HAMILTON had operated on a number of cases by simply suturing the divided ends, and the results had been quite satisfactory. Two cases were mentioned where division of the nerves was overlooked by chemists. In seven cases a few hours after the divided nerve was sutured sensation returned for about twenty-four hours, and then completely disappeared.

Dr. GULLAND asked as to the appearance of the distal portions of the nerves. After fourteen weeks' separation he would have expected complete degeneration. In this case we could not explain the immediate return of sensation. He also thought a considerable amount of the improved muscular power and movement was dependent on the long flexors, whose nerve supply came off about the seat of section of the nerves, and whose tendons Dr. Raw united at the operation.

Mr. KEITH MONSARRAT had recently a similar case in which sensation was re-established twenty-two hours after operation. He thought this rapid restoration showed that even in the absence of the integrity of axis cylinders the nerve as a whole was capable of conducting sensory impulses, and that the analysis of these impulses took place entirely in the cerebrum.

Dr. Alexander and the President also spoke, and Dr. Raw replied.

Dr. MACFIE CAMPBELL read a note upon bedroom ventilation. After dealing with the changes in respired air, and the rate of change necessary to maintain purity in rooms of varying capacity, he said that a fire in the room was useless unless kept up; the Hinckes Bird system, and Tobin's tubes too, were unsatisfactory in his opinion. Dr. Campbell found the only really satisfactory plan was to have the bedroom window widely open. He found sleep more refreshing, consequently fewer hours in bed were necessary, and getting up a pleasure. That he was never cold at night, and freer from catarrh.

Dr. BARENDT agreed thoroughly with Dr. Macfie

Campbell's remarks. He hoped it would become a tenet of personal hygiene that the air of the bedroom should be as pure in the morning as at night.

Drs. Carter, Permewan, Bushby, Mr. Bickerton, and the President spoke, and Dr. CAMPBELL replied.

OPERATIONS FOR STONE IN THE BLADDER.

Mr. G. P. NEWBOLT read notes of two cases of stone occurring in the female bladder, one removed by litholapaxy, the other by suprapubic cystotomy. He dealt with the methods of removing stone from the organ, and emphasised the fact that vaginal lithotomy may be followed by fistula, and should only be practised on certain rare occasions.

Mr. THELWALL THOMAS, although particularly partial to suprapubic lithotomy, thought that such an operation in adipose females with ammoniacal urine liable to lead to septic cellulitis. He preferred vaginal lithotomy if lithotripsy was impossible.

Dr. BRIGGS thought vaginal lithotomy had many advantages over the suprapubic route in adult females. Abundant evidence now existed in support of this view.

Drs. E. T. Davies, Bushby, and Alexander spoke and Mr. NEWBOLT replied.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, JANUARY 28TH.

Dr. P. T. O'SULLIVAN, President, in the Chair.

Dr. J. COTTER showed a fibro-myoma of the uterus weighing 13 lbs., which he had removed from a patient, æt. 52, by supravaginal hysterectomy. Menstruation had been regular during the seven years that the tumour had been noticed, and, except for some bladder trouble, there were no prominent symptoms. The patient made a good recovery. Dr. Cotter also read notes of an operation for strangulated hernia in a male infant, æt. 6 weeks. The hernia was of the congenital inguinal variety on the right side. The operation was done by Barker's method, and the patient was discharged cured nine days afterwards. As regards the age of the patient, statistics were given in the "International Text-Book of Surgery" of 100 cases of herniotomy on infants, and in these the youngest patient was two months old.

Dr. PHILIP G. LEA showed a patient suffering from acromegaly. The patient was a married female, æt. 28. For the past three years she had had amenorrhœa. Over a year ago she noticed her hands getting larger, and in a short time had to wear size 8 in gloves. For some time past she could get only woollen gloves to fit her. She wore 10½ men's size in boots. Her height was 5ft. 4ins. The lower jaw was also enlarged, and when her jaws were closed the lower teeth protruded, and were also separated from one another. The patient suffers greatly from excessive perspiration.

Dr. H. R. TOWNSEND read notes of a case of rodent ulcer successfully treated by X-rays, and showed photographs of the patient, an old lady, æt. 72. The ulcer was situated between the eye and tip of the nose on the right side, and had lasted fourteen years, during which time various methods of treatment had been tried without success. Forty-four sittings were given, each lasting from eight to fourteen minutes, the intervals between the sittings being either one or two days. The peculiar feature of the case was that no improvement was noticed while the patient was under treatment, but ten days after the last sitting the ulcer had completely healed.

Dr. W. ASHLEY CUMMINS showed two modifications of Kocher's gland forceps that he had devised. In one there were no hooks at all, and in the other the hooks were much smaller than in Kocher's original forceps, rendering rupture of the capsule of the gland less likely to occur. The blades of the forceps were also inclined to each other at such an angle as not to burst the gland when it was being extracted. Dr. Cummins also showed a fine curved bradawl and needle that he had invented for suturing a fractured patella.

Germany.

[FROM OUR OWN CORRESPONDENT]

Berlin, February 7th, 1903.

At the Society for Internal Medicine, Hr. W. Körte discussed the

INDICATIONS FOR THE SURGICAL TREATMENT OF CHOLELITHIASIS AND CHOLECYSTITIS.

Since the commencement of the nineties this treatment had been in extensive use. Since that period he had himself operated in three hundred cases. The reach of the operation had been over-estimated. Whilst immediate operation had been desired by some surgeons in gall-stone troubles, it had been looked upon by others as the last refuge. The former desired to operate whenever there was a stone in the gall-bladder before it got into the choledochus would be right if the second stage always followed the first. But this was not the case. Even after the most violent attacks a latent stage might come on that might last to the life's end—no recovery it was true, but its equivalent from the patient's point of view. The view had gradually developed that the mechanical condition played a part minor to that of infection. There were typical attacks of cholelithiasis that were set up by inflammation of the gall-bladder only. Then hydrops of the bladder took place from impaction of the stone in the choledochus. Hydrops might exist a long time without giving rise to trouble. So soon as infection took place, however, most serious symptoms came on. Large gall-stones that would not enter the choledochus sometimes occasioned attacks of colic which were also due to inflammatory causes. Also with stones lying in a recess in the duct without blocking it; jaundice and other symptoms appeared due to infection and swelling of the mucous membrane. Especially in the lower part of the duct bacteria were always present, particularly the *Bacteria coli*, which were kept harmless by the constant passage of bile. If any disturbance of this flow through took place, serious symptoms might follow. The presence of gall-stones merely, therefore, did not form an indication for operation, but the kind and degree of inflammation was the guide.

There was another point: Did operation guarantee freedom from the trouble? Certainly not. After trouble might arise in three ways. Either through true recurrences or by pseudo-recurrences, or by retained calculi, or by adhesions. True recurrences were rare, but they did occur. Gall-stones arose from stasis of the bile and from infection. When after cystotomy the gall-bladder almost always became attached to the abdominal wall, kinking of the choledochus might take place and lead to stagnation of the bile. If infection became added we had the condition for a new formation of stones. Stones had also formed around silk threads left in the gall-bladder. A case the speaker related showed that new formation of stones could not always be avoided.

All surgeons would concede that stones might be overlooked. As regarded attachments, the known ready formation of adhesions on the part of the serosa might easily lead to trouble after extirpation of the gall-bladder. The trouble was not serious, however, and it ceased on the separation of the adhesions. The patient's attention should be drawn to this. For the reason given, the speaker was very shy of operating in ordinary cholelithiasis. He operated in such cases at the wish of the patient. He adopted the same attitude in cases of dropsy of the gall-bladder in which, generally, the symptoms were not very acute; in case

they were he proposed operation. In this group, however, internal treatment must be tried first.

There was a second group, however, that belonged to the domain of surgery. This group consisted of such cases as led to permanent invalidism, or were dangerous to life. Here after troubles did not count. The period of time for operation was decided by continued existence of dull pain and discomfort after the acute attack had subsided, the gall-bladder being resistant and tender. The normal gall-bladder could not be palpated—this could only be done when the walls were rigid from inflammation. In spite of suppuration fever was not necessarily present. Suppuration appeared in two forms—acute suppuration and chronic empyema. Empyema should be operated upon as it might at any time pass in to an acute stage; internal remedies were useless. Acute suppuration arose when bacteria found their way in. The inflammation here might be so acute that operation must be resorted to at once, otherwise one would prefer to wait until the attack subsided. The greatest danger in acute inflammation was rupture of the sac, as in a case related by the speaker in which at the operation the gall-bladder was found very tense, containing numerous stones and having at one spot an ulcer almost ready to burst. He had operated in nineteen cases of acute empyema of the gall-bladder. If the jaundice present did not disappear, this was owing to inflammation in the deeper bile passages or from a stone being impacted in the choledochus. The choledochus stone was a pressing indication on account of the danger of cholæmia and ascending cholangitis with abscess of the liver. The operation was not easy and it had its risks. In the absence of acute symptoms, six to eight weeks might be awaited. In one case the speaker found pus in the choledochus even after five weeks.

A not unfrequent complication was carcinoma of the gall-bladder. Along with it empyema of the gall-bladder was often found. In cancer of the gall-bladder calculi were almost always found. When the flow of bile was hindered by a tumour of the pancreas, operation did not afford much prospect. Here cholecystenterotomy might be performed, but the contents of the intestine might flow backwards and lead to abscess of the liver.

As regarded operation the fundamental principle was to make the field of operation accessible. If the gall-bladder was seriously diseased, it should be extirpated. The deeper bile passages could only be inspected in this way. Here also was frequently met with infection, and then drainage of the choledochus was to be recommended.

From all that had been said it would be evident that the time for operation must be determined by the individual features of the case.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 7th, 1903.

[MULTIPLE CARTILAGINOUS EXOSTOSES.]

GRUNFELD, at the Gesellschaft, exhibited a boy, æt. 10, with multiple cartilaginous exostoses distributed over the entire body, the ribs, sternum, scapula, humerus, wrists, femur, tibia, &c., being involved. The tumours were of a bony hardness, immovable, and covered by unaltered skin. The child had every symptom of rachitis, such as caput quadratum, angular teeth, &c., while its length and weight were much under the average for its age. The left arm was one centi-

mètre, and its leg two centimètres, less than the right in length. The Röntgen rays revealed a larger number of smaller tumours than was observed on the surface, and, as Virchow has shown, situated at the diaphysal ends of the bones. These growths had a spongy structure with irregular trabeculæ, somewhat hard and dense on the upper surface. The shortening of the extremities with the enlargement at the epiphyses gave an abnormal appearance to the limbs.

The histological examination of the tumours confirmed the opinion of spongy bone bound together by a hyaline cartilage.

Kienböck showed a similar case of multiple exostoses, of which he had counted eighty. On moving the shoulder-blade loud crepitations could be heard at a distance, evidently due to the friction of one of these tumours with the scapula, the radiogram showing two such tumours.

The peculiarity in this case was that the outline under the Röntgen rays was much less than under actual palpation, the difference being due to a thick cartilaginous covering over the exostoses. There was also diffuse enlargement around the diaphyses of a porous nature. This spongy condition of the enlargement, which was even free round the joints of the feet, is a pathological distinction that may be utilised in diagnosing such tumours from chondroma, sarcoma, or carcinoma.

PANCREATIC NEOPLASM.

Lotheissen brought forward an elderly woman whom he had operated upon for a pancreatic tumour which had determined duodenal stenosis with intense icterus.

Gastro-enterostomy and cholecystoduodenostomy appeared to have given excellent results.

The patient commenced to complain about the beginning of last summer of great pain in the abdomen. This was associated with extreme emaciation. In September she began to vomit, and the whole surface of the body became icteric. On palpation a tumour about the size of an apple could be felt in a dull area over the site of the gall-bladder, tender and not moving with respiration.

The feces were acholic, no steatorrhea, nor any trace of melituria was noted. Chemical examination of the stomach contents confirmed the absence of hydrochloric and free lactic acid.

On October 13th, laparotomy was performed and the pancreatic tumour removed. Immediately after the operation the icterus disappeared, and strength returned. Since then the tumour has returned with periodical pain, but in the absence of ascites it may be assumed that the case is not one of carcinoma.

RÖNTGEN RAYS AND ULCERATION.

Kaiser demonstrated an interesting case of blistering of the upper arm following the use of the Röntgen rays for epilation in the case of a female.

She had undergone twelve sittings of ten minutes each, she felt no pain and there was no sign of dermatitis before the ulcer appeared, which was 14 ccm. long and 6 ccm. broad. After this he applied the blue rays daily for one hour to the ulcer, which had rapidly healed, and he thought they had reduced the pain. He always warned patients whose vanity prompted them to have hypertrichosis removed that the Röntgen rays were not free from a certain amount of danger. He then exhibited a lead speculum which he used for concentrating the rays which obviously diminished if not, indeed, altogether prevented destruction of the surrounding tissues.

Iselberg was of opinion that the ulcer did not improve under the influence of the blue light, and opined

that the healing would have taken place quite as rapidly without it.

Exner admitted the influence of lead in concentrating the rays on one spot and thought a great advance would have been secured if the diffuse rays could be better concentrated.

Kenbock entirely concurred with Kaiser in his strictures on patients for demanding epilation by the Röntgen rays, as there was considerable danger. He could not agree with him, however, in the benefits to be derived from the use of a lead speculum, as it was quite worthless. A lead plate or cylinder was quite sufficient. The action of the blue rays in promoting healing was also a very hypothetical assumption.

Freund confessed that he was not such a pessimist concerning the use of the rays in epilation, if after each sitting sufficient time were allowed for the parts to recover. In many cases the removal of hypertrichosis was an absolute necessity, such as in young females who had to earn their living and whose engagements depended very much on their outward appearance.

Kaiser, in reply, admitted the want of confirmation in respect of the value of his lead speculum, but he was convinced that the blue rays had a beneficial effect upon the healing of such ulcers.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

Budapest, February 5th, 1903.

AGURIN: A NEW DIURETIC.

In a paper, "Agurin: a New Diuretic," Professor Purjesz draws attention to the advantages this new agent possesses over the other theobromin preparations. He contends that it is less irritable to the mucous membrane of the stomach, and contains more theobromin (about 60 per cent.) than the other preparations; it has also greater diuretic action, on account of the large proportion of acetate of soda found in it.

Dr. Purjesz investigated the action of agurin on thirty-two patients, administering it generally in the form of powder. To those patients who could not take it in this way it was prescribed in fluid form prepared thus:

R. Agurin 10·0 grammes ;
Aq. menth. piper ;
Aq. dest. aa. 100·0.

Four tablespoonfuls to be taken daily.

The disagreeable taste which agurin, even in this combination, possesses can be overcome by the patient eating a small piece of sugar or chocolate.

Summarising his observations on agurin, he gives the following results of his investigations:—

As a diuretic, agurin is principally effective in œdema, caused by heart disease, but it is less useful in dropsy caused by portal obstruction. In exudates of inflammatory origin or in renal diseases it is of no avail.

It has no direct influence upon the blood pressure, its action depending on the heart function, and it fails to act when the blood pressure is low, just as in other diuretics. Against its valuable properties certain disadvantages must be mentioned—its objectionable taste which it is difficult to disguise, and occasionally it has been found to cause digestive troubles.

REMOVAL OF A FOREIGN BODY IN THE URETHRA.

At the recent meeting of the Royal Hungarian Medical Society, Dr. Bako related the case of a watchman, who stated he had inserted in his urethra a small wax-candle two days previously, which slipped into the bladder, causing pains at the end of the act of micturition in the

perineal region. Otherwise, he had no pain, and could retain his urine for four hours.

Mr. Bako immediately after washing out the bladder, began to remove the foreign body, and for which he first used a lithotripter furnished with blades; but this failing, he made a trial with a thicker one furnished with "fenestra," with which he succeeded.

The removed foreign body was a piece of wax candle 10 ccm. in length, and 11 mm. in thickness.

After the operation, the bladder was washed out daily; urine for a few days remained somewhat bloody; and the patient felt a little pain along his urethra; all these have since ceased, the urine is entirely clear, and the patient left the hospital entirely cured on the tenth day.

RESECTION OF THE LARYNX.

Professor Havratil demonstrated on a patient, æt. 45, on whom he performed tracheotomy a year ago, and this year resection of the larynx became necessary on account of cancer of the left side of that organ. The operation was performed according to the usual method. A portion of the right side of larynx was also dissected. The patient now breathes through a cannula, and his voice is very well heard. He has gained twenty pounds in weight since the operation, and there is at present no trace of recurrence.

Dr. Donogany related a case of

CORNU CUTANEUM IN THE NOSE.

The patient, an agricultural labourer, æt. 36, noticed a year ago, on the left side of the nasal septum a small growth, which grew gradually until it obstructed the breathing passage almost entirely.

• The patient had neither pain nor bleeding. When examined, a considerable part (covered with scab) of the growth the size of a hazel-nut was hanging down. The portion remaining within the nose had a greyish-white surface, covered with villous appendages; anteriorly, it started from the septum cutaneum and the base of the nasal cavity. After operation it became clear that the site of adhesion occupied an area of about the size of a shilling in the nose itself. After removing the growth a little hæmorrhage set in, which ceased on touching the bleeding spot with cotton dipped in chromic acid. The microscopical section of the growth showed it to consist almost entirely of epithelial cells. The connective tissue abounded in dilated vessels. On the thickened epithelium could be distinguished two layers—a lower one, similar to the common epithelia, and an upper one, which was considerably thickened, and different from the ordinary type, because its cells had been transformed by the process of parakeratosis setting in. Mr. Zwilling remarked that he had often met such thickenings the surface of which became keratous on account of the influence of chronic irritations.

The Operating Theatres.

GUY'S HOSPITAL.

FRACTURED DISLOCATION OF THE UPPER END OF THE HUMERUS.—Mr. ARBUTHNOT LANE operated on a man, æt. 60, who had sustained an injury to his shoulder twenty-five days before admission. The radiograph showed that the head of the bone was displaced forwards, it having been broken off the shaft through the surgical neck in such a manner that although most of the fracture was transverse, there projected backwards and outwards from the upper fragment a spike of bone that had been torn off the shaft. The upper extremity of the lower segment was seen to be displaced directly

inwards, and by no amount of manipulation could the fragments have been brought into apposition. A vertical incision was made through the anterior limit of the deltoid, and another along the muscle's attachment to the clavicle and acromion, this portion of the muscle being turned outwards and backwards. The seat of fracture was then thoroughly exposed; the ends of the bones were found to present no change whatever, although an interval of nearly four weeks had intervened between the injury and the operation. The only difficulty experienced in the operation resulted from the very frail condition of the bone, the texture of the upper end being soft, while the compact layer of the lower fragment was very thin. When the fragments had been placed in apposition, they were perforated by a drill and a stout silver wire was passed through them and twisted firmly. The margins of the deltoid were sutured together and the skin wound closed. Mr. Lane said that any treatment other than operative would have been hopeless in the extreme; indeed, this course had been pursued up to the time the case came into his hands. He thought that anyone who has had any experience at all of the treatment of these injuries (if the word treatment can be applied to the policy of drift which is almost universally adopted) knows how absolutely futile are any means other than operative. Mr. Lane also called attention to the fact that no naked eye change whatever had taken place in the fragments, and that any process of massage or movements would be ridiculous under these conditions. As far as the operation is concerned, the risks, he considered, were *nil*. The subsequent progress of the case was uneventful.

FRACTURE OF THE ASTRAGALUS.—The same surgeon operated on a man, *æt.* about 22, who, several months before, had fallen about eight yards upon his feet and had sustained a severe injury to the right foot, which had been treated by splints and massage with the result that the foot was fixed in a position of moderate extension. The condition was accompanied by so much pain and disability that the patient desired that his foot should be amputated. He was, however, induced to submit to an operation undertaken with the object of saving as much of the foot as possible. An examination by means of the X-rays suggested that the astragalus had been broken in two; the posterior fragment having been detached was displaced upwards and had become attached to the posterior surface of the lower end of the shaft of the tibia. It was quite clear that at this stage of the proceeding no operative skill could have replaced the fragments in apposition and obtained a movable joint. Mr. Lane therefore determined to perform some operation by means of which the lower ends of the tibia and fibula would be united to the bones of the foot. Consequently he exposed the seat of injury from the inside, and, after chiselling off the displaced portion of the astragalus, he chiselled off the lower ends of the tibia and fibula immediately above the relics of the astragaloid facet; he then chiselled through the *os calcis* and adjacent bones till he had obtained a surface to accommodate the lower end of the tibia; this having been done, the bones were retained immovably in position by means of a screw which was passed from within downwards and outwards through the tibia and tarsus. The subsequent progress of the case was uneventful, but the mechanical advantages gained by the operation cannot be gauged till the patient is able to use the limb.

FRACTURE OF THE TIBIA AND FIBULA.—The same surgeon operated on a man, *æt.* 30, who had sustained a fracture of the tibia and fibula some months previously, and who was completely unable to use his foot because

of the great pain he experienced in doing so. The foot was fixed in a position of moderate extension, and there was an almost complete forward dislocation of the lower end of the tibia. The radiograph showed that the internal malleolus, with the inner and back part of the shaft of the tibia, had been broken off and had become attached to the dislocated tibia at a level much higher than normal. The fibula was broken about three inches above the ankle-joint, the fragments being overlapped. The inner part of the ankle-joint was exposed the dislocated tibia was freed so as to allow of its being placed in its normal relationship to the astragalus, the lower fragment of the tibia was chiselled off the shaft, and was fixed by two screws as perfectly as was possible in its normal position; before this could be done it was necessary to expose the fracture of the fibula, to chisel through the junction, to get the ends of the fragments into apposition, and to retain them by means of stout silver wire. Mr. Lane was hopeful that he would obtain a fairly satisfactory result from the measures he had adopted; he could only regret that surgeons were satisfied to muddle along in the manner which these cases illustrated so well. As time went on he found it more and more impossible to reconcile the statements which had been, and are still, made as to the success of the treatment of these cases by means other than operative. The subsequent progress of the case was uneventful.

OPERATION FOR RECURRING ATTACKS OF OBSTRUCTION OF THE CÆCUM AND ASCENDING COLON AT THE HEPATIC FLEXURE, THE RESULT OF CHRONIC CONSTIPATION.—The same surgeon operated on a girl, *æt.* about 26, who had been under observation with recurring attacks of a condition which had been diagnosed as typically appendical, and she had been under the care of a medical man of great skill and experience; this Mr. Lane mentioned to show how closely an appendical attack may be simulated by this condition of acquired obstruction, the result of habitual constipation, to which he called attention for the second time in the *Lancet* of January 17th, 1903, in a paper entitled "Chronic Obstruction of the Cæcum and Ascending Colon," read before the Sydenham Medical Society on November 20th, 1902. The present patient illustrated in a typical manner, he said, the condition of interference with the free passage of intestinal contents through the hepatic flexure to which he drew attention in that paper. He then proceeded to open the abdomen by an incision running over the cæcum and ascending colon; he divided the adhesions and newly-formed mesentery, so as to allow the hepatic flexure of the colon to come forward and to remove the obstruction for the passage of fæces through it. Mr. Lane said that this obstruction was brought about by the development of a mesentery which is attached to the outer surface of the cæcum, ascending colon, and hepatic flexure. He pointed out that should the cæcum become at all distended its movement in an inward and upward direction brings about a kink in the hepatic flexure which renders the passage of fæces through it extremely difficult and sometimes impossible, thus producing the symptoms of intestinal obstruction. This chronic obstruction of the flexure results in a progressive distension and hypertrophy of the cæcum. Another point to be remembered, he said, was that on account of the intimate fixation of the colon to the kidney and to the abdominal wall outside it, and to the nerves in that situation, the pain felt along the distribution of these nerves and the tenderness on pressure below the last rib in these cases may be more typically renal in character than they are in the case of stone in the kidney. Mr. Lane

also said he was certain that in a large proportion of cases of so-called appendicitis the primary factor in the production of inflammation of the appendix is obstruction of the hepatic flexure, and that the trouble in the appendix is merely a secondary manifestation.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 11, 1903.

DIAGNOSIS AND TREATMENT.

FORMERLY medicine was regarded as essentially the art of *treating* disease, but as physical diagnosis has improved and pathological knowledge been rendered more precise, a tendency has shown itself to relegate mere treatment to a position of secondary importance, not only in the curriculum but also in practice. Yet diagnosis and pathology are branches of knowledge which possess any importance at all only as guides to successful treatment, and when they elbow it out of medical practice they become sterile acquisitions, like sundry lost documents, “of no use to anybody but the owner.” This tendency to neglect the study of therapeutics, for which examining boards are very largely to blame, may explain how it is that practitioners possessed of the most ordinary qualifications, and by no means distinguished for their professional attainments, find favour with the public and obtain a popularity denied to many of their far more talented brethren. The fact is simply that their minds, not being exclusively occupied by delicate questions of diagnosis and the inter-relationship of clinical symptoms with particular morbid appearances, are free to turn their whole attention to remedial measures which are what the sick public yearn for, irrespective of their efficacy. But although we are expected to treat, even when treatment cannot by any possibility be curative, it must be remembered that treatment, palliative or curative, is the proper aim and the very *raison d'être* of the physician, and that much can be done to relieve suffering and prolong life, if nothing more.

Even the homely *placebo* is not without its moral value, and the public are not unnaturally impatient of the attitude of the practitioner who, having carefully thought out his diagnosis, considers that he has done all that can reasonably be expected of him. The therapeutical scepticism which is so much *à la mode* among practitioners of the present generation betokens ignorance of the resources at their disposal, an ignorance which the trend of modern medical education has done much to foster. We have only to place ourselves in the mental state of a patient who seeks relief. Well may he ask, Of what use is all this science to me if, after all, it is powerless to do me good? He knows that drugs have power and that, intelligently used, they have power for good. A correct diagnosis must precede treatment, but it does not dispense with the need for treatment. We have to take human beings as we find them, and since the average patient will only take advice as to hygiene, sanitation, and habits of life when washed down with a little medicine, it is politic to avail ourselves of the resources of the pharmacopœia to bring about a return to health. This is a matter in which the General Council of Medical Education might well take the initiative. Teaching and examining bodies have been allowed to whittle down the standard of requirements in therapeutics and materia medica almost to vanishing point without a protest. We have only to glance at the questions set by almost any examining board to become cognisant of the trivial importance now attached to this, the Alpha and the Omega of medical practice. The result is that practitioners no longer know what to prescribe or how to prescribe it, whence the favour accorded to ready-made products due to the ingenuity of manufacturing chemists. The successful practitioner is he who unites theory with practice and diagnosis with treatment, and the punishment of therapeutical scepticism will be meted out to them as soon as they launch forth into practice, when they will find that patients ask for deeds, not words.

SHELLFISH AND ENTERIC FEVER.

THE recent outbreak of enteric fever in the South of England, attended as it was by the deaths of several distinguished men, has naturally created a deep impression upon the public mind. The moral has since been strengthened and enforced by the fortnightly report, dated January 17th last, of Dr. Collingridge, the Medical Officer of Health for the City of London, who has dealt with two small but distinct epidemics of shellfish typhoid in the Metropolis, and with the larger outbreak above alluded to. In both of the former instances the infection was conveyed by shellfish, either oysters or cockles. The cockles were obtained from Southend, and their contamination has since formed the subject of exhaustive inquiry. Professor Klein found numerous bowel bacilli in these Southend cockles, both raw and cooked. This fact conclusively proved the existence of sewage contamination, in spite of negative results so far

as the actual detection of the *Bacillus typhosus* itself. The presence of bowel organisms is hardly to be wondered at, inasmuch as it was customary to collect the cockles from the Maplin and Blythe Sands, situated in the estuary of the Thames and to deposit them for a day or two in the creek at Southend in order to free them of sand. The condition of the water in the creek is sufficiently described by Dr. Collingridge in the statement that "the small amount of water in the creek at the end of the ebb tide was practically sewage." In short these shellfish were stored under conditions of the most filthy and revolting nature that could possibly be imagined. "Cooking" does not sterilise the shellfish, owing to the fact that the process is of a most perfunctory nature. The cockles are simply plunged in a mass into boiling water, which cools down before sufficient heat has penetrated the interior of the shells to destroy the vitality of organisms contained therein. If properly carried out—that is to say, if the boiling be continued for three or four minutes—the cockles become sufficiently sterilised, although not so marketable from the vendor's point of view. We may here ask what is the use of publishing the details of highly technical bacteriological examinations in reports intended for the use of laymen. The public learn from their newspapers that coli-like and typhoid-like bacilli have been found, that one variety of *Bacillus coli* was extremely motile and cylindrical, but gave no sign of agglutination with typhoid bacilli in 1 in 20 in one hour. The man in the street can only receive that sort of information with a gasp of astonishment at the profundity of scientific knowledge and the enormous gravity of the dangers attached to the eating of shellfish. He will read with avidity the account of the testing of fluid from suspected oysters by sterile culture media made of phenolated broth, of MacConkey's formula (namely, litmus, glucose, taurocholate of soda, and peptone in water), and so on. We fail to see the object of the publication of a mass of costly printed matter of this kind. What would be thought of the physician or surgeon who thus published an account of the methods whereby he arrived at a diagnosis? We fail to see why a medical officer of health should not support his case by stating generally that a bacteriological examination revealed the presence of living organisms derived from sewage, and that the investigation had been conducted by a recognised scientific authority. The present system appears more or less calculated to bring a most necessary branch of scientific investigation into ridicule. Upon learning the facts of the Southend cockle infection the City sanitary authority communicated them to the Worshipful Company of Fishmongers, who have extensive powers over the fishing industry. The Company immediately forbade the stowing of any more cockles in Southend Creek. It was next found, however, that shellfish taken from the Maplin and Blythe Sands were also contaminated with sewage, a fact since confirmed independently by the Company. The sands, however, appear not to have yet been closed to the fisherman. As to

oyster contamination, the result of bacterioscopic examination of samples from various parts of the Kingdom has revealed widespread and serious pollution. The obvious result of these observations must sooner or later be the legislative control of the shellfish supply of the United Kingdom. For the present the oyster trade is practically ruined, and the people deprived of a valuable article of food. The irony of the situation lies in the fact that the distribution of disease by shellfish is absolutely preventable, and that the facts of the case have been known to demonstrators for several years past.

OBJECTIONABLE ADVERTISEMENTS.

THE present is said to be a scientific age; it might with greater truth be designated the day of advertisements. We do not by any means seek to decry all such as unworthy or inexpedient; indeed, in medicine, as in the other professions, we are of opinion that there is not only a legitimate but a desirable form of advertisement which every honest and ambitious worker in the highest interests of his work and for the benefit of the community should not hesitate to avail himself of. But there are many forms of advertisement which not only break the rules of customary etiquette but offend the ethical sense of all conscientious practitioners. A striking example we find in the current issue of a widely circulated weekly:—"English medical man, now on the water, returning from South Africa, wishes to meet with a Methodist capitalist (man or woman) as partner to aid in introducing to English public a remedy he has prescribed and used daily in his practice in Rhodesia, Natal, and Transvaal with unvarying success. There is at the present day no more profitable investment than a popular medicine. An investment of £1,000 may be expected to realise £200 and insure the capital and less sums in proportion." We venture to commend this remarkable advertisement to the consideration of the Medical Council and the editor of *Truth*. Our attention has also been drawn to a paragraph in the February number of *Womanhood*, in which the editor-ess claims: "With the exception of the *Lancet*, however, I believe mine are the only papers the advertisements for which are subject to editorial censorship." Immediately opposite this interesting announcement is an advertisement labelled "Priceless to ladies," and extolling the virtues of "Pennyroyal and steel pills," which "will remedy all defects—are a balm to the tortured body—quickly correcting all irregularities, removing all obstructions, strengthening the system, relieving of all anxiety." This publication claims to be "The Magazine of Woman's Progress and Interests," but in spite of "editorial censorship" we regret that some stronger power is not available to arrest this introduction of incitement to abortion into our English homes. It is clear that medical men should be careful to explain to their patients when opportunity offers, the sin or folly which must almost necessarily flow from dealings with advertisements of the type we have endeavoured to indicate.

Notes on Current Topics.

Consultation with Homœopaths.

THERE are not many questions of medical ethics which have been more debated than that as to the attitude members of the profession should adopt as to meeting homœopathic practitioners in consultation. It is naturally of more interest in America and the Colonies, where homœopathy flourishes with higher head than at home, but nevertheless the difficulty may arise for any of us at any moment, and it is well to have a clear course of conduct laid down in advance. The received opinion is that, where the object of consultation is a question of diagnosis of *surgical* treatment no objection should be raised to meeting a homœopath; but where the sole question is one of *medical* treatment consultation should not be held. The reason for the distinction is, of course, very obvious, as the homœopathic heresy is concerned with medical treatment only, and entirely vitiates that. In New Zealand, although the rule of ethics is maintained as we have stated it, an incident has recently occurred which emphasises the necessity of members of the profession having clear ideas on the subject. A homœopath while attending a case of labour found that in his opinion perforation of the head was necessary. Not having a perforator with him he despatched a messenger to procure another medical man's assistance with the necessary instrument. The messenger called on several men, none of whom possessed a perforator, while one, in addition to making this statement, expressed himself further as to the impossibility of his assisting a homœopath. Unfortunately the patient died without the necessary aid, and something of a public scandal has been created. Apart from the impropriety of refusing aid in an urgent case under any circumstances, the attitude of the gentleman in question was undoubtedly wrong in this case, and we have no doubt it would have been quite different had he had clearly before his mind the distinction we have endeavoured to bring out.

Semi-Teetotalism.

APATHY on the one hand and fanaticism on the other have done much to hinder the elimination of alcoholism. While custom and, we venture to think, the influence of scientific teaching, to some extent, at least, has lessened the prevalence of drunkenness among the educated classes, every physician is well aware that alcoholism in one or more of its protean forms exists to an extent that seriously menaces the health and well-being of the country. Much of the degradation of tissue brought about by the action of alcohol and other deleterious constituents in many forms of intoxicating drink arises from the pernicious habit of nipping between meals, and indulging at almost all times in spirits and liquors having a high percentage of alcohol. The movement which the daily papers have recently widely paraded as semi-teetotalism is deserving of medical approval, since it is in accordance with sound hygienic principles. Undoubtedly many of the influences

of modern life tend to encourage irregular forms of drinking, and any movement which aims at discouraging the chronic tipping now so prevalent among women and many business men, and limiting the imbibition of alcoholic beverages to meals, should receive support on physiological grounds. We understand Lord Roberts has accepted the presidency of this new cult. Doubtless, some of the total abstainers will smile at this "semi" society and seek to encourage semi-teetotalers to drop the prefix and erase the hyphen, but for ourselves, and we venture to think we may speak for medical men generally, every effort which on rational and scientific lines aims at arresting alcoholism and seeks to restore the alcoholic will secure the approval and support of all thinking men.

The Prophylaxis and Treatment of Colour Blindness.

It is customary to regard colour blindness as a visual defect of congenital origin, which cannot be prevented, and which does not admit of treatment. Experience, however, teaches us just the contrary. There may be, it is true, individuals in whom the colour sense is altogether absent, but they are few and far between. The fact is that while the sense varies within very wide limits, most persons possess, in a greater or less degree, a perception of colours which only requires to be cultivated. It is a remarkable fact that the defect is much more frequently met with in males than in females, doubtless because from an early age girls are unconsciously trained to exercise their judgment in this respect. Out of 10,000 men, 369 were found to be thus affected, while only nine women failed to pass the test; and the proportion among savage men is less than among civilised people. Moreover the training of boys in the recognition of colours markedly diminishes the proportion of colour-blinds, but, to be useful, the training must be commenced at an early age, otherwise a sort of colour amblyopia may be developed, rendering instruction useless. The lesson to be learned is that by proper cultivation, even a very moderate colour sense may be developed to a very useful degree of colour perception, though the limits of cultivation in this direction cannot as yet be accurately defined.

Coroners' Juries and Hospitals.

CORONERS' juries seldom fail to avail themselves of opportunities to advise hospital authorities as to the way in which such institutions ought to be managed. It not infrequently happens that their views embody public opinion, but the advice tendered by them is not always of this high quality. In the case of a woman who applied at St. Thomas's Hospital last week on account of a burn, admission was refused by the medical officers on duty, her condition not being thought such as to require treatment as an in-patient. It turned out, however, that she was suffering from advanced renal disease, which, in association with the shock of the burn, determined a fatal result at the infirmary, whither she had been conveyed. Obviously, if

the state of her kidneys had been known, a different view would have been taken, but there seems to have been nothing in her appearance to suggest this complication. The jury, however, expressed the opinion that the question of the admission of patients should be dealt with by "the more experienced officials," and although in principle the advice is sound, in practice it must be difficult to obtain the "highest authority" in respect of every person who applies for treatment in the casualty department. In another inquest, held by Mr. Troutbeck, a man who had been knocked down by a horse was taken to the nearest hospital whence, as there was no indication of cerebral injury, he was removed to the infirmary. He died subsequently, and, post mortem, a fracture of the skull was discovered. In this case the jury thought that cases "ought always to be kept under observation until symptoms had developed," a well-meaning rider which has the drawback of being unworkable, since it would mean keeping every victim of an accident for a week or so in order to make sure that he had not sustained any internal injury.

The Ballachulish Quarry Medical Dispute.

THE oppressive measures taken by the directors of the Ballachulish Quarry to obtain the enforced retirement of Dr. Lachlan Grant, on the ground that he agreed to leave the village in the event of his contract with the company being determined, has led to further developments of a kind likely to involve the company in considerable trouble. The men have cancelled the arrangement providing for medical attendance in order to obtain a free hand in dealing with the question, and advantage has been taken of the suspension of diplomatic negotiations to advance certain claims other than the liberty to select their medical adviser. Failing satisfaction, they threaten an exodus *en masse*, a contingency which may lead the directors to reconsider their position.

The Redistribution of Hospital Accommodation.

THE idea of providing for a more equable distribution of hospital accommodation in the Metropolis has much to commend it, but, unfortunately, to carry it into practice would entail the expenditure of an enormous amount of money. Of more immediate importance is the proposal to bring about the amalgamation of the numerous small special institutions. Not only could this be effected without any outlay of funds, but it would result in an immense economy in the cost of administration. Before attempting to realise this project, however, it will be necessary to place some restrictions upon the liberty at present enjoyed, and even abused, to dub any private house a hospital, and on the strength of the description to appeal to the charitable public for funds; in other words, public appeals for money should only be permitted by duly authorised bodies. The unrestricted creation of private venture hospitals is prejudicial to the financial stability

of our large general hospitals, and is inimical to the interests of the profession, since they are for the most part the preserves of groups of enterprising practitioners. It is obvious that the multiplication of hospital buildings, each with its staff of paid lay and medical officers, must seriously deplete what may be termed, *en bloc*, the hospital exchequer. Moreover, the competition for patients tends to pauperise the community by accustoming its members to gratuitous medical attendance, irrespective of their social status.

Seats for Shop Assistants.

THE humane tendencies of the present age are in many instances happily guided by the teachings of modern science. No better illustration of that beneficent fact could be found than the passing of the Seats for Shop Assistants Act in the year 1899. The main feature of that measure was the compulsory provision of seats for assistants in shops. In spite of its existence, only last week a London tradesman was fined for failing to provide a seat behind the counter for his female assistant. The offence was proved by a lady inspector of the County Council. The defendant, upon his attention being called to the omission, pulled a box from beneath the counter, and suggested that would do to sit upon. Speaking generally, it would be well if local authorities were to inquire a little more closely into the administration of the Shop Seats Act in various parts of the kingdom. As the medical profession is well aware, the bad effects of prolonged standing are shown in manifold and disastrous ways upon the bodily framework of shop assistants. Flat-foot, varicose veins, swelling of legs, hæmorrhoids, and various circulatory disorders are common results, to say nothing of many uterine troubles originated thereby among women. It is to be remembered, moreover, that the habits and surroundings of the average shop assistant do not conduce to a high standard of physical resistance to adverse conditions. Indeed, the institution of shop seats may be regarded chiefly in the light of an instalment of much-needed reform in other directions.

Election to Hospital Appointments.

IN the making of appointments to a hospital staff we believe that there should be the greatest possible publicity. If the post is open to competition care should be taken that sufficient notice is given by public advertisement, both in medical and lay papers, so that all candidates shall have a fair chance of making their claims known to the electors. Without such care the electors rarely have an opportunity of selecting the most suitable applicant. We are instigated to make these general remarks by consideration of the method pursued in making a recent appointment of physician to the staff of one of the Dublin hospitals. In this case no vacancy was expected for some months to come, and the profession were not in any way aware of the intention of the Board to take time by the forelock. We understand that only one advertisement of the appointment ap-

peared, and that in a paper not very generally read in medical circles. Under the circumstances many gentlemen who had intended to become candidates, were precluded from putting their claims properly forward, and others knew nothing of a vacancy existing until they learned from the daily papers that it had already been filled. We, of course, do not in any way suggest that the actual appointment made may not be an excellent one, but we think the method of making it leaves much to be desired.

Municipal Laboratories and Public Health.

FROM the point of view of public health nothing is clearer than that the prompt diagnosis and isolation of cases of infectious diseases is of the utmost importance. In order to ensure the necessary promptness and accuracy many of the larger cities have in recent years established bacteriological laboratories where medical men can have skilled investigations conducted free of charge. For instance, in Manchester, examinations are made of pathological material in cases of suspected phthisis, diphtheria and other diseases, and medical men are given facilities for supplying suspected blood in order to have the Widal test carried out where necessary. But, in this direction, as in most others where municipal enterprise is concerned, we lag behind our cousins beyond the Atlantic. In the State of Massachusetts we find that there is hardly a town of twenty thousand inhabitants which has not its fully equipped bacteriological laboratory. It is surely time that our municipal authorities recognised that funds spent in the prevention of disease are very far from being wasted.

The Care of Lunatics.

How to face the question of increase in lunacy is somewhat difficult. It there were no interests at stake beyond those of the lunatic an easy solution would be found in multiplying asylums, but there are other considerations demanding attention—the cost of maintenance and the burthen on the industrious tax-paying population. While it is a duty to protect and provide for the insane poor, it should be done at as small a cost compatible with attainment of the object in view. Each individual costs as much as serves perhaps for the maintenance of the patients' family, and in view of many of the asylum inmates being quiet and inoffensive, the question arises whether they could not be kept at home under some supervision from the asylums, who would detect abuses and give advice when necessary.

Curious Views of a Coroner.

MR. T. P. BROWN, the coroner for the Ksighley district, holds that "if a medical man cannot tell anything without cutting up a body and annoying the whole street and the relatives," his services should be dispensed with as much as possible. By way of further defining his attitude to the medical profession, he added, on the occasion of an inquest on a child who had died from the

effects of scalds, that "he wanted to get a bit of sense out of the doctors for a guinea, and if he could not he would do without them." With such a coroner inquests are not likely to contribute much information towards elucidating the cause of death, and we do not envy the fate of practitioners who are called upon to assist him.

An Anti-Vaccinator Brought to Book.

A MR. HILLS thought fit, a short time since, to bring certain serious charges against Dr. H. T. Bryan, the public vaccinator to the Medway Board of Guardians, alleging, among other things, that the latter had enticed children into his surgery for vaccination without the consent of their parents, and that he had certified as due to erysipelas the death of a child who had died from vaccination. A few days later it seems to have occurred to Mr. Hills that his allegations might be construed to be libellous, and he accordingly wrote the clerk that unless the communication were dealt with in committee he would hold the Board responsible for the publication thereof. He followed up this letter by one in which, "owing to unexpected developments," he expressed the desire to withdraw his allegations. Naturally the Board declined to assent to their withdrawal, and referred the matter to the Local Government Board. A committee of inquiry was, however, appointed, who reported that "these charges have been brought recklessly and with no reasonable or probable cause and . . . that there is distinct evidence of malice in making them." The Board accordingly passed a resolution to the effect that the charges "were untrue and ought not to have been made," adding a rider directing the clerk how to deal with any future communications from the same source. As the case is not unlikely to be heard of again elsewhere, we abstain from comment beyond the remark, addressed to anti-vaccinators in general, that it is a very serious thing to bring unsubstantiated charges against a public official, and that the doing so may land the delinquent in a very disagreeable situation.

Lemon Juice as a Prophylactic of Typhoid.

THERE is good ground for believing that lemon juice exerts a marked germicidal action on the typhoid bacillus, and probably on sundry other pathogenic germs, such as the comma bacillus, for instance. The public have therefore been solemnly advised to deluge oysters with lemon juice before consigning them to oblivion, and to add two teaspoonfuls thereof to each tumbler of suspected water before drinking the same. By extension it follows that lemon squashes constitute a salutary, as well as refreshing, beverage at all seasons, and that the addition of a slice of lemon to the nocturnal grog may destroy such germs as have not been rendered oblivious of their surroundings by the alcohol. Seriously, however, such advice savours of the ridiculous. Admitting that lemon juice kills the germs of typhoid, the fact remains that it is not a case of "happy dispatch." Bacteriological experiments show that the addition

of four per cent. of lemon juice to infected culture bouillon only proved effectual after the lapse of from twenty to twenty-four hours, so that, although the lemon is generally supplied with oysters at table, the intending consumer can hardly be expected to wait twenty-four hours to begin his meal. Moreover, the germs are not distributed over the glistening surface of the succulent bivalve, they lurk unperceived and unsuspected within its alimentary canal, awaiting a favourable opportunity to sally forth on their work of destruction. The only way to disinfect a contaminated oyster is to boil it until it is indigestible, when its powers for evil are not abolished, but only diverted into another channel.

Mark Twain on Eddyism.

MARK TWAIN, the inveterate humorist, takes a serious view of Eddyism. On the ground that four-fifths of the pain and disease in the world is purely imaginary, he assures us that Eddyism can get rid of it and that no other force can. He goes so far as to prophesy that in another quarter of a century Eddyism will have become the religion of the world, in which case medicine, as we understand it, will have become a lost art. Perhaps, however, this is only one of Mark Twain's "jokelets," for his antecedents do not justify his posing as a prophet and his knowledge of pain and disease is apparently limited to—Eddyism.

The Endowment of Medical Research.

THE announcement that Mr. John D. Rockefeller is about to devote £1,450,000 to the establishment and maintenance of a research hospital, where investigations will be directed mainly to means for preventing and curing consumption, has clearly indicated the true secret of the progress of our American cousins. While philanthropic and charitable institutions in this country still receive generous support, pure science and particularly experimental research into the problems of disease, is not only neglected but in many ways discouraged and by some actively opposed. We have studded the land with hospitals, while any back-shed has been considered good enough for a laboratory. We have spent lavishly in seeking to secure sanitary measures but we are still niggards in finding means for the study of prophylactic agents. Generous donors have found the wherewithal by which such institutions as the Mount Vernon Hospital for Consumption at Hampstead and Northwood may more adequately cope with the demands coming from all parts of England for efficient hygienic treatment. The proposed King's sanatorium it is hoped, will still further meet the necessities of many sufferers. But these and other institutions devoted to the treatment of consumption stand in urgent need of laboratories where the unsolved problems, which still envelop the disease in much perplexity, may be seriously and scientifically studied. We venture to think that in the past medical men have too much neglected to educate the lay mind into the necessity for research work if progress in practical application is to be

maintained. We hope to see a rapid development in this country of the ideas which are furnishing motive power to Americans, and placing trans-Atlantic workers in the van. If this can be accomplished the endowment of medical science will speedily follow.

Blood Photographs for Clinical Purposes.

EVERY clinical clerk knows what a tedious matter the estimation of the number of the red blood corpuscles may be. To facilitate this work and also to afford a convenient, useful and readily prepared permanent record, Dr. C. A. MacMunn advocates photographing the blood. The blood is diluted in a Thermo-Zeiss hæmocyclometer and spread on the graduated slide. The most suitable power is afforded by a $\frac{3}{4}$ -inch objective, and No. 4 Zeiss ocular, with 6-inch tube-length. A photograph is then taken, the microscope and camera being maintained in a vertical position. The method not only provides a permanent record, but enables the enumeration to be made at any time convenient to the investigator, and greatly lessens eye-strain, and diminishes the other only too well-known disadvantages of the commonly employed method of counting.

Public Parks as Sanatoria for the Consumptive.

THE facilities for effective combat with consumption are all too meagre, and the means for affording relief to the tuberculous poor are miserably inadequate. Many of our general hospitals close their doors to the phthisical, and most convalescent homes refuse to admit cases with pulmonary tuberculosis. The special hospitals and sanatoria for the poor are always full, and with lists filled with the names of scores of patients needing immediate admission. In most of the union infirmaries the accommodation for the phthisical is most unsuitable and many patients refuse to accept such as they give until compelled by advancing weakness and utter destitution. Until the State can be induced to provide suitable establishments for the consumptive poor, palliative and temporising measures must still continue, and according to long established custom we must muddle along. The poor imperil the rich, while the wealthy seek to shut their eyes to the sorrows of the sick pauper. The philanthropic few labour unceasingly, but the unheeding many pass on regardless of the danger all around them. Until the country awakens to the urgent needs of the situation it is well that ceaseless effort be made to enlighten mind and conscience. We venture to think therefore that on several grounds the suggestion to use the public parks of London and other great cities as sanatoria for the poor consumptive may be commended. It would no doubt place the peril dreaded by many prominently before the public, but this would be more reasonable than huddling the sick into crowded courts and alleys out of sight and so out of mind. If suitable shelters could be erected in well selected parts of many of our parks, and a well-trained attendant provided, much benefit would accrue to the afflicted ones. Now, in too many instances, the patient has to leave the sanatorium before

processes making for arrest have been established. In many instances the convalescent returns to the old non-hygienic environment, and after an ineffectual struggle to continue a more or less open-air treatment relapses into the old condition and joins the crowd of the hopeless. To such, opportunity for continuing during some hours of each day a modified sanatorium life in a large London park would be a boon, and in not a few instances a permanent benefit. We hope, at least as an experiment, shelters may be provided and reserved for the use of the consumptive in one or more of our parks, where during the day rest and fresh air and, we would add, suitable food and some measure of trained attendance might be provided.

Malaria Prevention at Ismailia.

THE prevention of malaria has now become, thanks to modern medical science, one of the great keys to the future colonisation of tropical countries. The subject has been ably dealt with as regards Ismailia by Major Ronald Ross in the January number of *Climate*. Ismailia has a population of about 7,000, yet in the years 1886, 1890, 1891, 1897, and 1901 nearly 2,500 cases were recorded. The town practically owes its existence to the sweet water canal, so that it is reassuring to learn that the canal is free from the larvæ of anopheles. Neither were the larvæ found in any of the irrigating branches, except in some small and shallow pools used for the cultivation of watercress. The reason for this exception appears to lie in the fact that small fish are not able to gain access to the larvæ in that situation. The conclusion of importance is that the waters which really occasion malaria are the most shallow and insignificant pools, which could be filled up or drained away without difficulty and without detriment either to cultivation or to irrigation. It was also noted that the larvæ both of anopheles and of culex are able to live in highly brackish but not in pure sea water. The preventive measures recommended are the general use of quinine, the segregation of Europeans from natives, the use of wire screens or nets to exclude mosquitoes from houses, and last, but not least, the extermination of mosquitoes. The problem of the prevention of malaria can be tested at a small place like Ismailia with every good prospect of arriving at a definite conclusion with regard to the probabilities of the case.

The Relative Functional Value of the Two Kidneys.

To the surgeon it is frequently of great importance that a diagnosis should be made of the relative condition of the two kidneys. Various physical methods and certain chemical investigations now place means for such discrimination at our disposal. Mr. Charles W. Cathcart, in the current issue of *The Scottish Medical and Surgical Journal*, furnishes a very convenient summary of the more important procedures, which should be of much service to those interested in renal surgery. He describes and discourses and discriminates such as the pyelo-vesical reflex, the uretero-vesical reflex, the cystoscopy, cryoscopy of the blood and urine,

the various artificial tests of the eliminatory power of the kidneys with methylene blue and phloridzin, the estimation of the excretion of urea and catheterisation of the ureters.

The Hinterland of Life.

THE realm of the invisible and the domain of the unknown have ever proved irresistible in their attractions for the speculative mind of man. Scientific men have been caught in the meshes of the net of fascination, and students, such as Mr. F. W. H. Myers, Professor W. James, Professor C. Richet, Sir William Crookes, Dr. A. R. Wallace, and Sir Oliver Lodge, have devoted much time and study to the problems of psychical research. The appearance of Mr. Frank Podmore's important work on "Modern Spiritualism" is likely to focus attention on what we may term "The Hinterland of Life." In these days when so-called "Christian Science" and "Mental Healing" are exercising the minds and attracting the practice of many thoughtful people it is well that medical men should lay aside that old medical manner which is based on dogma and upheld by an appeal to authority, and seek to guide, counsel, and correct those who in their not-to-be-denied excursions in psychical pastures are in danger of straying into pathological quagmires. In short, medical men must not dissociate themselves from the modern movement, which strives for a fuller investigation and better comprehension of "human faculty, human personality, and human destiny."

PERSONAL.

DR. S. INGLEBY ODDIE, Barrister-at-Law, has been appointed deputy-coroner for the Western Division of London.

MR. RALPH C. BARTLETT, M.R.C.S., L.R.C.P., has been appointed a Justice of the Peace for the borough of Romsey, Hants.

SIR GEORGE HARE PHILIPSON has been appointed Visitor on behalf of the General Medical Council of the final examinations of the University of Edinburgh for 1903.

DR. E. C. OSBORN, of Tooting, has been appointed medical officer to the Union Schools at Mitcham, on his return from upwards of two years' service with the forces in South Africa.

THE French Government have conferred the Cross of the Legion of Honour on Dr. Don Julio Robert, for his services to the French Colony in Madrid, for these many years past.

DR. EVERITT NORTON, Medical Superintendent of the Shoreditch Workhouse and Infirmary, has been presented by his Board of Guardians with a silver table service on the occasion of his marriage.

THE Hunterian Oration will be delivered by Mr. T. H. Openshaw, C.M.G., at the London Institution to-day (Wednesday), at 8.30 p.m., his subject being "John Hunter, his Influence on Surgery, with some Remarks on the Treatment of Appendicitis."

By a Royal decree under date of the 22nd of January

1903, Alphonsus the XIII. of Spain, has conferred the Grand Cross of the Civil Order of Alphonsus XII, on Dr. Don José Calvo-Martin, President of the Royal Academy of Medicine, and has nominated the Academician, Dr. Don Nicholas R. Abaytua, a Member of the Order.

THE Lord Mayor of London has kindly promised to give a dinner at the Mansion House on May 4th, in aid of the London Hospital special appeal now being made.

DR. A. S. GRUNBAUM, of Liverpool, has been appointed Director of Cancer Research by the Committee formed to administer the fund initiated by a gift of £10,000 by Mr. Sutton Timmis, of Liverpool. The investigations will be carried on in that city.

Correspondence.

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

THE CASE OF DR. RAINSBURY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—I am desired by the Council of the Midland Medical Union and by Dr. Rainsbury to acknowledge the receipt of further donations to the fund raised to assist Dr. Rainsbury in discharging the judgment which was given against him at the last Nottingham Assizes, and which was deemed to be a great hardship upon him. The judgment was for £25, and the costs were taxed at £152 6s. 2d., making together the sum of £177 6s. 2d. Of this, members of the profession have generously contributed £77 0s. 9d.

I have to express Dr. Rainsbury's gratitude to the contributors for their assistance and the thanks of the Council for the liberal response which has been given to the appeal. Will you kindly insert this letter in your next issue?

I am, Sir, yours truly,

GEORGE S. O'RORKE.
Secretary Midland Medical Union,
Nottingham.

February, 9th 1903.

| | | | |
|---|-----|----|----|
| By contributions already acknowledged | £ | s. | d. |
| .. Dr. J. F. O'Meara, Walsall | 71 | 15 | 0 |
| .. Dr. M. A. Ruffer, Alexandria | 1 | 1 | 0 |
| .. Dr. F. Cassidi, Derby (second donation, making £4 4s.) | 2 | 2 | 0 |
| .. Dr. E. Vaudrey, Derby. | 1 | 1 | 0 |
| | £77 | 0 | 9 |

ASYLUM FIRES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The terrible catastrophe at Colney Hatch will, I imagine, come as an "eye opener," to use a colloquial phrase. If some evil genius had set to work to devise a structure which should take fire on the slightest provocation—and in a building filled with lunatics such provocation is likely to occur—he could not possibly have put together one which would burn with more certainty and rapidity. Not a factor was omitted—inflammable matchboard walls and floors, tarred felt behind to assist in furnishing the requisite combustible, connecting passages along which the fire might first creep and then rush, locked doors, the keys whereof were not to be found at the critical moment—really it is difficult to conceive of any further element of danger that could have been introduced except, perhaps, giving matches to the patients to play with, and we have no proof that there were none on the premises.

The circumstances are aggravated by the fact that there are such things as "sprinklers," a mechanical and not very costly appliance for the automatic extinction of fires—worth having for the purpose of saving

a few bales of cotton from destruction, but too costly for the mere saving of life. Then, too, we have heard a good deal of fire-proof paints, some of which, at any rate, have given remarkable results in actual experiments. There are "extincteurs," and hand grenades, not altogether trustworthy appliances, perhaps, should the fire already have obtained a good hold, but still much better than screams on the one hand, and heroism on the other.

It is heart-rending when one thinks of what might have been done and of the utter absence of anything that was done in the direction of fire preventives. It is to be hoped that the jury will not allow a dead architect to be made the scapegoat for these hideous shortcomings, but will nail the responsibility to some living person or persons.

This, after all, is but a beginning. Unless strong measures are taken further catastrophes of the same kind are inevitable and I can but throw my mite into the balance in the hope of stimulating public opinion on the subject.

I am, Sir, yours truly,
ONCE AN INMATE.

Literary Notes and Gossip.

SIR ARTHUR CONAN DOYLE'S works are to be issued in a uniform edition by Messrs. Smith, Elder and Co.

MEDICAL officers connected with prisons and particularly those who are, or have been, in charge at Parkhurst, will be interested in the chapter in the recently issued remarkable autobiography, *Penal Servitude*, which portrays certain members of the profession in an interesting light.

MR. GEORGE GISSING in "The Private Papers of Henry Ryecroft," just published, expresses the wish to add a new petition to the Litany. Many a doctor could find it in his heart to furnish the *Amen*. "For all inhabitants of great towns, and especially for all such as dwell in lodgings, boarding-houses, flats, or any other sordid substitute for home which need or foolishness may have contrived."

THE fascinating "Life of Robert Buchanan," by Miss Harriet Jay, recently issued by Mr. T. Fisher Unwin, contains much that is of peculiar interest to the medical mind, particularly the close and personal study of the mental attitude of the consumptive afforded in the chapter devoted to Buchanan's friend—David Gray—the young poet who died in the twenty-fourth year of his age from pulmonary tuberculosis.

HIS Majesty the King and his Royal Highness the Prince of Wales have graciously been pleased to accept a copy of the King's Prize Essay for the Erection of "The King Edward VII. Sanatorium" for the Treatment of Tuberculosis, by Arthur Latham, M.A., M.D.-Oxon., M.A. Cantab., Assistant Physician at St. George's Hospital, and at the Brompton Hospital for Consumption, in association with A. William West, Architect. (London: Bailliere, Tindall and Cox.)

OLIVER WENDELL HOLMES still lives in the affections of medical men on both sides of the Atlantic, and the electric brilliancy of his works still stimulates the mind and strengthens the spirit of many a jaded practitioner. In times of weariness and moments of discouragement the words of "the Autocrat," or the advice of "the Professor" lightens the burden and heartens the life. A course of Dr. Holmes is often the best "tonic" a medical man can secure for his own spirit's strengthening. To all lovers of this "well-beloved physician" we commend the charming volume *Boston Days*, by Lilian Whiting, which contains much of highest interest concerning Oliver Wendell Holmes.

Literature.

PHARMACOLOGICAL STUDIES AND THE USE OF NITRITES. (a)

THIS little work is one of much pathetic interest. It contains the Croonian Lectures and other essays on pharmacological subjects of the late Professor Leech, whose untimely death in 1900 prevented the coming out of several important literary projects for which he had collected much material. Professor Wild, his successor in the Chair of *Materia Medica* and Therapeutics at Manchester, has done well to collect into one volume the various papers of his friend and master; and the book will be valued by many of Professor Leech's old students. The first portion of the volume contains reprints of several interesting essays, the most important being an address on the relation of pharmacology to therapeutics, delivered as far back as 1884. No alteration has been made in the text of the earlier papers. The Croonian Lectures on the pharmacological action and therapeutic uses of the nitrites and allied compounds, which appeared in the medical journals of 1893, and constitute the most valuable portion of the present volume, have been revised, divided into chapters, and additional figures have been added. Dr. Wild tells us, however, that the present work represents the views held by Professor Leech in 1900, when he contributed the article upon the nitrite group to Dr. Hale White's well-known text-book; before writing that article he revised a copy of the Croonian Lectures, and use has been made of this in preparing this book. Valuable as such a permanent record of the more important researches of the late Dr. Leech will be to pharmacologists, and prized as it must be by all those who were privileged to have come in contact with him, the present volume will probably prove of great service to the serious student from the very excellent and complete bibliography of the nitrites, which occupies no less than twenty-two pages. The well-executed series of plates add much to the usefulness of the work.

BIGG ON CONSTIPATION (b).

In his introduction the author says that "constipation is one of the weak spots in the defence of the constitution." So it is, and this small volume not only directs attention to its dangers, but also tells us how to deal with them. The author first points out the various evils that result from constipation, and then carefully considers its diagnosis and treatment. He divides his subject into three parts, simple, habitual and chronic constipation. A number of useful and practical prescriptions are appended to the volume. The general practitioner will find many valuable hints within this book, and we can confidently recommend it as a thoroughly practical contribution to the literature of this oft-neglected condition.

WHITLA'S MATERIA MEDICA. (c)

THIS manual is now so well known and so widely used by students and practitioners that very little new can be said regarding it. In its present form, however, it differs from previous editions in that the size of page is larger and also the type. Much of it

(a) "The Pharmacological Action and Therapeutic Uses of the Nitrites and Allied Compounds, including the Croonian Lectures for 1893." By the late Daniel John Leech, M.D., D.Sc., F.R.C.P., Professor of *Materia Medica* and Therapeutics in the Owens College. Edited by R. B. Wild, M.D., M.Sc., M.R.C.P., Leech Professor of *Materia Medica* and Therapeutics in the Owens College. Pp. 187, and XXVIII plates. Manchester: Sherratt and Hughes, 1902.

(b) "Constipation." By G. Sherman Bigg, F.R.C.S. Pp. 76. Crown 8vo. Price 2s. 6d. net. London: Baillière, Tindall, and Cox, 1902.

(c) "Elements of Pharmacy, *Materia Medica*, and Therapeutics." By William Whitla, M.A., M.D., Professor of *Materia Medica* and Therapeutics in Queen's College, Belfast, etc. Eighth Edition. Pp. 637. London: Henry Renshaw, 1903.

has been re-written, and the whole brought well up to date. The section on pharmacy is exceedingly well arranged, and is brimful of valuable hints; while that on *materia medica*, which, by the way, is got up in alphabetic form, is at once clear and concise. We were perhaps most interested in that part which treats of therapeutics, where brevity and accuracy go hand in hand. To prove the fact that the book is brought up-to-date we turned to the section on potassium iodide, and were not disappointed, for there we found reference made to Professor Stockman's recent researches on the subject. The section on non-official remedies is wonderfully complete, no remedy of any consequence being omitted. As a text-book for students, or as a work of reference for the general practitioner, this volume, in its new and improved form, will be found all that can be desired.

NEW BOOKS AND NEW EDITIONS.

The following have been received since the publication of our last list.

BAILLIÈRE, TINDALL & COX (London and Dublin).

The King's Prize Essay on the Erection of a Sanatorium for the Treatment of Tuberculosis in England. By Arthur Latham, M.A., M.D., Oxon., M.A. Cantab., in association with A. William West, Architect. Pp. 254. Price 5s. net.

The Diagnosis and Modern Treatment of Pulmonary Consumption. By Arthur Latham, M.A., M.D. Pp. 215. Price 5s. net.

Aids to Sanitary Science. By Francis J. Allen, M.D. Edin. Second Edition, revised and edited by Reginald A. Farrar, M.A., M.D., Oxon. Pp. 272. Cloth 4s. 6d., paper 4s.

The Practical Details of Cataract Extraction. By H. Herbert, F.R.C.S. Pp. 109. Price 4s. net.

JOHN BALE, SONS & DANIELSON, LTD. (London).

The Surgical Treatment of Ulcer of the Stomach. By C. Mansell Moullin, M.D., Oxon., F.R.C.S. Pp. 53. Price 2s. 6d. net.

CASSELL & Co., LTD. (London).

Diseases of Women. By George Ernest Hermann, M.B., Lond., F.R.C.P. With upwards of 250 Illustrations. Pp. 884. Price 25s.

HENRY FROWDE (London).

The Hospital Service Book. Revised and Enlarged. By Charles Parkhurst Baxter, M.A. Pp. 218. Price 2s.

GOVERNMENT PRINTING OFFICE (Washington, U.S.A.).—Index-Catalogue of the library of the Surgeon-General's office, United States Army. Second Series, vol. VII. Hernia—Inquiry. Pp. 1,003.

JORDAN & SONS, LTD. (London).

A Practical Guide to the Licensing Act, 1902. By Charles L. Rothera, B.A. Pp. 157. Price 3s. 6d. net.

H. K. LEWIS (London).

Diseases of the Skin. By H. Radcliffe Crocker, M.D., Lond., F.R.C.P. Third Edition, 2 vols. Pp. 1,387. Price 28s. net.

Inoculation against Malaria. By Dr. Philaethes Kuhl. Translated by H. A. Nesbitt, M.A. Pp. 32. Price 2s. net.

J. B. LIPPINCOTT & Co. (London).

International Clinics. Edited by Henry W. Cattell, A.M., M.D. Vol. IV., Twelfth Series, 1903. Pp. 317.

LONGMANS, GREEN & Co. (London).

Memoirs and Letters of Sir James Paget. Edited by Stephen Paget, one of his sons, with a Portrait. Third Edition (eighth impression), with a Postscript by Sir Thomas Smith. Pp. 466. Price 6s. net.

The Mycology of the Mouth. By Kenneth Weldon Goadby, D.P.H. Camb., L.R.C.P., &c. Illustrated. Pp. 241. Price 8s. 6d. net.

Bacteria in Daily Life. By Mrs. Percy Frankland. Pp. 216. Price 5s. net.

MACMILLAN & Co., LTD. (London).

Life History Album. Second Edition, re-arranged by Francis Galton, D.C.L., F.R.S. Pp. 178. Price 5s. net.

YOUNG J. PENTLAND (Edinburgh and London).

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.P. Edin., and Alexis Thomson, M.D., F.R.C.S. Edin. New series, vol. XII. Pp. 592.

REBMAN, LTD. (London).

Biographic Clinics: The Origin of the Ill-health of De Quincey, Carlyle, Darwin, Huxley, and Browning. By George M. Gould, M.D. Pp. 223. Price 5s. net.

HENRY RENSHAW (London).

Elements of Pharmacy, *Materia Medica*, and Therapeutics. By William Whitla, M.A., M.D. With woodcuts, Eighth Edition Pp. 637.

ELLIOT STOCK (London).

What a piece of Work is Man; with Christian Evidences. By Frederick James Gant, F.R.C.S. Price 2s. 6d. Pp. 105.

JOHN WRIGHT & Co. (Bristol).

Golden Rules of Refraction. By Ernest E. Maddox, M.D., F.R.C.S. Edin. Pp. 86.

Medical News.

Royal College of Surgeons of England Lectures.

THE following lecture arrangements are announced:—Professor Charles B. Ball, Erasmus Wilson Lecturer, will deliver three lectures on "Adenoma and Adeno-Carcinoma of the Rectum," February 16th, 18th, and 20th. Mr. J. Herbert Parsons, Arris and Gale Lecturer: three lectures on "Ocular Circulation," February 23rd, 25th, and 27th. Professor Arthur Keith, three lectures on "A Research into the Manner in which the Abdominal Viscera are Maintained in Position in Man and in Animals Allied to Man with a view of Elucidating the Condition usually described as 'Glenard's Disease,'" March 2nd, 4th, and 6th. Professor W. McAdam Eccles, three lectures on "The Vermiform Appendix; some points in its Anatomy and Pathology," March 9th, 11th, and 13th. All members of the profession will be admitted to these lectures on presenting their private visiting cards.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Committee of the Medical Sickness, Annuity and Life Assurance Society was held on January 30th, at 429, Strand, W.C. There were present, the chairman, Dr. de Havilland Hall, Dr. G. A. Hiron (one of the trustees), Dr. J. B. Ball, Dr. Frederick S. Palmer, Dr. Walter Smith, Dr. M. Greenwood, Dr. F. J. Allan, Dr. W. Knowsley Sibley, Dr. Alfred S. Gubb, and Mr. Edward Bartlett. The amounts presented showed that a large number of claims were being received on account of influenza, and there seems little doubt that an epidemic of this disease has to be reckoned with. In previous years considerable sums have been paid by the Society on account of influenza claims, but the large reserve, which now amounts to more than £17,000 has never ceased to grow, and the present claims though numerous, are of short duration, and are easily met out of current income. A long list of members who, being permanently incapacitated, are drawing annuities, usually one hundred guineas a year, was examined, and the special report furnished gave little hope of any appreciable reduction in this list. To make these annuities absolutely secure a special reserve is made at each valuation of the Society's business. Prospectuses and all information on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

The First to be Chloroformed.

THE death is announced of Dr. John Webb Watkins, of Newton-le-Willows, Lancashire, who is stated to have been the first human being on whom the anaesthetic effects of chloroform were tried by the late Sir James Y. Simpson.

Vital Statistics.

THE deaths registered last week in the eighty great towns of the United Kingdom corresponded to an annual rate of 19 per 1,000 of their aggregate population. The highest annual death rates per 1,000 living, as measured by last week's mortality, were:—From all causes, 26 in Belfast, 24 in Dublin, 22.7 in Glasgow, 17.8 in Edinburgh, 23.1 in Hanley, 23.3 in South, Shields, 23.5 in West Bromwich, 23.7 in Norwich, 24.0 in Oldham, 24.6 in Rotherham, 25.1 in Newcastle-on-Tyne, and 26.0 in Wigan; from measles, 1.2 in Manchester, 1.3 in Hull, 1.5 in Belfast, 3.7 in Newport (Mon.); and from whooping-cough, 1.2 in Bristol, 1.5 in Oldham, 1.7 in Northampton, 1.8 in Smethwick, 1.9 in Tottenham, 2.2 in Stockport, 2.5 in Hanley and in King's Norton, and 3.3 in Croydon. Six deaths from small-pox were registered in Liverpool, three in Leicester, and one each in Walsall, Birmingham, Bury, and Manchester, but not one in any other of the eighty towns.

Mortality of Indian and Foreign Cities.

THE following is the official weekly return of the

rates of mortality in certain Indian and foreign cities, which gives the annual death rate per 1000 living in Bombay at 56.6, Paris 20.0, Brussels 18.0, Antwerp 13.7, Amsterdam 14.3, Copenhagen 17.1, Stockholm 14.3, Christiania 26.4, St. Petersburg 23.5, Moscow 25.6, Hamburg 18.8, Munich 22.6, Vienna 19.2, Buda-Pesth 18.2, Trieste 28.6, Rome 21.2, Cairo 28.6, Alexandria 35.8, New York 18.5, 20.0, Philadelphia 22.2, Boston 20.5.

The Dublin Death-rate.

THE deaths registered in the Dublin registration area for the quarter ending Saturday, January 3rd, 1903, represent an annual rate of mortality of 28.7 in every 1,000 of the population, being an increase of 1.4 in every 1,000 on the mortality of the corresponding quarter of the past ten years. Tuberculous diseases caused 454 deaths; diseases of the nervous system caused 270; diseases of the circulatory system caused 328; and diseases of the respiratory system caused 640. Influenza proved fatal in 27 instances. Forty-one deaths are ascribed to typhoid fever, and five from typhus. The recent epidemic of measles accounts for 177 deaths, as against 0, 23, 39 and 153 respectively in the four preceding quarters. The last weekly return to hand gave an annual death-rate of 25.7 per 1,000.

The London University and the Classics.

AT the quarterly meeting of the Apothecaries' Hall of Ireland held last week, it was moved by J. C. M'Walter M.A., D.P.H., seconded by E. F. Hanrahan, M.B., and carried unanimously. "That the Governor and Company of Apothecaries' Hall observe with grave concern that a knowledge of Latin is no longer essential to candidates for the London University Matriculation Examination, and they request their representative on the General Medical Council to insure that no person shall be registered as a medical student who shall not have passed in that subject."

The Royal University of Dublin.

AT the meeting of the Senate on Friday, February 6th, the following appointments were made:—Medical Fellows—Ambrose, Birmingham, M.D., Joseph P. Pye, M.D., Johnson Symington, M.D., John J. Charles, M.D., D. J. Coffey, M.B., John I. Lynham, M.D., John S. McArdle, F.R.C.S.I., Charles Y. Pearson, M.D. Examiners:—In Medicine—James A. Lindsay, M.D., Joseph J. O'Carroll, M.D. In Pathology—Edmond J. McWeeney, M.D., J. Lorrain Smith, M.D. In Midwifery—John W. Byers, M.D., Alfred J. Smith, M.B. In Medical Jurisprudence and Sanitary Science—Anthony Roche, M.R.C.P.I., Patrick T. O'Sullivan, M.D. In Materia Medica—Martin Dempsey, M.D., Sir William Whitla, M.D. In Ophthalmic Surgery—Arthur W. Sandford, M.D., Louis Werner, M.B. In Physiology—T. H. Milroy, M.D. In Sanitary Science—Sir Charles A. Cameron, C.B., M.D., In Mental Diseases—Conolly Norman, F.R.C.P.I., George Rivington, M.D. Extern Examiners:—In Surgery—Charles Stonham, F.R.C.S.E., In Midwifery—Henry Jellett, M.D. In Pathology—A. C. O'Sullivan, M.D. In Ophthalmology—William G. Sym, M.D.

PASS LIST.

Trinity College, Dublin. Hilary Term. 1903.

PREVIOUS MEDICAL EXAMINATION.

Anatomy and Institutes of Medicine.—Robert A. Askins, Cecil Scaife, John B. B. Whelan.

Physics and Chemistry.—Henry H. A. Emerson, Joseph C. A. Ridgway, Joseph E. N. Ryan, William E. M. Armstrong, Cyril H. M'Comas, John Murdoch.

Botany and Zoology.—Thomas P. Dowley, William M. Johnston, William H. Kennedy, Charles F. Rolleston, James G. M. Moloney.

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.

DR. J. P. H.—From personal knowledge we should advise Grasse, in the French Riviera, for your patient. At the principal hotel there (the Grand Hotel) he would find every possible comfort in convalescence. Both air and water are pure, and there is not the excitement which obtains at the more popular resorts.

MEDICAL MEN IN WALES.

Wales possesses 1,186 medical men, most of whom derived their training from schools outside the limits of the Principality. Of these 480 received the chief part of their medical education in London, 412 in Scotch, and 130 in Irish medical schools. The remainder have studied in English provincial colleges and universities. These numbers are only approximately accurate, as many medical men have availed themselves of the freedom permitted them, and taken parts of their courses in different colleges and universities.

NORTHERN SUBURB.—A parallel case is mentioned in Sir William Broadbent's manual on "Heart Disease" (3rd edition). Therein you will find the most suitable treatment, pursued with the best results.

DR. N. Y., M.D.—Received and will be considered.

M. B. GRIMSHAW.—Your request has been forwarded to the writer.

A. G. B.—We thank you for calling attention to the statements in our last issue. It was certainly not the intention of the writer to condemn the use of the convenient bath apparatus made for the purpose of rapidly heating water. We regret that the paragraph in question should have been open to any such interpretation. In the unfortunate accident that formed the subject of our comment, the cause of death was obviously the use of a gas stove. The main fact remains that the absence of ventilation in the bath-room was the indirect cause of death, and it is to be hoped that the loss of a valuable life may lead to a wide recognition of the disaster that may attend a similar carelessness of construction elsewhere.

DR. ALFRED F. PENNY.—Your paper on "Oral Sepsis as a Factor in the Causation of Disease" is marked for early insertion.

DR. J. B. R. (Harlesden) will receive a private note.

OXONIENSIS.—The hospital in question is one of the best equipped in the provinces. The operating theatre will stand comparison with that of any other institution of its class with which we are acquainted. From a scientific point of view the teaching to be gained thereat is, beyond doubt, sound, comprehensive, and satisfactory. A similar commendation, however, can hardly be extended to its possibilities in a clinical direction. The number of patients is too small to afford the field necessary for a thorough and comprehensive practical medical education.

MR. J. B. T. is thanked, but his communication is unsuitable.

MERC.—The plant is not officially recognised in this country, and its reputation, so far as we can judge, reposes solely on the publicity given to it by certain enterprising pharmacists.

Meetings of the Societies, Lectures, &c

LONDON.

WEDNESDAY, FEBRUARY 11TH.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Paper:—Mr. W. E. Miles: The Diagnosis and Treatment of Certain Common Affections of the Rectum met with in General Practice.

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. Clarke: Clinique. (Surgical.) 5.15 p.m. Dr. C. O. Hawthorne: The Visual Field in Chronic Nervous Disease. I.

THURSDAY, FEBRUARY 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Macnaughton-Jones and others. Dr. H. Smith (President): Introductory Address.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Dr. C. O. Hawthorne: The Visual Field in Chronic Nervous Disease. II.

FRIDAY, FEBRUARY 13TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace Strand, W.C.).—7.30 p.m. Dr. E. W. Hope: The Renewal of the Vaccination Act.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. H. L. Barnard: Treatment of Suppurative Arthritis. Dr. S. Barnes (introduced by Sir William Gowers): A Case of Local Panatroph. Mr. A. A. Bowly, C.M.G.: A Case of Acute Pancreatitis. Dr. F. Taylor: A Case of Acute Pancreatitis.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. R. Lake: Clinique (Throat.) 5.15 p.m. Dr. H. Lilley: Purulent Nasal Discharges. II.

MONDAY, FEBRUARY 16TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 p.m. Prof. Charles C. Ball: Adenoma and Adeno-Carcinoma of the Rectum.

DUBLIN.

ROYAL ACADEMY OF MEDICINE, DUBLIN.—Feb. 13th.—Section of Obstetrics. Papers:—Dr. Purefoy: Report of the Rotunda Hospital for the year 1901—02. Dr. W. Cockle: A Case of Puerperal Eclampsia, with Post-mortem Delivery by Forceps Exhibits by Card:—Dr. E. H. Tweedy: Three Myomatous Uteri Removed by Abdominal Hysterectomy. Dr. Alfred Smith: 1.—Five Myomatous Uteri. 2.—Double Pyosalpinx (Tubercular). 3.—Double Pyosalpinx (Septic). Dr. Horne: Ovarian Cyst. Specimens:—Dr. Alfred Smith: Ectopic Gestation.

Vacancies.

Borough of Torquay.—Medical Officer of Health. Salary £400 per annum. Applications to Fredk. S. Hex, Town Clerk, Town Hall, Torquay.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £150, with furnished apartments, board, washing, and attendance provided. 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 Medical Superintendent.

General Hospital, Birmingham.—Resident Pathologist. Salary £100 per annum, with board and residence. Applications to the House Governor.

Kent County Asylum, Barming Heath, Maidstone.—Fourth Assistant Medical Officer. Salary £175 per annum, with furnished quarters, attendance, coal, gas, garden produce, milk, and washing. Applications to F. Pritchard Davies, M.D., Superintendent.

Lanark District Asylum, Hartwood.—Third Assistant Medical Officer and Pathologist. Salary £120 per annum, with fees, board, washing, and residence. For full particulars apply to the Medical Superintendent (see advt.).

Metropolitan Hospital.—Casualty Officer. Salary £150 per annum. Applications to Charles H. Byers, Secretary.

Newcastle-on-Tyne Dispensary.—Two Visiting Medical Assistants. Salary £160 per annum. Applications to the Honorary Secretary, Joseph Carr, Chartered Accountant, 41, Mosley Street, Newcastle-on-Tyne.

North Riding Lunatic Asylum, Clifton, York.—Senior Assistant Medical Officer. Salary £200. Applications to the Medical Superintendent.

Rotherham Hospital and Dispensary.—Senior House Surgeon. Salary £110 per annum, with rooms, commons, and washing. Applications to E. S. Baylis, J.P., 19, Moorgate Street, Rotherham.

Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.—Assistant Resident Medical Officer. Salary £100 per annum, with board and lodging in the Hospital. Applications to the Secretary, 34, Craven Street, Charing Cross.

West Derby Union.—Senior Medical Officer (Resident), for the Workhouse and Hospital, Walton, Liverpool. Salary £150 per annum, with board and apartments, and fees for vaccination. Applications to Harris P. Cleaver, Clerk to the Guardians, Union Offices, Brougham Terrace, Liverpool.

White Oak Ophthalmia School, Swanley, Kent.—Assistant Medical Officer. Salary £150 per annum, with £100 per annum in lieu of Residential Allowances. Applications at Office of the Board, Embankment, E.C.

Appointments.

EGLINTON, GEORGE WALTER, L.R.C.P., L.M. Edin., L.F.P.S. Glas., Medical Officer of Health for the Wells (Somerset) Rural District Council.

HUTCHINSON, HY, L.R.C.P., L.R.P.S. Glasg., L.S.A. Lond., Surgeon to the London and India Docks Employees of the Districts of East Ham, Upton, and Manor Park.

LITLER-JONES, T. C. F.R.C.S. Eng. Honorary Assistant Surgeon to the Liverpool Royal Infirmary.

LYNCH, M. E., L.R.C.P.I., L.R.C.S.I., Medical Officer for Clashmore co. Waterford, Dispensary District.

McMORDIE, D. M.B., C.Ch.R.U.I., House Physician to the Sheffield Royal Hospital.

MARSHALL, R. PRYNNE, M.B.C.S. Eng., L.R.C.P. Lond., Medical Officer to the Third District of the St. Olave's Union, and Certifying Surgeon to the Bermondsey Borough Council.

MONCKTON, WILLIAM, L.R.C.P., L.M. Edin., M.R.C.S., Medical Officer of Health for the Portishead Urban District Council.

SCHOFIELD, F. W., M.B., C.Ch. Vict., Assistant House Surgeon to the Sheffield Royal Hospital.

SHAW, G. H., M.B., Ch.B. Vict., House Surgeon to the Sheffield Royal Hospital.

WALLACE, ARTHUR J., M.D. Edin., Surgeon to the Hospital for Women, Liverpool.

Marriages.

PRIDIE—KESTON.—On Feb. 5th, at the Cathedral, Peterborough, Hugh Hampden Pridie, M.B., Wandsworth, Northamptonshire, to Eva Hester, only daughter of Haydn Keston, Mus. D. Oxon., Organist of Peterborough Cathedral.

Deaths.

HEARNDEN.—On Feb. 5th, at Sutton, Surrey, William Alexander Hearnden, M.D., aged 70 years.

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Original Communications.

ON THE CURATIVE TREATMENT OF TRACHOMA

BY
X-RAY TUBE EXPOSURE
AND BY
HIGH FREQUENCY CURRENT.

By SYDNEY STEPHENSON, C.M.,

Hon. Secretary of the Ophthalmological Society,

AND

DAVID WALSH, M.D., Edin.,

Late Hon. Secretary of the Rontgen Society, London.

It is a familiar observation that the number of remedies advocated in any given disease affords a good test of its obstinacy, or otherwise, under treatment. The proposition is certainly true when applied to the extremely chronic contagious disease of the conjunctiva known as "granular lids" or "trachoma." A well-nigh bewildering list of local measures, instrumental and escharotic, has been compiled on the authority of generations of ophthalmic surgeons in their battle against the formidable malady in question. Without entering into detail it may be briefly stated that in spite of this crowded armoury, modern methods, even in the most experienced hands, rarely succeed in curing the disease within one or two years. The results, for instance, in a large number of cases of trachoma treated at the Hanwell Ophthalmic Schools show that the average period of cure reached two years. It should be borne in mind, moreover, that these figures were obtained under conditions of a most favourable kind as regards skilled nursing, the regular application of remedies, the performance of operations, and a bright and wholesome environment. There is little need to labour the point, however, for every surgeon attached to the ophthalmic out-patient department of a hospital will recall cases of trachoma that remain uncured after years of more or less continuous attendance. Clearly, then, the malady must be regarded as lingering and obstinate under all forms of treatment hitherto devised.

On the whole it seems that surgical measures have so far afforded the best results, inasmuch as they materially shorten the course of the disease, and in that way prevent the likelihood of such troublesome and serious complications as pannus, ulcers of the cornea, and trichiasis. Practical surgeons have therefore learned to trust more and

more to surgical measures in dealing with trachoma. That position, however, seems likely to be entirely changed by the introduction of two powerful remedial agencies, to wit, the X-ray focus-tube and the "high frequency" electrical current. The first-mentioned method is commonly called X-ray treatment, but inasmuch as it is not yet known whether the X-rays are themselves the sole, or even the chief therapeutic agents, we think it better to adopt a non-committal phrase by adding the words "focus-tube." (a)

The only recorded instance of the use of the X-ray tube in trachoma is the single case of a girl, æt. 14, whose left eye was treated by Mr. M. S. Mayon. The patient was shown on June 12th, 1902, before the Ophthalmological Society of the United Kingdom. (b) Her left eye had been exposed on 22 occasions to the focus-tube and was nearly, but not quite, cured. A search among contemporary literature has failed to disclose any further account of the use of the X-ray methods in trachoma, nor has any mention whatever been found of the application of the high frequency current to the treatment of that disorder.

The focus-tube treatment has been applied by us with varying results in several forms of eye disease. In the present communication, however, it is proposed to deal with trachoma alone. Four cases have been thus treated, and in all of them a marked improvement was at once noted. The four patients were male children, whose ages ranged from two to twelve years. In each of them both eyes were affected with typical hypertrophic and severe trachoma, the cornea being involved in three cases. Under ordinary treatment one might have expected to cure these cases, say, in the course of eighteen months or two years.

Little need be said about the actual details of treatment. A twelve-inch Cox's coil was used with the "Record" focus-tube of the same maker. For the first few exposures the apparatus was run with a strong battery and an ordinary spring break. Afterwards a Mackenzie-Davidson mercury break (of the improved form made by Cox) was substituted, together with current run direct from the main. The focus-tube was "hard," with an average resistance equal to a seven or eight-inch spark gap on the coil. The anticathode of the focus-tube was placed at an average distance of eight inches from the eye, and the average exposure was from ten to fifteen minutes. One child proved more susceptible to the action of

(a) See "Rontgen Rays in Medical Work." By D. Walsh, M.D. Third Edition, pp. 201

(b) "Transactions of the Ophthalmological Society," vol. xxi. (1902).

the focus-tube than the others. After the first few exposures a mask of lead foil was used to protect the face, and so made that one or both eyes could be exposed to the tube. An average current strength of five amperes and twenty to twenty-five volts was used. In order to control results, one eye only was exposed in three out of the four cases, and in one of the three (Case II.) the lids were held everted during exposure. In the fourth (Case I., trachoma and pannus) both eyes were exposed simultaneously to the focus-tube, and the lids of the right eye were everted. The cases were chosen from children in whom the disease was well marked and bilateral and as nearly as possible of equal severity on the two sides.

The general results may be thus stated: Of the four cases of trachoma treated with the focus-tube the eyes appeared to be cured in two (Cases II. and III.), while such considerable improvement took place in the other cases as to promise an equally favourable result with a continuance of the treatment. On several occasions slight superficial dermatitis of the lids was noted, and in one case it amounted to a blister. The face was also similarly affected once or twice. A moderate dermatitis also occurred on the fingers and back of hand of the nurse who held the lids everted during one of the short distance exposures (four inches). A shield and a mask of lead prevented any further mischief, so far as hands and face were concerned.

The rapidity of the curative action is noteworthy. Every case showed a definite improvement from the first exposure. The immediate effect of the focus-tube was to render the granular bodies redder and more prominent. That appearance was followed by a stage during which rapid absorption of the granulations presumably took place. Out of the five eyes treated in the four patients two appear to be cured at the time of writing, while the rest of the treated eyes are well on the road to cure. On the other hand, the three eyes untreated by the focus-tube remain just as they were when the patients were first put under this special treatment, that is to say, the conjunctiva shows at the present moment severe typical trachoma. During the focus-tube exposures the eyes not thus exposed have been treated daily with an ordinary antiseptic wash. The method of control adopted establishes the fact that the curative agency has been exposure to the focus-tube, as that has been the only altered condition preceding cure or marked improvement in the treated eyes. The eversion or otherwise of the lids appears not to make the least difference in results. This is fortunate, as it is no light task for the operator or his assistant to keep a child's lids everted for ten minutes or a quarter of an hour at a time. The apparent cure of the two eyes resulted from seventeen exposures in Case II., and from sixteen in Case III. It may safely be claimed that these results obtainable by a few weeks' treatment with the focus-tube opens up a new era for the ophthalmic surgeon, not only as regards trachoma, but other diseases of the eye as well. The clearing up of the corneal opacities and the partial disappearance of the pannus in Case IV., suggest an extended and important application of the Röntgen methods in ophthalmic work.

With regard to the trachoma apparently cured by the high frequency current, the results were obtained after twenty-two applications. A twelve-inch spark coil (Cox) was run from the main con-

nected with a D'Arsenval high frequency apparatus. One end of the solenoid was earthed, while the other was connected with a vulcanite electrode, with which the closed right eyelids were gently massaged. A small brush discharge of about half an inch was obtainable from the electrode, and this probably would have acted on the trachoma equally well without actual contact of the electrode with the lids. It was noted that at times the orbicularis and the corrugator supercilii muscles were thrown into action. So far as we can ascertain this is the first application of the high frequency current to the eye. Its results have been not less striking than definite. By this means, as with the focus-tube, more improvement has been effected in trachomatous lids than could have been reasonably expected under months or even years of ordinary escharotics.

Treatment both by the focus-tube and by high frequency current has the great merit of painlessness. Under both methods it was a common occurrence for the children to fall asleep. This state of things offers a sharp contrast to the discomfort and pain produced by the application of solid sulphate of copper and other escharotics—liquid or solid—to the conjunctiva, suffering that is only partially checked by cocaine. The rapidity of cure is another important fact, as it not only prevents a needless expenditure of time and money, but it also reduces the chances of onset of serious complications that beset the path of trachoma, especially as regards the cornea. As all ophthalmic surgeons know, the longer the course of the disease the greater the risk of complications. Almost, if not quite absolute safety may be claimed for both forms of treatment if applied by skilled hands. At the same time it can be hardly too strongly insisted upon that the application of the focus-tube to the eye by unskilled or careless persons might play havoc with a delicate organ.

In addition to the slight surface "burns" above noted, the eyelashes became thinner in some of the eyes treated by the focus-tube. In Case I., after ten exposures with everted lids, a small infiltration appeared in the lower fourth of the cornea, looking like an ordinary phlyctenular (eczematous) deposit. This was followed in the course of the next week by several similar but smaller deposits in the lower outer quadrant of the cornea, and these later developed into small ulcers. It is an open question whether these phenomena were or were not connected with the special treatment.

The results thus obtained open up a new and brilliant field in the treatment of a disease that inflicts many disabilities upon the poorer classes of the United Kingdom. Among the Poor-law institutions the prevention of trachoma has long been a most urgent and difficult problem. The prevalence of the malady, indeed, has been perhaps one of the strongest arguments brought forward against the massing together of many children in the so-called "barrack schools." It almost seems that the means of rooting out the disease from the Poor-law institutions has been placed in the hands of the medical profession. If that be the case, it is within the bounds of possibility that granular lids may be banished from our Poor-law population within a few months of the general application of the electrical methods described in the present article. So far as can be seen at present, in skilled hands both the focus-tube and the high frequency current will substitute

safety, rapidity and efficiency for methods that have hitherto necessarily been slow, painful, uncertain and costly. Should such a result as we anticipate be possible under the new methods the consequent saving of money both to local authorities and to the State, to say nothing of the benefit to the individual, would be simply incalculable.

ABSTRACT OF FOUR CASES OF TRACHOMA TREATED BY THE FOCUS-TUBE, AND ONE WITH THE HIGH FREQUENCY CURRENT.

CASE I.—C. H., æt. 9. Lower palpebral conjunctiva in a condition of marked hypertrophic trachoma. Upper palpebral conjunctiva much thickened, has almost a lardaceous appearance. Vascular pannus upper third of each cornea. $V = \frac{4}{18}$ and No. 1 Jaeger. Between July 31st and October 18th, 1902, the everted lids of the right eye were exposed on eleven occasions for ten to fifteen minutes to the action of the focus-tube at a distance from the eye of four to ten inches. The left eye was treated without exposure of the palpebral conjunctiva. After the tenth exposure there was slight dermatitis about the right eye, as well as a small infiltration, exactly like an ordinary phlyctenular deposit in the lower fourth of the corresponding cornea. After the eleventh exposure several similar corneal infiltrations made their appearance. The conjunctival condition of the right eye has markedly improved under the action of the X-rays, a remark that applies equally to the left eye.

CASE II.—W. J., æt. $7\frac{1}{2}$, suffering from trachoma without corneal complications. The lower palpebral conjunctiva and that of the superior fornix were converted into a folded mass of trachomatous material of highly characteristic appearance. The upper tarsal conjunctiva was roughened with numerous small "sago-grains." Between June 25th and August 11th, 1902, the everted lids of the right eye were exposed on ten occasions to the action of the focus-tube, fixed at a distance from the eye which varied from four to eight inches. The exposures were invariably for ten minutes. It was noted that the right side of the face several times became slightly swollen and red after exposure. On July 28th, however, a definite burn (10 mm. by 4 mm.) was found above the outer end of the right upper lid. On July 31st this had almost healed. After two further exposures the condition of the right eye had improved so much that cure seemed to be complete. But a relapse of the trachoma took place nine days later, and this necessitated five more exposures of the X-rays. On October 26th, 1902, the disease as regards the right eye seems to be cured, while the left eye (treated only with 1:2000 cyanide of mercury lotion) is still as bad as ever.

CASE III.—S. O., æt. 6, with well-marked hypertrophic trachoma of both eyes. No corneal complications. Between June and August, 1902, the right eye was subjected to the action of the focus-tube for a period of ten minutes on fourteen occasions, the distance ranging from four to eight inches. The lids were not everted. Although a mask was used, yet more than once the right side of the face became red and swollen after the treatment. On August 7th, 1902, the disease in the right eye appeared to be cured, but a slight recurrence was noted on September 19th, when the lashes were found to be relatively thin and scanty. On October 26th, 1902, after six further exposures, the disease in the right eye seems to be cured.

CASE IV.—A., æt. 12, suffering from very chronic

trachoma of both eyes, with dense, vascular pannus over the upper two-thirds of the cornea, concealing all details of the iris, pupil, etc. Some shallow ulcers were present at the free edge of the pannus. $V = \frac{3}{36}$, and No. 19 Jaeger at 14 cm. After a 5 per cent. argentinine solution had been applied daily for three months the sight had risen to $\frac{4}{18}$. X-ray treatment was then started. During the next three months the right eye was treated on sixteen occasions by exposure for eight to fifteen minutes at a distance of four to eight inches from the focus-tube. The eyelids were not everted. At the time of writing the cornea of the right eye has cleared a great deal, and the sight of that eye is $\frac{4}{18}$. The condition of the conjunctiva, also, is much improved.

CASE V. (High Frequency).—H. L., æt. 4, suffering from trachoma of both eyes. Between July 1st and October 23rd, 1902, the case was treated with the high frequency current, applied at first by means of a sealing-wax and glass and later by a vulcanite electrode over the lids (not everted) of the right eye. The period of exposure ranged from eight to fifteen minutes, but was generally the latter. No complications were noted. The trachoma soon began to improve, and on October 26th, 1902, the disease, as regards the right eye, appeared to be definitely cured.

THE SURGERY OF THE GALL-BLADDER.

By J. McARDLE, F.R.C.S.I.

Surgeon to St. Vincent's Hospital.

I WOULD not dare to occupy the time of this Academy by the recital of ordinary cases of gall-bladder trouble, but in my study of the secondary affections arising in the course of disease of the gall-bladder, and the various ducts with which it is connected, I have come across cases which have so interested me that I thought a brief recital of the salient points in some of them might not be unworthy of your attention. The subject has been so exhaustively dealt with that I hope you will forgive me if my remarks somewhat overlap the pages of even ancient history on this subject.

CASE I.—Mrs. H., æt. 54, was sent to me by Dr. Frost, of Newmarket. She had had several attacks of colic, and jaundice had been fairly constant for some months. Of late jaundice was permanent, and instead of colicky pains she had persistent pain and tenderness under the right costal arch. She had lost flesh, become haggard looking, and looked the picture of misery when she arrived in hospital. Her pulse was small and compressible and her temperature subnormal. For some time vomiting had been persistent and distressing.

I opened the abdomen in this case in the right semi-lunar line, but owing to the extent of adhesions I was obliged to make an incision at right angles to the centre of this line, cutting the rectus. A great deal of time was spent in freeing the great omentum, which was massed round the gall bladder and along the edge of the liver. This done I opened the gall-bladder and gave exit to the stones here shown, and with them a great amount of mucopus; soon there was a profuse discharge of bile. On examining the common duct I found fixed in it a rather large stone, and passing the left index finger into the foramen of Winslow, I brought the stone towards the wound and passed four Lembert sutures over its site in the duct as shown in the accompanying drawings, and hooking up the loops, while the ends were in a clip forceps I cut the duct directly on the stone which was readily turned out with a scoop. Setting the loops free and drawing upon the clip forceps, immediately

closed the wound in the bile-duct. The tying down of the sutures was a matter of only a few moments. Recovery in this case was slow but complete.

In this case the patient was so weak that any prolongation of the operation would not be justifiable, and so I was obliged to hasten the procedure by cutting the bile-duct directly on the stone; you can readily understand that suturing before opening the duct was easily and rapidly carried out, as there was no flow of bile to impede the application of the sutures, and once the stone was removed, traction on the sutures prevented any further discharge of bile into the abdominal cavity.

I consider this a marked advance on the procedure advocated by Halsted, who opens the duct, then inserts a mallet-shaped support to enable him to properly pass the sutures required for closure.

CASE II.—Rev. M. F. consulted me about a general wasting accompanied by weakness brought on by the least exertion. He complained of mental exhaustion after the slightest effort. He always had a great inclination to fall asleep after food, and he suffered much from headache. He had intercostal pain, chiefly in the right side, and referred to the sixth, seventh, and eighth spaces. He also had pain between his shoulders. He had had intermittent attacks of vomiting, occasionally getting up some blood. He also suffered from an irritative cough. For years he had been under treatment for dyspepsia, gastric ulcer, &c., but at no time did he obtain any marked relief.

I examined him carefully, could find no pulmonary or cardiac lesion. The liver was somewhat enlarged, and there was a tender and prominent spot below the right costal arch about on a line with the ninth cartilage. I opened in this region, and a rounded mass, like the gall-bladder, protruded into the wound. On examination I found it to be a tumour at the tip of the gall-bladder the size of a walnut. The liver was very dark and covered all over with greenish-yellow lines, giving a tessellated pavement appearance. I opened the gall-bladder, removed a considerable amount of dark semi-gelatinous fluid. After flushing, I resected the tumour and fixed the gall-bladder to the skin. For a long time this patient had a considerable amount of pain and a very copious flow of dark bile from the wound; gradually this diminished and I was enabled to close the gall-bladder, when all the distressing symptoms above referred to disappeared.

It would be seen that in this case the patient was treated for all kinds of gastric disturbances, and that for years his life was rendered miserable by symptoms varying very much in character, sometimes febrile, sometimes pulmonary, occasionally intestinal, and not unfrequently mental. The removal of the adenoma sections which I now exhibit, relieved him of all this distress, and he is now in the enjoyment of perfect health.

CASE III.—Doctor R. was brought under my care by Mr. Fagan. For years he had suffered from intense epigastric pain, and had frequent attacks of vomiting, when his distress was terrible.

Some months before I saw him, rapid emaciation commenced. He had been, doctor-like, under all kinds of treatment. The contents of his stomach were examined, and the awful word "cancer" had been applied to his condition. I found on examination a greatly dilated stomach and enlarged liver, with a prominent gall bladder, and as the history of the case pointed to extensive adhesions in the neighbourhood of the pylorus I made a rather long incision in the right semi-lunar line, double-ligatured and cut great bands joining the colon to the liver and gall-bladder, thus exposing the gall-bladder for section. On opening this organ I gave exit to a great quantity of bile and mucopus, and I removed, after some difficulty, the stones I now exhibit.

In this case, owing to the unhealthy condition of the gall-bladder I was obliged to bring the peritoneum, freed from its connections, down to meet the bladder wall. For some days we had great trouble with this

patient, but by washing out the stomach frequently we were able to keep him in a state of comparative comfort. He made satisfactory progress. I met him at an operation a few days ago looking the picture of health and having gained three stone in weight since the operation in June last.

It will be seen by the history of this case that the patient was treated for ulceration of the stomach, gastric dilation, and ultimately he was given over as a hopeless case of cancer of the pylorus, when Dr. Fagan correctly diagnosed his case. That the result was not as bad as usually attends cancer is entirely due to Dr. Fagan's action in the matter; and it should be a warning to some and an encouragement to others that all cases with symptoms such as he presented are not necessarily fatal.

CASE IV.—Mrs. M., æt. 32, complained for many years of epigastric pain, vomiting, especially in the morning, and general weakness. As her distress was greatest during the menstrual periods it was thought that all her trouble was of uterine origin; first one ovary, then another was removed, then curetting was done, and later two laparotomies for the relief of adhesions. Each time she was told that she was perfectly well, but her husband, himself a physician in extensive practice, seeing her gradually get thinner and thinner, asked me to examine her. On hearing the history of her illness I concluded that she had a blocking of the gall-ducts. I opened the gall-bladder and removed the peculiar grey stones which I now exhibit, and with them a considerable amount of mucoid material, but no bile, and searching the duct I found this stone blocking it. This was easily extruded by digital compression, and soon after bile appeared in the wound. In this case I fixed the gall-bladder to the middle stratum of the abdominal wall to allow of thorough drainage.

This patient made an uninterrupted recovery, and is now enjoying perfect health.

You will see by the history of this case that a great deal of medical and gynecological talent was exercised in seeking a remedy for a very distressing trouble, the subsequent history of which proved that affections of the gall-bladder often play an important part in the production of symptoms referable to other regions than the right sub-costal area.

CASE V.—Mrs. S. was brought under my notice by her brother-in-law, a doctor in practice at Dublin. I was called to her late at night to a city hotel, where I found her in an epileptic fit. She was in a most pitiable condition. I got a history of frequent sickness, occasional vomiting, and almost constant epigastric pain. On examination I found she had an enlarged liver, and pressure below the right costal arch increased the violence of the spasms. Next morning I had her removed to the private hospital, Holles Street, where I opened the gall-bladder, which contained a tenacious tarry substance, embedded in which I found the very curious stones I now exhibit. I washed out the gall-bladder, and as it was very long, I passed into it a long, thick rubber tube which I fixed to the abdominal wall by two silk-worm-gut sutures. About one o'clock I had a telephone message to say this lady was dying, and on arriving at the hospital I found her in a seizure somewhat like that I had witnessed the previous night. She was cold and almost pulseless. I immediately withdrew the tube and replaced it by a strip of gauze. Almost at once the whole aspect of the patient changed, and soon large beads of perspiration appeared, her face became flushed, and within half an hour she was conscious and expressed herself as much relieved. From this time her progress towards recovery was steady, and since she has not had a single attack such as I have described.

This was the first case in which I had removed from the gall-bladder stones mulberry in character. The history which I have given you is a very striking one, and should show what extreme nerve disturbances may be brought about through the action of irritating materials in the bile-ducts. The epileptic seizures which this lady suffered from could hardly be differentiated from those of brain origin. That they arose from

irritation of the gall-bladder is proved by the fact mentioned in the after-history of the case, the removal of the drainage-tube stopping the fit; and also by the fact that she is in perfect health since I removed the calculi I now exhibit.

CASE VI.—Mrs. L., æt. 50, was brought to me by Dr. J. J. Murphy, complaining of great weakness, headache, rather frequent vomiting, and epigastric pain. She had emaciated very much, and on examination I found the right rectus rigid, the stomach greatly dilated, and she complained of a fulness and tenderness under the right costal arch.

In this case I made an oblique sub-costal incision after Billroth's fashion, so as to have control of the entire pyloric area. I here found a broad band crossing the beginning of the duodenum, the upper portion of which, as well as the stomach, was greatly distended, the stomach particularly being covered with large tortuous veins. I double-ligatured and cut the band, thoroughly freeing the colon and the pylorus. I next opened the gall-bladder, giving exit to a great quantity of dark inspissated bile. After flushing I fixed the gall-bladder to the skin so as to allow for prolonged drainage.

Although very low, this patient made an uninterrupted recovery. Most of the nerve specialists in Europe had treated this lady for nerve trouble of one kind or another, she had been confined to bed for months, had wasted away, and no matter what nourishment she took it was of no avail; all kinds of opinions were expressed as to the cause of this emaciation, and when I saw her the dread word "cancer" had been mentioned as the only explanation of her rapidly failing health. The emptying of an over-distended gall-bladder, the breaking down of surrounding adhesions, and the freeing of the bile-ducts by injection led to an improvement which has left this lady in perfect health for the past five years.

CASE VII.—Mr. S., æt. 52, came under my care with a history of persistent epigastric pain; he was easily fatigued, and the least exertion, and sometimes the pain, brought on excessive perspiration. The pain was referred to the gall-bladder area, to the right shoulder-blade, and to the centre of the spine between the shoulders. He had been under treatment for gastric ulcer, dyspepsia, &c., and of late serious statements were made as to the possibility of malignant disease.

I opened the abdomen in the right semi-lunar line, found the gall-bladder very tense and greatly enlarged, its walls so friable that every type of forceps would cut through with the slightest pressure. Under these circumstances I was obliged to incise the gall-bladder while deep down in the abdomen; to prevent soiling of the peritoneum I kept a douche playing from below the line of incision in the gall-bladder so as to float out the contents after incision. The stones which I now exhibit accounted for the intensity of pain. Recovery in this case was rapid, although the right side pain lingered for some time.

This case had been given over as a hopeless case of cancer of the pylorus, but some medical friend suggested that he might have gall-stones. He consulted Mayo Robson, who diagnosed his case accurately, and offered to carry out the necessary operation; being one of those who still believe in Irish surgery, he elected to take his chance in Dublin, and so I had an opportunity for a second time of removing mulberry stones from the gall-bladder.

He has made a complete recovery, although for a considerable time there was a profuse discharge from abiliary fistula.

CASE VIII.—Dr. C. L. came under my care after having a severe attack of colic for over two years. Previous to these attacks he had on and off suffered from jaundice, and for some months prior to the attack which led him to consult me jaundice had been persistent. Although he had got thin and worn, his spirits were good, and he had a fair pulse and good appetite. The last attack of colic he had occurred four days previous to my examination, and was of such a serious nature that he was obliged to go to bed immediately.

He had been out in the morning; on his return home he felt giddy, then got a sickening feeling, and later intense pain in the right side of the abdomen; this pain lasted only a short time, but he fell on the floor in a state of utter collapse, with cold clammy skin, almost imperceptible pulse, and in a condition bordering on unconsciousness. He rallied after a few hours somewhat, but seemed to fall away again, and when I first saw him, although the jaundice had disappeared, he had all the appearance of one suffering from cholæmia. I elicited the fact that for months no bile had passed away in the motions, but on the fourth day after this attack the motions were well stained with bile.

Believing that this patient had perforation of the common bile-duct, and that bile was pouring into the peritoneum, I opened the abdomen by a very small incision so as to allow free discharge of the bile. This I did without an anæsthetic, as the patient was almost moribund; the result was highly satisfactory. A copious discharge of bile took place, the symptoms gradually subsided, and drainage being completed by the eighth day the small wound was allowed to heal. Since that time jaundice has quite disappeared, and the patient is in perfect health.

In this case for several years the patient was supposed to have malignant disease of the liver; jaundice had been profound at times and had never entirely disappeared, and for many months before I saw him he had been almost black in colour. The latest diagnosis in this case was cancer of the head of the pancreas. A study of the symptoms as detailed above led me to the belief that a stone which had lain for a long time in the common bile-duct had perforated its wall and escaped with a considerable amount of bile into the peritoneal cavity. My reasoning of this case prior to the operation was as follows:—Immediately after the intense pain and collapse, which was very profound, jaundice disappeared, but the evacuations remained white in colour, then after a period of time (four days) that would allow for healing of the perforated duct, the evacuations became bile-stained, the jaundice all the time steadily diminishing, and no further pain being complained of. The removal of the bile from the peritoneal cavity, although the stone was not found, resulted in the complete and permanent cure in this case.

In discussing the foregoing cases, I have avoided all reference to instances of suppurative inflammation of the gall-bladder and its attendant evils. I will only detain you with the account of one more case which serves to illustrate the class of troubles which are by no means uncommon. I allude to those in which adhesions form between the inflamed gall-bladder, the under surface of the liver, and the neighbouring portions of the intestine. In February, 1902, I saw Mrs. W., æt. 65, in consultation with Dr. Burke Sage. She had complained for many years of general sickness, occasional attack of vomiting, and, prior to examination by Dr. Savage, she was supposed to have ague, owing to the recurrence of very exhausting rigors, followed by profuse perspiration. Dr. Savage gave me the history of this case and explained that the rigors were the result of septic absorption from an infected gall-bladder, and called my attention to a hard swelling below the right costal arch, and from this, crossing the upper part of the epigastrium, the patient complained of great tenderness, and during the acute trouble she had great pain in this area. She had broken down in health, and emaciation had become marked, she had a small, weak pulse, and all the appearances of complete devitalisation. In the

hope of affording her some relief, I opened the right hypochondrium and found a great mass of thickened and inflamed omentum covering the gall-bladder and adhering to the liver substance. After section and removal of this I plugged all round with muslin sponges. The gall-bladder wall was so friable that portions come away in the forceps at every attempt to bring it into the wound. I was obliged, therefore, to open it and allow the passage of a great quantity of ochre-coloured fluid, then some broken pieces of gall-stones, and ultimately masses as large as a small egg were removed with a scoop. These had ulcerated through the gall-bladder wall, and were lying in abscess cavities on the under surface of the liver and on the hepatic flexure of the colon. After thorough irrigation I closed the peritoneum round the edge of the cavity from which bile was now beginning to flow. I laid in a large drainage-tube and plugged the wound with iodoform gauze. She rallied soon after the operation, but emaciation still continued, and, notwithstanding all our efforts, she died of exhaustion on the eighth day.

There can be no doubt that early operation would have saved this patient, that the attacks like ague occurred during the formation of an abscess in the line where the stones had eroded, and it is likely that the emaciation so marked before the operation was the outcome of pressure on the under surface of the liver and lesser omentum. Relief of this pressure was not sufficient to allow a restoration of these parts in good time.

In this case the great omentum had become massed round the gall-bladder, adhering to the under surface of the liver and the front of the pylorus, leading to dilation of the stomach, then to distension of the cæcum, and ultimately to marked enlargement of the small intestines, all of which were much hypertrophied.

This is only one of the many cases of this kind which I hope to bring before this section at a later date. My feeling is that such cases are fairly numerous, and that when attacks of cholecystitis have passed off under treatment, there frequently remains such bands as I have described to prolong the patient's trouble, and lead to the belief that malignant disease is present. It is chiefly with the object of directing attention to such cases that I have brought the matter under the notice of the Surgical Section of the Academy.

Lunacy and Law.

THE CARE AND TREATMENT OF PERSONS OF UNSOUND MIND IN PRIVATE HOUSES AND NURS- ING HOMES. (a)

By ERNEST W. WHITE, M.B.Lond., M.R.C.P. Lond.,
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Britain and Ireland; Professor of Psychological Medicine,
King's College, London; Resident Physician and
Superintendent, City of London Asylum.

My paper to-day is the natural outcome of the address by Sir William Gowers upon "Sanity and Insanity, Lunacy and Law; and the views of a London Hospital

(a) Read at the General Meeting of the Medico-Psychological Association held at the County Asylum, Mickleover, near Derby, February 12th, 1903.

Physician, Particularly in Regard to Private Patients," given at our last general meeting in London. The discussion which followed was hardly worthy of the subject. Most of the earlier speakers, although eminent general physicians, had had little or no experience in the care and treatment of the insane; therefore, when the turn came for those practically acquainted with mental diseases to speak, the hour was advanced, the audience was weary, and an all too exacting brevity resulted.

To-day, the alienist's side of the question can be fairly stated. My wish is to deal with it as briefly and as positively as possible, in order that the discussion may be as thorough as we can make it. We hope all who have had practical experience of single care, and of the treatment of mental cases in nursing homes, will assist us in our search after truth, that the best results may accrue to those who suffer from this, the saddest form of human ailments. I propose to treat the subject by a series of questions and answers, with illustrative cases here and there.

What is certified single care? It is the care and treatment of a duly certified person of unsound mind in a private house. The forms for admission are identical with those for the admission of a private patient into a public or private asylum or registered hospital. There is a like order made by a judicial authority. The medical attendant takes the place of the medical officer in institutions, and must visit at stated intervals, and make the customary reports to the Commissioners and Visitors in Lunacy. A registered practitioner with whom a single patient resides cannot act as medical attendant. The residence is approved by the Commissioners in Lunacy, and the patient visited periodically by them, and the medical and other visitors for the county or borough. Chancery patients are visited by the Lord Chancellor's Visitors in Lunacy. Facilities of access are given to friends by the statute. Thus abuses are guarded against, and there is efficient official supervision.

What are the advantages of certified single care? They seem to be:—

1. Privacy.
2. Domesticity.
3. Secret visits of friends.
4. Avoidance of the stigma of treatment in a lunatic asylum.

1. *Privacy.*—The rich and well-to-do try their utmost to keep secret the mental breakdown of any member of the family for well-known reasons; hence single care at a distance from home is the desideratum.

2. *Domesticity.*—The upper classes often dread the contact of their relatives with other insane patients, and complain of the lack of the comforts of home life in public and private institutions. These objections are now removed by the villa residences attached to public and private asylums and hospitals for the insane.

3. *Secret visits of friends.*—In single care the relatives, if so disposed, can visit unobserved, and much more frequently than they can in an asylum or hospital.

4. *Avoidance of stigma of insanity.*—The sting of certification is in the magisterial inquiry. Young and inexperienced justices often investigate the cases more fully than is necessary. They place too little reliance upon the facts contained in the medical certificates. The terrors of certification are therefore increased. The form of the medical certificate needs revision, the term "alleged lunatic" should be removed. The word "asylum" should be applied only to "an institution for the chronic and incurable insane"; "hospital for mental diseases" should be used for an "institution for acute and curable cases." The terms "lunatic" and "lunacy" should be removed from the statutes, "person of unsound mind" and "insanity" taking their places. For years past the terms "lunatic, lunacy, and pauper" have been forbidden at the City of London Asylum, and the word "asylum" only used for statutory purposes.

What are the disadvantages of certified single care?

1. The absence of skilled medical treatment.
2. Unskilled nursing.
3. Monotony.
4. Insufficient moral control.
5. Interference of friends.
6. Limited supervision.
7. Want of tact and business capacity on the part of the custodian.

1. *The absence of skilled medical treatment.*—The general practitioner, as a rule, knows but little of the treatment of mental diseases. Psychological medicine has only recently become compulsory in the medical curriculum. Moreover, I am sure you will all agree with me when I state that the knowledge of the proper treatment of mental diseases is not to be acquired in the rounds of general practice, or in the consulting room, or even, at present, within the wards of a general hospital.

2. *Unskilled nursing.*—The nurses (male and female) having charge of single patients have, as a rule, had no special training in the management of mental cases, and although perhaps hospital-trained, are quite unqualified for the work. No nurse is qualified to undertake a mental case in single care unless possessed of the Nursing Certificate of the Medico-Psychological Association, which is a recognised guarantee of efficiency. The responsibility with single patients is the greater because the nurse, from want of skilled supervision, is frequently thrown upon her own resources.

3. *Monotony.*—We all know of the many associated amusements and means of recreation provided in institutions for the insane. How dull must be the life of the patient in single care in this respect!

4. *Insufficient moral control.*—The moral decadence of the upper and upper-middle classes when insane is far greater than of the agricultural and industrial populations. Sedentary life, luxury, and high living tend to bad habits. Self-abuse is far more common among private patients than the rate-paid. The moral control—I would rather term it "school discipline"—of our institutions is one of the most potent means we possess for successful treatment. The day is apportioned out to meals, employment, recreation and amusements. The will is made subordinate to those of others, bad habits are corrected, and in many instances our patient is thereby conducted back to rational health.

We admitted in October last a lady who had been under certified care since the previous January, that is, for upwards of nine months. Upon admission she had hallucinations of hearing, her expression was vacant, she walked about aimlessly, did nothing, was faulty in habits, wet, &c., and was drifting to dementia.

We put her under proper discipline, roused her from her lethargy, gave her shower baths morning and evening, which have been continued to the present time. To-day (December 17th) she is industrious with her needle, bright, thoughtful of others, takes part in the associated amusements and recreations, plays the piano and sings well, has regained her self-respect, and is most tidy in her appearance and dress; in fact, is rapidly approaching convalescence and discharge, to the intense delight of her relatives and friends. (She left recovered on February 6th.) Now in single care the sufficient moral control of such a case as this is wanting.

5. *Interference of friends.*—With single patients the friends either get them removed as far from home as possible, satisfy themselves that they are well housed, well clothed, well fed and kindly treated, and visit them only when obliged, for sympathy for the insane relative generally quickly dies; or the patient may be visited much too often, the treatment of the medical attendant and management by the nurse being interfered with, to the great detriment of the chances of recovery.

6. *Limited supervision.*—Certified single patients are taken for profit by needy practitioners, decayed ladies, &c. The official supervision of these custodians is limited. How can we guarantee in all cases humane treatment by nurses, also proper food and environment

at all times? We must remember the best mental-trained nurses remain in the asylum service, or become attached to the better nursing institutes of the Metropolis. Therefore, we have not always the most trustworthy people in charge of the patients under consideration. On the contrary, it is an absolute fact that in a great number of cases the nurses in charge have not had any mental training whatever; frequently they are hospital-trained nurses who are sent out by institutions to whatever case may turn up. I have heard also of asylum laundry maids posing as mental nurses on the books of such institutions.

7. *Want of tact and business capacity in the caretaker.*—Decayed ladies and retired nurses are not possessed of much business capacity, tact or energy in the duties of the house.

What is uncertified single care? It is the taking charge of a person of unsound mind (not under certificate) in a private house or nursing home. I believe hundreds of insane patients of the upper and upper-middle classes are at the present time under care and treatment without being certified in the various counties of England and Wales, not to say the Channel Isles and near Continent. What happens is this: a member of a family, probably with neurotic inheritance, develops mental symptoms. The parents dread certification, and because of the so-called "stigma of insanity" avoid as long as possible the alienist physician being called in, but consent to a "nerve specialist" being consulted. To the neurologist the patient is taken; he duly prescribes and advises. After a short time the symptoms become more pronounced, and home treatment is impossible. The patient must go away. Then the assistance of the decayed gentlewoman is sought, that she may undertake the remunerative care of the insane person; or a nursing home is selected with which some practitioner in a suburban or rural district is connected. The neurologist sees the case from time to time in consultation. He considers himself well qualified to treat this form of disease, and in the interests of humanity (as Sir William Gowers tells us) is accessory to an evasion of the law. Ultimately, in many instances owing to an exacerbation of the symptoms (some attempt at suicide or homicide, &c.), certification becomes imperative, and the patient is sent to a recognised institution for mental diseases. It is from these cases many of us have to glean our recoveries, and a difficult task it is at so late an hour in the day of disease. Let us consider two or three cases to illustrate uncertified single care.

Several years ago I was asked to see a lady suffering from an attack of acute mania. She was at a farm-house at a short distance from a country village. Upon arrival, I jumped out of my trap, and was walking through an orchard to the house, when I beheld the patient among the fruit trees, but in the broiling sun (it was early in August). On either side of her was a hospital nurse, the one pulling one way, the other the other. The patient, a fine, muscular young lady, æt. 25 years, was semi-nude, with many bruises of the neck, chest and arms; her hair was dishevelled, her clothes were untidy and torn, and she did not appear to have been properly washed and attended to. Sedative medicines had been given even to nausea. All were of no avail. The nurses had not had asylum training, the patient was not taking sufficient food, the bowels were not properly looked after, and she was not under proper moral control, although physical control was by no means wanting. Secrecy was the order of the day, so to this out of the way place she was sent, and visited by a medical practitioner daily. The case had been drifting for about ten weeks. I told the father the patient ought to go to an institution for the insane, and she went without delay. She improved at once, and was discharged recovered within two months. This lady has had no relapse, but has since attained success as an authoress.

I will now give you a case of uncertified single care in which the alienist even failed, and you will see the reason. Six years ago I was asked to visit in consultation a lady suffering from puerperal insanity. The

attack had occurred five weeks after parturition, and the symptoms at first were a blend of mania and melancholia. The patient had a very bad family history. The father died of general paralysis of the insane, a brother had for some years been insane, and a sister has since had an attack of mania from which she has recovered. The family is one of typical neurotic inheritance. We had ample means at our disposal, and an excellent opportunity offered for treating an acute case (uncertified) under the most favourable conditions, for the house was a large old manor house with extensive grounds, surrounded on all sides by a wall some ten to twelve feet high. We converted a suite of rooms on the ground-floor into quarters for our patient, who took exercise for hours daily in the old-world gardens, and we secured trained nurses for night and day duty (one had been trained at the City of London Asylum); in fact, converted a most suitable residence into a complete private asylum for one patient. The family medical attendant visited twice a day; I met him in consultation three times a week. This went on for two months. Sometimes the patient was better, sometimes worse. At last I said to myself, "This patient won't get well here. She is not under sufficient moral control. She knows she is at home, in the home of which she has been mistress for years—she does not, therefore, subordinate her will to others. She must be certified and go to a private asylum." The husband, who was tenderly attached to his wife, but a man of sound common sense, agreed with me at once; not so, however, the mother-in-law. I then proposed that Dr. Savage should see the case with me, and the husband said that if he were of the same opinion as myself the patient should go from home, even at the risk of the ire of the mother-in-law. The consultation was held, we agreed, and the patient went to a private asylum, to improve quickly, and to recover under proper moral discipline in about three months.

Now let us consider a case of uncertified single care in which a good and permanent recovery resulted. Some sixteen years back I was consulted regarding a physically healthy young lady, who had developed suicidal tendencies and homicidal impulses. She had threatened to drown herself, and had attempted to strangle her sister with whom she was sleeping. There was no inherited tendency to mental disease. The causes were indolence, self-indulgence, and the habit to which I have alluded as so common in the upper classes. The relatives begged that she should not be certified. Fortunately, I knew a medical man who had been an assistant medical officer in a county asylum, and who thoroughly understood the requirements of our patient. Into his house she went, and was never left night or day. In the morning she had a shower bath on rising. After a light breakfast she was taken for a long ride on a double tricycle with her trained companion. After the mid-day meal she had another tricycle ride, wet or fine. A diet was arranged with limited animal food. The bowels were carefully regulated, and a suitable night draught given when needed. She improved steadily, and recovered completely in about four months to remain well ever since. In this instance an alienist directed the case with a skilled medical attendant, and trained nurses saw the instructions carried out.

(To be concluded in our next.)

THE HÆMATOLYSIS OF CANCEROUS EXUDATIONS.

By L. BARD, M.D.,

Professor of Clinical Medicine at the Medical Faculty of Geneva.

THE red corpuscles dissolve and give up their hæmoglobin in liquid of a specific gravity less than that of blood-serum. We know, moreover, that there are quite a number of substances which exert a solvent action upon them, even when the

medium is of equal or higher density compared with that of blood serum. The compounds possessing this hæmatolytic property not only comprise corrosive or toxic substances, but also certain organic substances as yet very imperfectly known, which only reveal their existence by this hæmatolytic action. It is to the last-named that the name of "lysins" more particularly applies.

In the normal physiological state the various fluids of the organism do not appear to contain any "autolysin," that is to say, any lysin capable of disintegrating the red corpuscles of the subject itself. The solvent action of the digestive juices on the blood is of an altogether different kind and has no bearing on the present question. Saliva has also a solvent influence on the red corpuscles, as was shown by M. Jøsserand, of Lyons, in his work on hysterical hæmosialemesis, but this property is doubtless solely due to the minute proportion of salts present in saliva and its feeble isotonic power. Normal urine leaves the red corpuscles intact unless polyuria has lowered its density below that of blood-serum; the hæmatolysis which is then produced is the result of this difference of density and in no way due to the presence of a lysin.

In the pathological state, the various exudations, the inflammatory serous effusions, and even the urine have not, in the majority of cases, any hæmatolytic action, but this is not always the case, and it is necessary to study closely the causes of the various pathological hæmatolyses. It is important to distinguish clearly between the cases in which hæmatolysis is simply due to a difference in the density of the liquid in question and those in which it occurs independently of the density, and is directly due to the presence of special lysins.

It has long been known that the red corpuscles may undergo solution in circulating blood, thus giving rise to hæmoglobinuria, which can only be detected by the lake-red appearance of the plasma itself, a circumstance capable of secondarily giving rise to hæmoglobinuria. "Lake" serum is met with in many cases of poisoning, and in certain infectious states; it attains its highest degree in the affection, little known in pathology, which has earned the name of paroxysmic hæmoglobinuria.

On the other hand, the conditions under which hæmatolysis can be produced in pathological exudations are very obscure. I myself have sought to discover this hæmatolytical action in the cerebro-spinal fluid, and in hæmorrhagic serous effusions, and in hæmaturic urine. When the liquid to be examined is spontaneously hæmorrhagic, it is sufficient to note the effect it has had on the red corpuscles which it contains; when otherwise, a drop of blood from the subject is added thereto. The red corpuscles are then separated from the liquid, which holds them in suspension, by centrifugation or by a simple deposit; the amount of dissolved hæmoglobin is estimated in the supernatant liquid, either by simple inspection, by colour, or by spectroscopic analysis, or, better still, by the known and extremely sensitive reaction of tincture of guaiacum in the presence of turpentine. We know that a characteristic blue tint is produced between the liquid and the reagent.

Normal cerebro-spinal fluid, the density whereof is higher than that of blood-serum, does not exert any hæmatolytic action on the blood of the subject; hæmatolysis only commences when it is diluted with little more than an equal part of distilled water. In the pathological state, in acute or

chronic meningitis, hæmatolysis is produced with feebler dilutions, but in general it is especially influenced by the lowered density of the medium. In a few cases only the cerebro-spinal fluid assumes the "lake" appearance forthwith without the addition of distilled water, and we might then admit the presence of a pathological lysin; but in all cases of this kind which I have observed up to the present, cryoscopy of the liquid showed a sufficient lowering of density to explain the hæmatolytic action.

This, however, does not hold good in respect of cases of hæmorrhagic serous exudations or hæmaturic urine. In the great majority of cases, pathological effusions do not possess any hæmatolytic influence on the blood corpuscles, which they merely hold in suspension. I believe, however, that hæmatolysis did sometimes occur, and even that it was constant, at least in cases which I have observed up to the present time, whenever these liquids were of cancerous origin.

I pointed out this peculiarity for the first time at the Biological Society, contrasting with it the results which I obtained in five cases of hæmorrhagic pleurisy, of which two were cancerous, while the three remaining cases were of an infectious nature, septic or tuberculous. The liquid of the first two, after centrifugation, contained dissolved hæmoglobin, which was absent from the last three.

I have recently observed several new facts which tend to confirm my earlier observations and help to explain more precisely their significance.

First of all I investigated a certain number of cases of tuberculous or septic hæmorrhagic pleurisy, and in no instance did there occur any hæmatolysis.

Secondly, I was able to satisfy myself, in several cases, that serous effusions of cancerous origin do not possess any hæmatolytic action on the blood of the finger, and that this is also the case with the urine of those suffering from cancer; I repeated the latter experiment on several patients suffering from various forms of visceral cancer. These facts show that the serous exudations, like the urine and circulating blood, do not contain any lysins in cancer, or if they do, not in sufficient quantity to provoke hæmatolysis *in vitro*.

I further remarked on four occasions hæmatolysis of cancerous origin in hæmorrhagic liquids; on the first occasion in the liquid contents of the pouches of a multilocular ovarian cyst of malignant nature; on the second in a peritoneal effusion in connection with large growths of uterine origin; on a third in the hæmaturic urine of a person suffering from cancer of the hip; on a fourth in the liquid of a cancerous pleurisy. The details in the first three cases have a special interest, and are of a nature to throw some light on the clinical aspect.

Let me add that I have never seen a hæmorrhagic liquid of cancerous origin devoid of hæmatolytic properties, so that if not peculiar to cancerous effusions, it appears to be a fairly constant phenomenon in all spontaneously hæmorrhagic effusions.

The fact that hæmatolysis only occurs in spontaneously hæmorrhagic effusions, and that it is absent from serous effusions even of cancerous origin, suggests that this property is associated with the actual contact of the tumour with the fluid—*i.e.*, that a substance is directly derived from the neoplastic cells.

My first two patients were cases of pleuro-pulmonary cancers, the one primary, in the two others as a secondary deposit.

In the case of ovarian cyst, on a post-mortem being made, we found alongside of the pouches containing hæmatolysed blood other smaller pockets containing serous fluid, which did not provoke the slightest hæmatolysis in blood to which it was added. Now the former presented proliferating walls the histological examination whereof revealed the existence of an embryonic epithelial growth, while the serous pouches presented all the characters of multiple adult epithelial tissues of slow growth. †

In the case of symptomatic ascites with large cancerous masses, the serous liquid obtained by the aid of a hypodermic syringe did not provoke hæmatolysis in the blood of the finger. Some fluid subsequently withdrawn with a trocar, at first serous then hæmorrhagic owing to the admixture of blood from the growth itself, possessed very marked hæmatolytic properties.

In the case of the person suffering from cancer of the hip the hæmaturia which I observed occurred suddenly, was very copious immediately after a rather prolonged examination with repeated palpation of the renal region. It continued regularly diminishing for three days. During these three days the urine gave the characteristic reaction of hæmatolysis, while its cryoscopic degree oscillated about 1.40° , an almost normal figure, or at least too high for the hæmatolysis to be put down to a diminution in the isotonic power. When the hæmaturia had completely ceased it was noticed that the urine had no hæmatolytic action on the blood of the finger, from which we infer that the urine secreted by a cancerous kidney does not contain any lysins except during the periods of hæmaturia. ‡

In presence of these facts the question arises whether hæmatolysis is produced in the liquid owing to a simultaneous letting free of a lysin, which is only present in quantity in cases of hæmorrhagic rupture, or whether hæmatolysis does not take place within the tumour itself, the escaping blood already containing free hæmoglobin which would have only to dissolve in the liquid.

Whatever be the value of these hypotheses we must concede that hæmatolysis is not simply dependent on the cancerous nature of the complaint but rather on the direct cancerous origin of the hæmatolysed blood. It is therefore a sign of the local presence of a cancerous growth either primary or secondary.

It will be interesting to ascertain whether blood withdrawn from the growth itself by puncture always presents this hæmatolytic property, and whether there be any practical means of forming a diagnosis of the disease.

It is also possible, and even probable, that hæmatolysis does not occur in all the histological varieties of malignant tumours, or that it presents notable differences of degree following the original nature of the neoplasm.

The destruction of the red corpuscles in a tumour may be, indeed, one of the factors in the production of the cachexia to which such growths give rise. I have elsewhere called attention to the fundamental differences which separate the various cancerous cachexiæ. These variations are dependent on the particular biological properties of the different cellular elements of the organism, which are all capable of giving rise to cancers peculiar to themselves. ¶

Protracted research will be necessary to settle

this question ; in any case the great variety of the cases in which I have observed it up to the present time tends to prove that, if hæmatolysis be not an absolutely general property of all cancers, it is any rate common to a great number of them.

Although the cases in which I have observed hæmatolysis in cancerous liquids are not yet very numerous, I think I may state that the absence of hæmatolysis in a pathological spontaneously hæmorrhagic liquid justifies the assumption that it is not of cancerous origin. It is more difficult to say to what degree the presence of this phenomenon is a trustworthy affirmative indication of a cancerous origin. It is certain that the cancerous lysins are a cause of hæmatolysis, perhaps the most important cause, but it is also certain that there exist others, and much research will be necessary to define their nature and their rôle.

It is obvious that from this point of view hæmatolysis has no diagnostic value, unless it is independent of any lowering of the isotonic power, which can be easily ascertained by cryoscopy. Then, too, we must not forget that certain infective diseases and certain toxins have a hæmatolytic action even on circulating blood.

Lastly the investigation should be pursued, liquid by liquid, serum by serum, no general law being applicable to the latter, as is shown, for example, by the differences observed from this point of view between the properties of pleuritic effusions and the modifications caused by meningitis in the cerebro-spinal fluid. In the latter, hæmatolysis is met in all varieties of meningitis, in tuberculous subjects, and in cerebro-spinal subjects. Its presence cannot, therefore, be taken as a symptom of cancer. In pleurisies, on the contrary, hæmatolysis is absent in tuberculosis and the greater number of infections, and its presence is presumptive evidence of pleural or pleuro-pulmonary cancer.

In hæmaturic urine the question is more complex, the differences without being negligible being less well marked. Hæmoglobinuria is common to several pathological states ; the hæmorrhagic urine of epithelial nephritis also contains dissolved hæmoglobin. Since my attention was drawn to this point, I have had opportunities to study five cases of hæmaturia ; the case, already mentioned, of hæmaturia by cancer of the hip accompanied by intense hæmatolysis ; a case of hæmaturia without hæmatolysis, and probably due to renal tuberculosis ; a case of hæmorrhagic pyelonephritis with much pus ; and a case of subacute epithelial nephritis, in which there occurred a very slight degree of hæmatolysis, not appreciable on inspection, but demonstrated by the action of tincture of guaiacum ; lastly a case of hæmaturia of septic origin, accompanied by concomitant melæna and hæmoptysis, where the hæmatolysis was very marked—at least, as marked as hæmaturia of cancerous origin. These five cases show that urinary hæmatolysis, and also its degree, may be utilised in the diagnosis of cancer of the hip, especially when it is necessary to distinguish it from tuberculosis of that region ; but it is also obvious that it is by no means peculiar to malignant renal growths.

It is evident from the above facts that the investigation of hæmatolysis in spontaneously hæmorrhagic pathological liquids, both in the excretions as well as in the exudations of the serous membranes, deserves to become a routine clinical method of investigation.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.
MEETING HELD FRIDAY, FEBRUARY 13TH, 1903.

DR. VIVIAN POORE, F.R.C.P., Vice-President, in the Chair.

MR. H. L. BARNARD related the notes of nine cases illustrating

THE DRAINAGE OF THE KNEE-JOINT IN ACUTE SUPPURATIVE ARTHRITIS.

He pointed out that few cavities of the body are so difficult to drain as the knee-joint. The usual method by lateral anterior incisions drains only the anterior half of the joint. An instrument cannot be passed from before back between the femur and tibia so as to make a counter opening behind, as recommended by some surgeons, unless the joint be flexed or the ligaments be softened and disorganised by suppuration which is not usually the case. In 1888 Sir Frederick Treves advocated continued irrigation, and published two cases of free mobility after its use. (*British Medical Journal*, July 7th, 1888.) These cases appear to have been mild infections, as seven subsequent cases treated by other surgeons in this manner gave two deaths, and only one mobile joint. The "open method" by a transverse incision, dividing the patella and fully flexing the knee, is a forlorn hope of conservative surgery. A successful case of its use is narrated by Dr. Walter Whitehead, (*British Medical Journal*, June 21st, p. 1525.) The anatomy of the knee-joint shows two capacious pouches behind. They reach above the condyles posteriorly, where they are covered by the heads of the gastrocnemii. They are separated from one another by a complete septum formed by the crucial and other ligaments. The external pouch sends a bursal extension down the leg along the popliteus tendon. When the knee-joint is extended these two pouches are shut off from the front of the joint by the tight coaptation of the femur and tibia. When distended with pus they rupture into the depths of the popliteal space where the sepsis is liable to involve the vein. The abscess then tracks down the calf and up the thigh, making drainage of both tracks almost impossible. The pouches should be freely opened by two-inch incisions in the line of the leg made by cutting on the condyles where they can be felt projecting on either side of the popliteal space when the leg is fully extended. In order not to wound nerves when the skin has been divided, a blunt instrument should be used to scrape down to the capsule ; this may be freely divided with the knife. The knee is then flexed to relax the structures, and tubes are inserted on each side. In eight of the nine cases treated by this method the temperature fell to normal in from thirty-six hours to a week. Massage—downward in front and upward behind—greatly assists the evacuation of pus from the deep pockets. An instructive case was then narrated where the posterior pouches were not drained ; they burst round the popliteal vein and pyæmia followed. The nine cases given in this paper were consecutive. The four traumatic cases gave the best results. Two had good movement, one had some movement when he left the hospital, and one had fibrous ankylosis. The five cases of auto-infection were most unsatisfactory, two were amputated, one for feeble repair and persistent sinuses in an old woman, æt. 65, the other for a tuberculous cavity in the end of the femur infected with erysipelas. The two cases apparently due to leucorrhœa were most unsatisfactory. Sinuses persisted although the temperature was soon reduced to normal. It is claimed that the method of posterior drainage will cope successfully with the immediate dangers of sepsis. The final condition of the joint depends rather on the cause of the suppuration. Subacute cases of suppurative arthritis of the knee due to auto-infection should be treated by the usual lateral patella incisions and irrigation. Should the temperature remain above normal, the posterior

pouches may be incised later. All acute cases, especially if due to punctured wounds, should be laid open freely at once, both in front and behind.

Mr. W. G. SPENCER observed, with regard to the posterior pouches of the joint, that if they were opened from behind there was much more danger of injuring the popliteal nerves than if opened from within by cutting down upon a probe or sinus forceps. Discussing the merits of the open method he related the case of a publican on the verge of delirium tremens, in whom an injury to the knee-joint was followed by necrosis of the patella and suppuration. In this case he opened the joint and recovery ultimately followed with the joint ankylosed in the middle position. He regarded the open method as a favourable alternative in cases that would otherwise have to be treated by amputation.

Mr. CLUTTON advocated small incisions and washing out the joint, with immediate suture, a method which had given excellent results in a number of cases usually treated by more energetic measures, e.g., extensive incisions, washing out, erosion, &c. He looked upon multiple incisions as a *dernier ressort*, and as really only the last step towards amputation.

Mr. MARMADUKE SHEILD claimed that the good results related by the author were not confined to the London Hospital, but that elsewhere acute suppurative arthritis was generally recovered from with movement of the joint, especially in young and otherwise good patients. He referred to five cases of his own of acute gonorrhœal infection of the knee-joint treated by incision on the inner side of the patella, and flushing with a solution of the biniodide of mercury, the wound being closed at once, with really surprising results. The temperature fell, the pain disappeared, and so on, and when contrasted with the old plan of treating such cases by means of the icebag, &c., they certainly compared favourably. He recalled the striking results obtained by Dr. O'Connor, of Buenos Ayres, with this method of treatment. This surgeon, indeed, went a step further, for he treated in the same way joints with what was generally described as rheumatic effusion which, in many instances, were obviously nothing of the kind, but of the nature of a pyæmic infection, such as occurred in puerperal women and after neglected abortion. Similar septic suppuration was met with in servants who lived in badly drained houses. He thought that in some cases drainage might advantageously be done through posterior incisions, but advocated the employment of large tubes with frequent irrigation of iodide of mercury solution, though in gonorrhœal cases the nature of the fluid was of less importance.

Mr. WALLIS referred to three cases of gonorrhœal effusion into the joint, which he had opened and washed out with normal saline solution, with extremely satisfactory results, in that the patient recovered with perfectly movable joints. He did not think that it was good practice to wash out the joint with strong antiseptic solutions, which tended to further irritate the synovial membrane.

Mr. BARNARD, in reply, pointed out that he only advocated the posterior incisions in very severe cases, especially in cases of suppurating wounds of the knee or wired patella cases which went wrong, cases which were the horror of the surgeon. Such cases, he urged, ought to be drained in this way from the beginning. He asked Mr. Sheild whether there was pus in all his cases in view of the fact that the great majority of these cases got well without any incision at all. He asked Mr. Spencer whether he or anyone had ever succeeded in introducing a probe or sinus forceps into the posterior pouches from the front, a feat which he himself had never been able to accomplish, even in the post-mortem room.

Mr. SPENCER replied that he was, of course, contemplating cases in which the ligaments of the joints were more or less disorganised and relaxed, and he agreed that it would hardly be practicable in a normal joint.

Mr. SHEILD added that in all his cases the joint was

distended with turbid serum, containing large flakes and lumps of purulent lymph rich in gonococci.

Dr. STANLEY BARNES, introduced by Sir William Gowers, read a paper on a case of

LOCAL PANATROPHY.

In this communication an account is given of a case similar to the one shown by Dr. Harry Campbell at the Clinical Society on October 24th, 1902. Nothing of importance could be ascertained in the family history of Sir W. Gowers' case, none of whom were similarly affected. She had led a healthy open-air life, and had been free from disease except for an attack of "intermittent fever" as a child. She was thrown from a horse at 24, and a year later fell on to the back of her head whilst skating, but neither accident was severe enough to keep her in bed. At the age of 32 she first began to have facial neuralgia, which has persisted at intervals ever since; the pain has always been worse just before the onset of menstruation, and with the onset of the climacteric the neuralgia has been less severe, and the intervals of freedom from pain have been longer. At the age of 34 she noticed that she had difficulty in raising the left arm, and this weakness became more pronounced for the next two months. A friend then happened to see the shoulder and thought she had dislocated it. A few weeks later, in 1884, she was seen by Sir W. Gowers in consultation, and it was found that besides atrophy around this shoulder various other patches of atrophy were present. Despite treatment little improvement occurred, but no further progress of the disease was noticed till 1892, when, at the age of 42, the nose appeared to be becoming deflected. At the age of 50 a slowly progressing right facial paralysis came on, becoming almost complete in twelve months; considerable recovery has since occurred. The patient is now a healthy woman of 52, with no sign of visceral disease. There is no sign of old hemiplegia, &c. The bones of the skull are not asymmetrical, but there are several patches of atrophic skin on the face (both sides) and behind the temporo-maxillary articulations. There is a partial right facial palsy of the peripheral type. Possibly due to implication of the facial nerve in the atrophic patch near the mastoid. Many remarkable patches of atrophy are present elsewhere. Over the largest and most severe of these, skin, subcutaneous tissue and muscle are wasted, and in one case the subjacent bone is also atrophic. The skin in these patches is soft, very thin, devoid of hairs, and of natural colour. Isolated patches of muscle tissue have wasted, the patches corresponding to the atrophic skin covering them. The patches are mainly present on the trunk behind the left shoulder and right arm and leg; they are asymmetrical placed, and are of very irregular shapes. There is no anæsthesia over them, nor can the reaction of degeneration be found in the muscle involved.

Dr. SAVILL suggested that the case belonged to the class of *morphœa atrophica*, and he referred to the case of a woman whom he had seen eight years before when she presented the appearances of what Erasmus Wilson called *morphœa lardacea*, the patches subsequently becoming atrophic. He questioned the existence of facial paralysis in the author's case, and drew attention to the history of injury, which tended to confirm the idea that these cases were of neurotrophic origin.

The PRESIDENT alluded to a case he had seen of a patient who presented patches of atrophied skin, and who exhibited curious recurrences of local dilatation of the blood-vessels.

Dr. STANLEY BARNES, in reply, insisted on the fact that no evidence of vascular disturbance had been discovered in this case. The neuralgia from which she suffered was, or became, bilateral. He adhered to his statement that the patient was suffering from paralysis of the face, and gave his reasons for that belief. There was a total absence of any sclerosing tendency.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, FEBRUARY 6TH, 1903.

MR. RICKARD W. LLOYD, President, in the Chair.

SEQUELÆ OF ENTERIC FEVER AND THEIR TREATMENT.
DR. SEYMOUR TAYLOR, in opening the discussion,

defined sequelæ as conditions occurring after the end of the febrile process, when the temperature has been normal for two days and two nights. After mentioning the difference in type of epidemics occurring in Great Britain and in other climates, he called attention to the fact that many patients state that their health is much improved after an attack of typhoid. Dr. Taylor then analysed fifty-six cases of relapse, and pointed out that in many cases a change of diet, starchy food, or an enema of purge seemed to bring about the relapse, although in many cases no cause could be assigned. Under respiratory sequelæ tuberculous disease was mentioned, latent trouble being frequently aroused to activity. Laryngitis with necrosis might occur, leading sometimes to emphysema of the neck and a condition resembling Ludwig's angina. As regards the circulatory system, thrombosis, nearly always of the lower limbs, was fairly common. The extent of thrombosis was often large, and the clot might extend into the vena cava. Dilatation of the heart, with valvular incompetence, was also a sequela. Nervous sequelæ were not uncommon, such as definite insanity or some moral obliquity. Aphasia might occur, and also peripheral neuritis. Besides constipation and meteorism, peritonitis and perforation might be sequelæ, peritonitis being possibly started by bacilli in a gland, or by infection from the appendix or from the gall-bladder. Perforation might be suspected when with a falling temperature the pulse becomes rapid, associated with the characteristic faces. Sequelæ affecting the skin, subcutaneous tissues or bones were such as noma, gangrene, and necrosis. These were not necessarily due to the intensity of the fever, but to the condition of the individual.

Dr. WILLIAM HUNTER took a wider view of the definition of sequelæ. He regarded them as complications which occur apart from the ordinary course of typhoid fever, and with causes different from typhoid fever. He analysed the cause of death in fifty cases; 48 per cent. died from perforation, 20 per cent. from pneumonia, 8 per cent. from asthenia, 6 per cent. from heart complications, including pulmonary thrombosis, heart thrombus and fatty heart. In 10 per cent. lung troubles other than pneumonia caused death, hæmorrhage in 6 per cent, and erysipelas in 2 per cent. Dr. Hunter said that the mortality was greater formerly, probably in consequence of unsanitary conditions. This would account for the greater severity of epidemics in some German towns. As regards the influence of treatment on recovery, probably 75 per cent. of patients would recover without treatment, another 15 per cent. would recover in good hygienic conditions, and 2 per cent. more might recover under strict hydro-therapeutic treatment. It was remarkable how very little inflammation occurs in connection with typhoid ulceration. Peritonitis hardly happens except as the result of perforation. As regards treatment, almost all the benefit resulting from pathology goes to the prevention of the disease. The operation for perforation was a great departure, with a considerably increasing percentage of recoveries; intestinal antiseptics is important; and baths, which are a colossal task, may diminish the mortality by 2 per cent.

Dr. A. ELLIOT observed that from the military point of view the most important sequela of the epidemic in South Africa was disability, physical and mental. In slighter cases men were able to do light work at the base, but for a long time the hardships of trek were quite beyond their powers. In commissioned ranks the greatest stress was on the nervous system, producing slowness of cerebration and lack of decision, or rendering the patient unfit for responsible duty in the field. Of specific sequelæ the most common, and perhaps the most important, was phlebitis, variously estimated as occurring in 5·6 per cent. to 25 per cent. of the cases. In epidemics in England and America the frequency is estimated at from 1·9 to 3·8 per cent. As regards the cause of the increased frequency, Washbourn suggested that it was due to tinned food and want of fresh vegetables. But these lead rather to scurvy and deficient coagulation of blood. Another

suggestion was the wear and tear of marching. But an equal proportion of cases occurred in the cavalry and artillery. Professor Wright found that the coagulability of the blood is increased during convalescence from typhoid. This, he thinks, is due to an excess of lime salts from the exclusively milk diet. But in South Africa there was a notable lack of fresh milk. Probably all that can be said is, that this sequela was due to the bacterial invasion of the vein walls under conditions of lowered resistance. Embolism, although comparatively frequent in thrombosis associated with influenza and gout, was markedly absent in the thrombosis following typhoid. Bradycardia occurred in one case, but might possibly have been due to an excess of digitalis. Tachycardia was a much more frequent and persistent trouble. As regards the alimentary system, hepatitis with enlargement of the liver without suppuration occurred in one case. There was jaundice in one case associated with fatal pneumonia. Suppurative appendicitis closely followed enteric in one case. Probably it was due to an enteric ulcer in the appendix. Two cases of enteric immediately followed appendicitis. There was late perforation in one patient who had been on ordinary diet for a fortnight. A recent ulcer in the ileum was found to have given way. Two cases of parotiditis occurred during convalescence; in both there was suppuration. As regards dysentery, out of thirteen cases occurring during the disease or convalescence, six proved fatal, while of six patients who had dysentery before enteric all recovered. There were nine cases of joint affection, including six arthralgias, two cases of arthritis with effusion, and one case of purulent effusion.

Mr. GARRY SIMPSON did not consider it safe to say that a patient was convalescent till the temperature had been normal for three weeks, as the bacillus might still be found in the stools and urine. He objected to the treatment of hæmorrhage by large doses of opium, as thereby the bowels were confined and the growth and virulence of the bacilli favoured.

Dr. J. E. SQUIRE observed that climatic and other conditions might modify the course and symptoms of the disease, but not in essential points. He thought it debatable whether two days of normal temperature could be taken as the sign that the illness proper was over. In many cases in Suakin the febrile condition continued for two or three months, but was probably due to malarial complications. He regarded thrombosis as a comparatively frequent sequela. Pneumonia is more often a complication, and hæmorrhage and perforation also rather accidents occurring during the disease. Joint affections occurred after several cases in the Soudan, chiefly those resembling malarial fever, with enteric symptoms, rather than true enteric fever.

Dr. ALDREN TURNER called attention to certain sequelæ affecting the central nervous system, such as hemiplegia and myelitis, which were clearly due to arterial changes comparable to those occurring in syphilis. Obliterating endarteritis was not uncommon. Peripheral neuritis similar to that resulting from alcoholic poisoning was a sequela. Another condition might be described as typhoid spine. In one case this came on two months after convalescence and lasted for four months.

Dr. E. A. SAUNDERS said that it was of great importance to separate the sequelæ due to the *Bacillus typhosus* from those due to other micro-organisms. There was very little doubt, for instance, that there exists a true appendicitis. The case of hepatitis referred to by Dr. Elliot was probably also a true typhoid infection. Other sequelæ might be due to staphylococci and streptococci, or to the *Bacillus coli*. Such post-typhoid affections are abscesses—*e.g.*, in the larynx—parotiditis, boils, bedsores, &c. It seems probable that many of the symptoms of severe cases of typhoid are attributable to simultaneous affection with the *Bacillus coli communis*. Dr. Saunders thought that the increased prevalence of thrombosis after typhoid in South Africa might perhaps be due to the existence of this organism in a condition of increased virulence. The recognition of such compound infection:

may help in interpreting many of the anomalous symptoms of typhoid fever.

Dr. A. WHITFIELD drew attention to the frequency of severe and persistent furunculosis after enteric fever. It generally makes its appearance between six and twelve months after the attack. It might be worth while to try to prevent it by systematic treatment of the skin in the early state of convalescence, and by attempts at intestinal antiseptics during the course of the primary disease.

Mr. LLOYD remarked that the typhoid poison would be added to any other disease that the patient might be suffering from at the time, and that what might appear to be sequelæ of typhoid might be more properly ascribed to the previous constitutional state. Thus, anæmia or malaria might predispose to thrombosis in an attack of typhoid, and gonorrhœa or syphilis to pseudo-rheumatism of joints or other tissues.

THE ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD FRIDAY, FEBRUARY 6TH, 1903.

In the absence of the President, Professor FRASER took the Chair.

Dr. E. H. TAYLOR showed two specimens of the new-born infant to demonstrate the topographical anatomy of the stomach and other abdominal viscera.

Drs. E. H. TAYLOR and E. J. WATSON made a communication on the value of X-ray photography in connection with the structure of bone. Dr. Taylor dwelt specially on the temporal bone in connection with operations for the results of suppurative middle ear disease. Dr. Watson exhibited many beautiful skiagrams showing the structure of different bones.

Professor FRASER showed two cases of "Congenital Absence of the Left Lateral Half of the Diaphragm." The one case occurred in a male fœtus about the fourth month, which was otherwise perfectly normal. The under surface of the left lung lay upon the suprarenal capsule, the stomach and the left lobe of the liver. The left free margin of the central part of the diaphragm ran as a strong band from front to back, slightly external to the pericardial sac, and above the left suprarenal capsule and kidney. The other case occurred in a full-time female fœtus, and was only one of many abnormal features present. The lungs were well developed, and the right pleural cavity was perfect. The left contained the lung, several coils of the small intestine (which was well developed), and the left lobe of the liver projected into it. This cavity also communicated with the pericardial sac, the upper half of the left wall of this sac being absent. Between the two pleural sacs dorsal to the heart, but more to the right than the left, a large cavity was found containing a well-developed stomach, pancreas and spleen. This cavity communicated with the general abdominal one through an aperture in the position of the foramen of Winslow. On slitting open the cavity of the mouth and pharynx on the left lateral aspect, it was found that there was no œsophagus present, the lower part of the pharynx expanding into the cardiac end of the stomach, which, as has been already stated, lay dorsal to the heart between the two pleural sacs. The colon lay entirely to the left of the middle line of the body.

THE ANATOMY OF THE SKULL STEREOSCOPICALLY DEMONSTRATED BY X-RAYS.

After some introductory remarks, Dr. HAUGHTON referred to the difficulty of interpreting a "single skiagram," and said it required a long apprenticeship to such negatives before accuracy could be arrived at. The difficulty of "reading" a "single skiagram" arises from several causes. The X-ray picture is an example of uniplanar projection of multiplanar objects. This causes superposition of shadows. Then X-rays being a diverging cone, causes magnification and obliquity distortions. These sources of in-

accuracy in the "single picture" were all used up and eliminated by the beautiful stereoscopic method of Röntgen photography first described by McKenzie-Davidson. By this method a reproduction of the skull could be produced, perfect in contour and perspective. Dr. Haughton then showed by diagrams on the blackboard how all these sources of inaccuracy were eliminated in the stereoscopic method; and afterwards, in the reflecting stereoscope, showed prints of the skull-base and lateral views, in which the following points were well demonstrated:—*Relations of groove for lateral sinus to mastoid air cells, mastoid emissary vein, internal auditory meatus, external auditory meatus, cochlea, semi-circular canals, canal for internal carotid artery, foramina in base of skull, air cells, sphenoid, ethmoid, frontal sinus, antrum of Highmore, turbinated bones, vomer, dentition (unerrupted bicuspid and wisdoms), clinoid processes, grooves for middle meningeal artery, &c.* Dr. Haughton mentioned that this was a preliminary communication on bone structure in man and the lower animals, which he hoped to bring before this Section later on in the Session.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, FEBRUARY 5TH, 1903.

W. WINSLOW HALL, M.D., President, in the Chair.

MR. NOBLE SMITH read a paper on the

TREATMENT OF CONGENITAL DISLOCATION OF THE HIPS, with especial reference to Lorenz's method of bloodless reduction. He said that successful treatment depended on the condition of the bones, and this was stated to be more favourable in early age. X-rays had shown that this was not absolutely the fact, as the bones had been found in a favourable condition, even at the age of 30. It had also been stated that sufficient time had not elapsed to judge of the results of getting the head of the femur into the acetabulum. This also was not the fact, as similar, but not so efficient, treatment as Lorenz's has been adopted for some years past. He mentioned a case in which, six years ago, there was 2½ inches shortening. By means of a Liston's splint and extension a natural position was obtained in three weeks. The patient was kept on the back for eight months, and then got about with the weight off the joint. At the end of two years the bone was very near the acetabulum, and the legs were exactly the same length. Three years after getting about, the child was walking naturally, and there was only a quarter of an inch shortening. The result was excellent, though not as thorough as by Lorenz's method. The author then gave a description of Lorenz's method, illustrating the procedure on a child suffering from the disease. The adductors of the thigh are first put on the stretch, and manipulated by chopping with the edge of the hand and rubbing. After a time the muscles gave way. Then the posterior muscles are dealt with until the foot can be brought up to the side of the head. The anterior muscles are next stretched by bending the thigh backwards with the knee bent, the patient lying on the opposite side of the body. With the patient once more on the back, and the knee bent, the head of the femur is gradually worked down into the acetabulum. In many cases the head of the bone can be heard slipping into the socket. The front of the capsule is then stretched by working the thigh outwards with the knee bent, until, with full abduction, the hollow in the front of the thigh is filled up, and the head of the bone cannot escape. The limbs are finally fixed in a position of abduction by means of plaster-of-Paris. Lorenz has shown that this position must be retained for six months. The thighs are then brought down half-way and put in plaster again, and are gradually straightened at the end of two years. As to the suitable age for reduction, for double dislocation the best results are obtained up to six years. For a single dislocation the time may be extended to nine years of age. Older patients must be prepared by preliminary stretching and exercise, but Lorenz had cured a patient, æt. 28. He pointed out the advantages of the bloodless method, viz. :—That it was a perfectly safe procedure, even such accidents as fracture of the femur leading to no ill-effects;

that there was no risk of a stiff joint, with consequent crippling for life; that young children were not affected by being kept off the feet for two years, and, as a matter of fact, patients were not kept lying down the whole time, but pushed themselves about on a stool, which was shown. A block was also shown which was very useful for placing under the thigh during manipulation.

Mr. OPENSHAW had used methods of manipulation for seven years, and in 30 cases had had good results in about a third of that number. Lorenz's method had been gradually improved, especially in the retention of the fully abducted position for six months. In this time probably the gluteal and other muscles became shorter and prevented redislocation. Possibly the head of the femur might ultimately make its way through the capsule into the joint, but often the bone could not be got into the acetabulum. In the open operation, if the cartilage was not interfered with, there was no ankylosis.

Mr. JACKSON CLARKE quoted a post-mortem on a child dying of diphtheria, one month after Lorenz's operation, to show that the head of the femur could be replaced in the acetabulum. The glenoid ligament is sometimes so thick as to make replacement very difficult. He called attention to friction bands, underneath the plaster splints, whereby the skin could be kept in good order. Difficulties in the treatment were due to parental neglect and indifference to this kind of work. In cases difficult of reduction, much ecchymosis might be caused. In such cases it was better to do a preliminary operation of stretching or dividing muscles.

Mr. DANIEL said that much improvement had taken place in Lorenz's methods, and instanced the thoroughness of the work of applying plaster-of-Paris splints. He thought that cases treated by Lorenz's methods contrasted most favourably with the results of the open operation.

Mr. PEYTON BEALE wished to know what happened to the ligamentum teres after reduction. Did it shrink or did a new ligament form?

The PRESIDENT said that the subject was of importance to the general practitioner, with whom the fact that Lorenz's method did not endanger life or limb would have great weight.

Mr. NOBLE SMITH, in reply, said that the condition of the ligamentum teres had not been verified. He also protested against the imaginative descriptions of the newspaper reporter.

Mr. SIDNEY SPOKES read a paper on "The Immediate Regulation of Misplaced Teeth," in which he advocated forcible advancement of the misplaced tooth at once into its proper position. He showed an instrument invented by Dr. Grevers, of Amsterdam, whereby this could be readily accomplished. The method, he remarked, was particularly suitable to children, in whom the bone yields readily, and the blood-supply to the pulp is not easily interfered with.

Mr. SEFTON SEWILL said he had performed the operation on patients at various ages up to seventeen, always with complete success. Objections had been made that the blood-supply might be ruptured, but he had never seen this occur. The amount of discomfort following the operation was remarkably slight.

THE PRESIDENT asked whether much pain attended the operation, and what age was most suitable.

Mr. SIDNEY SPOKES in reply said that so little pain was caused that the operation might be done without an anæsthetic. As regards age, he had operated on a patient, æt. 25, with satisfactory results, but children were the most suitable patients.

LARYNGOLOGICAL SOCIETY OF LONDON. MEETING HELD FEBRUARY 6TH.

The President, DR. P. McBRIDE, in the Chair.

MR. R. LAKE showed (1) a microscopic specimen of "pseudo-pachydermia," from the *processus vocalis* in a tuberculous subject; (2) a case of "tuberculous laryngitis."

MR. CHARTERS SYMONDS showed a case of "paralysis of the left vocal cord," the result of lead poisoning in a girl, æt. 18. The patient exhibited the usual paralysis of the limbs and a marked blue line on the gums. The rarity of the laryngeal affection was commented upon.

Sir FELIX SEMON drew attention to the fact that the form of paralysis varied with the poison, lead having a selective action on the abductors.

Dr. PEGLER showed a septotome for Moure's and other operations for deflected septa.

Mr. DE SANTI showed a case of "unilateral enlargement of the thyroid gland" (right) in a woman, æt. 50, which had caused great displacement of the larynx and trachea. The patient had had attacks of dyspnoea. Mr. De Santi proposed to remove the right half of the thyroid.

Dr. BROWN KELLY showed microscopical sections of new growths of the type of "bleeding polypus of the septum."

Sir FELIX SEMON showed a "case of tabes" with early and unusual implication of various cerebral nerves in which the chief features of interest were: (1) complete paralysis of the soft palate; (2) in spite of which the swallowing of fluids did not produce regurgitation when the patient drank slowly; (3) non-implication of the tongue until a few days previously; (4) the vacillation in the symptoms, the paralytic phenomena being distinctly more marked on some days than others; (5) the absence of laryngeal crises.

Dr. DONELAN showed a case of "ankylosis of the left crico-arytænoid articulation" in a woman, æt. 23.

Mr. HUNTER TOD showed a case of "polypoid tumour of the nasal septum" in a woman, æt. 33, of three months' duration, and which bled freely. A microscopic section was exhibited.

The case was discussed by the President, Dr. W. Hill, Mr. Waggett, and Dr. Dundas Grant.

Mr. W. H. B. STEWART showed a case of "laryngeal obstruction," which had been exhibited at a previous meeting (January, 1897). He also showed a case of "frontal sinus disease" in a man, æt. 26, which showed great expansion of both sinuses.

Dr. DUNDAS GRANT thought there was softening of the bone, most likely due to periostitis in connection with the sinus suppuration. There was probably a specific element.

Mr. STEWART replied that the patient had been treated with anti-syphilitic remedies with no beneficial result.

Mr. WAGGETT showed a case of "growth in the neighbourhood of the right Eustachian tube" in a man, æt. 69. The growth was considered to be malignant, and in reply to the question as to the advisability of a palliative operation, Mr. DE SANTI considered that no operative procedure would be justifiable.

Dr. FURNESS POTTER showed a case of disease of both frontal sinuses in a man, æt. 29, in which he considered the indications were not such as would justify a "radical operation."

Dr. DUNDAS GRANT showed a case of "persistent œdema of the larynx," probably amyloid in character, in a middle-aged woman.

The case was discussed by Sir Felix Semon, Drs. de Havilland Hall, Brown, Kelly, and MacKintosh.

Dr. W. HILL showed a case of "tuberculous disease of the larynx," with intra-arytænoid growths, but with no evidence of pulmonary involvement.

THE MEDICO-LEGAL SOCIETY.

The last meeting of this society was held at 20, Hanover Square, on TUESDAY evening, February 10th, 1903. Sir WILLIAM COLLINS, M.D., M.S., L.C.C., presided.

MEDICO-LEGAL POST-MORTEM EXAMINATIONS.

Dr. HARVEY LITTLEJOHN, of Edinburgh, reopened the discussion on this subject, and insisted on the importance in England of greater precision in the conduct of autopsies for medico-legal purposes. Various members took part in the discussion, and whilst the desirability of procuring skilled pathologists for such investigations was urged, the difficulty of obtaining expert assistance at the present rate of remuneration, especially in country districts, was clearly indicated. It was also shown that there was need for much improvement in the practical training of students in the conduct

of pathological examinations and the management of medico-legal investigations.

THE WHITECHAPEL MURDERS.

Dr. GORDON BROWN presented a critical paper on the so-called "Jack the Ripper" murders, illustrated by diagrams and photographs. The conclusion of a careful analysis seemed to indicate that the still undiscovered offender was probably a man who had been trained in slaughter-house procedures, and was the subject of that form of sexual perversion to which the term of *sadism* has been applied.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 15th, 1903.

THE RADICAL CURE OF HYDROCELE.

In his paper read before the Société de Chirurgie, Dr. Fangère remarked that hydrocele, usually styled idiopathic, was not the less provoked by a lesion of the epididymis, as a careful examination of the organ would show; spermatic cysts, traumatism, rheumatism, syphilis, &c., only acted through the influence of the gland. He would not go into the pathological anatomy or the symptoms of the affection, but he would say a few words on the different varieties of hydrocele and the treatment. Besides the multilocular, diverticular, chylous and milky varieties of hydrocele, there was the infantile or congenital hydrocele and hydrocele in woman. The infantile variety was generally attributed to a traumatism during delivery. It got well spontaneously.

Congenital hydrocele was not, properly speaking, a hydrocele, it should be considered as a vaginalo-peritoneal hydrocele, as in reality it was an accumulation of peritoneal serosity in the tunica vaginalis. It was called congenital because it was due to a congenital malformation and not because it was itself congenital. The lesion was due consequently to an arrest of development. In the normal condition the testicle descended into the scrotum, carrying with it a fold of the peritoneum. It became invaginated in the inguinal canal like the finger of a glove, and formed in this way the tunica vaginalis. That canal was only temporary, became obliterated by degrees, and finally in its place was found a thin cord called the ligament of the vaginalis. At birth the canal existed still, establishing a communication between the vaginalis and the peritoneum, but the obliteration was effected rapidly in a few days. Where the obliteration is not effected, congenital hydrocele was the result. Although observed at every age, congenital hydrocele was more frequent between the ages of three and ten; spontaneous *reductibility* in the horizontal position or provoked by pressure was the fundamental character of that kind of hydrocele, that benign affection, which called for treatment only because it favoured the production of a hernia, was chronic in its evolution, and disappeared frequently spontaneously, especially in the child, by obliteration of the canal.

Hydrocele in the woman consisted in a serous cyst of the labium majus. As regarded the treatment, numerous were the methods recommended: puncture followed by a modifying injection, tincture of iodine, iodoform and ether, nitrate of silver and chloride of zinc. All those injections were more or less painful, and followed by considerable inflammation of the scrotum, that of the first and last-named more particularly. The chloride of zinc solution was composed as follows:—

Chloride of zinc, grs. xvj.
Water, ʒiij.

After having removed one or two ounces of the

liquid, from five to twenty drops of the solution should be injected by the ordinary hypodermic syringe. Inflammatory swelling was the result, but quickly subsided, and in two or three days the patient was cured. The method was much less painful than that of tincture of iodine.

The radical cure by operation was the best method of treatment, since antiseptics had so much facilitated the use of the knife. Several methods were employed—simple incision, partial resection of the tunica vaginalis, total resection of that membrane and inversion as practised by Doyen and which he considered the best.

COCAINE IN OPERATIONS.

At the Académie de Médecine, M. Reclus spoke on the use of cocaine as an anæsthetic for surgical operations which, he said, was not vulgarised for two reasons—first, on account of accidents observed by a certain number of dentists who omitted the precaution of making their patients lie down during their operations; and, on the other hand, surgeons were not familiar enough with the *technique opératoire*, which varied with each operation. He would indicate this procedure in cases of whitlow. First of all, the solution of cocaine should not exceed 1 or 1.5 per cent. An ordinary syringe was filled with the solution and injected at the base of the finger, under the healthy skin. The liquid was injected slowly, and the use of the knife should be stayed until the skin had become white. Once the operation terminated the patient should be kept in the horizontal position a short time and not allowed to leave the hospital before taking some food, or, what was better, a glass of brandy. By observing these directions no accident need be feared. He had operated thus over 7,000 times without the slightest trouble, and he proclaimed once more the superiority of that anæsthetic over chloroform and ether.

The above remarks elicited replies from several members who were unanimous in condemning the employment of cocaine.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 14th, 1903.

The *Deutsch. Med. Zeit.*, in its Carcinoma Supplement, January 19th, has a note on a

CASE OF CANCER OF THE STOMACH, WITH METASTASES IN THE INTESTINES AND PERITONEUM, WITH SPECIAL REFERENCE TO THE MODES OF EXTENSION.

A man, æt. 45, had suffered long from abdominal pain and diarrhœa, and toward the end of his life from ascites. At the autopsy was found cancer of the stomach with metastases in the mesentery, intestines and peritoneum. No gastric troubles had ever been noticed, and although a tumour almost the size of the fist was found situated on the greater curvature nothing had been known of it during life. The liver, lungs, kidneys, spleen, and pancreas were quite free from the disease; but, on the other hand, all the lymph glands of the abdominal cavity were affected. Further, there were large nodules over the whole course of the small intestine at the mesenteric attachment; these projected into the lumen of the bowel. The mucous membrane at these places was mostly intact, more rarely ulcerated. Microscopic examination showed these to be adenocarcinomata situated in the submucosa.

This curious situation of secondary carcinomatous growths had been noticed by Kraske and O. Israel, who had each seen a case. Both observers had offered an explanation of this curious mode of extension, to the effect that the lymph tract could not come into play for the disease in the regionary lymph glands; that

the nodules in the intestine had arisen through germs carried in the arterial tracts. The writer believes that the explanation would serve also for the case under notice. The disease of the lymph glands followed for the greater part from retrograde transport through the lymph channels, the parietal peritoneum was infected from the mesenteric glands. As regarded the nodules in the intestinal submucosa, the infection could not have been direct from the tumour in the stomach as the intestinal mucous membrane was almost intact, and the growths, without exception, were seated at the mesenteric attachment. Neither was the way improbable through the portal vein, the inferior vena cava and the heart, as the liver and lungs were quite free from disease. A direct passing through of disease from the original tumour into the mesenteric arteries must be assumed. He was able to make out microscopically the presence of disease in the lumen of the smaller arteries.

At the Society of Charité Physicians of the 22nd ult., Hr. v. Leyden gave an address on

THE ETIOLOGY OF LOCOMOTOR ATAXY.

He first of all reminded his hearers that since the first appearance of his book on this subject forty years had passed. As regarded syphilis as the cause of the disease, the standpoint of the adherents of this doctrine had not changed. As regards chill, the nature of which was difficult to define, dispute could not have any precision. The speaker then described two very important causes of the disease, viz., trauma and over-exertion. Regarding the first there were numerous cases known in which a "stumpfe" lesion of the nervous system started the symptom of the disease, at first at the site of the injury and later over the whole body. Experiments on animals, which Lehmann carried out on rabbits, showed the possibility of setting up the disease by injury of the spinal cord. Multiple sclerosis also, and, as recently shown by Stadelmann, late apoplexies, might be the results of trauma. Minow had shown also that slight injuries, for example small hæmorrhages, were able to set up the disease.

The second-named cause, over-exertion, had been considered by Romberg as a cause of the disease. Female sewing machinists, writers, and people of like occupations were most frequently represented. The causes named were of special importance from the point of view of the accident-laws. In conclusion, he showed a patient, a writer, on whom the first symptom of the disease appeared in the right arm, and also a method of proving the sensibility of the deeper parts, especially tone, by means of the tuning fork.

Hr. Senator said that as regarded the origin of tabes, the injury was the exciting cause, the disposition thereto being present before.

Hr. Kraus, in giving formal opinions was very careful, as frequently by further examination symptoms of the disease were found to have been present before the injury.

Hr. Schwechten remarked that in many cases a trauma would make a locomotor ataxy worse than it was before, and Hr. Schaper held that in such a case compensation would naturally follow.

Hr. Huber then spoke on

THE PROCESSES IN RECOVERY FROM PNEUMONIA.

In determining these processes, resolution must be distinguished from the crisis. The processes of the first-named autolysis had been studied or described by Friedrich Müller, the latter was not yet clear. The speaker showed that pneumonia grew differently in the serum of pneumonia from elsewhere. The processes of recovery appeared to him to be that first of all the body was made immune by the pneumococci in the blood. When there, so many immune bodies were

formed that positive chemotaxis took place, the pneumococci could no longer pass into the body, and then the crisis, autolysis, took place, and recovery set in. Phagocytosis could be seen in the sputum both during and after the crisis.

Hr. Menzer had shown that sera made from animal pathological streptococci were not so active as those from a human source.

Hr. Stürtz said that numerous experiments had shown him that as improvement began the virulence of the cocci diminished; in the very bad cases it was heightened.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 14th, 1903.

MIDWIVES AND ANTISEPSIS.

ACCORDING to law the midwife's outfit has become so extensive in order to guard against infection that the possibility of lightening her burden has been brought before the medical profession. It is pointed out that about forty sections are devoted to drugs and apparatus which the midwife is expected to carry about with her on every occasion, and to use at the proper time. A clear distinction is made between the use of instruments during pregnancy and those after labour. After defining the nature of the case to hold the instruments, the names of the various articles are stated, from soap, lanoline, vaseline, spirits of wine, tincture of cinnamon, permanganate of potash, irrigators, uterine tubes, rectal appliances with brushes for cleaning the tubes, catheters, nail scissors, nail brushes, a given quantity of lysol with measuring glasses, bath and body thermometers, bandages, towels, &c., and even comprise a text-book, the whole requiring a small ambulance van to convey a midwife to a confinement.

A medical genius has attempted to solve the difficulty of complying with the law by a case that will not exceed 4,750 grammes, or about six pounds, in weight. Such a trousseau is likely to meet with favour at the hands of the present over-loaded midwife.

HEPATIC TESTS, OR "DOCIMASIE HEPATIQUE."

At the Gesellschaft der Aerzte Seegen raised the question of the chemical tests applied by Lacassagne, of Lyons, as a diagnostic sign of the mode of death. From a medico-legal point of view, it may be sufficient for France, but he considers it quite inadequate for use in Austria, since he finds by experiment that the sugar found in the dead organ ranges between 0.4 and 4 per cent. His theory is founded on the presence of sugar and glycogen in the liver after death, which, he affirms, enables one to define the mode of death. If found in equal quantities, he designates the form "docimasie positive complete," which, according to his theory, indicates sudden death. The absence of these substances, on the other hand, or "docimasie négative," indicates a lingering death. If sugar alone be found and no glycogen, the inference to be deduced is that the individual had been ill for some time previously and had suddenly collapsed. This he designates "docimasie positive incomplete."

He looks upon the "agony" as a process of intoxication, and upon glycogen as an antitoxin. As long as the latter holds out death will not take place, but as soon as glycogen ceases to form the "agony" ends in death. He therefore concludes that the absence of glycogen is an indication, from a medico-legal point of view, that the person died suddenly. It is to his method of analysis that Seegen takes exception. His procedure con-

sists in taking a portion of the liver; this is washed free of all blood-clot, boiled, and the solution filtered. If glycogen be present the filtrate will have a milky appearance, if clear, glycogen is absent.

The sugar is found by Fehling's test. Seegen considers this test of glycogen to be far from accurate. He acknowledges the fact, however, that hepatic glycogen can be obtained after six or eight hours' boiling in a water-bath, decomposing with alkalis, and finally precipitating the albuminous matter by alcohol.

ADIPOSIS DOLOROSA.

Weiss showed a patient, *æt.* 43, suffering from adiposis dolorosa, which had commenced about nine months ago. Immediately after a few days' fever, a few swellings, about the size of a hazel-nut, painful to pressure, appeared on the right forearm. A month later others appeared on the left arm, chest, body, back, and legs.

The swellings were of different sizes, and varied in tenderness, but they made the patient's life miserable. Since their appearance the patient has been quite unfitted for work of any kind. The swellings are quite movable, and painful on pressure. There is no hereditary taint in the history, nor had the patient been previously ill except an attack of typhoid six years ago. He had, however, been addicted to alcohol prior to the appearance of the disease. Many of the lipomas were subcutaneous, but some of them were beneath the fascia. There was no symmetry in their arrangement, nor apparent connection with the trunks of nerves. The face, hands, and feet were free, and all the cerebral nerves were intact. The plexus brachialis and large nerves on the left upper extremity were very tender, while those on the right side were not. The sciatic nerve was normal.

The P.S.R. on the right side was more active than the left, and sensation was intact. There was no evidence of struma. The internal organs were normal, except for a slight increase in size of the spleen; and no abnormal changes to be found in the urine. Careful examination for glycosuria was negative. One of the tumours from the left arm was removed and examined. It was found to be a simple lipoma without any nervous connections, although in the immediate periphery of the tumour there was a large angiomatic increase of the blood-vessels.

In his remarks Schlessinger suggested that this angiomatic condition of the periphery afforded an explanation of the nature of the disease, and would also account for its rapid recession. As to the etiology of the pain he had himself pointed out that many of these lipomata were tender, while others were abortive, as was also evident from Weiss's case. Even in that case the sciatic was not involved nor tender, while the others in contact with nerves are very sensitive, and may be only approximately so in the periphery.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

EXTENSIVE OPERATION FOR MALIGNANT DISEASE OF LOWER JAW, PALATE, PILLAR OF FAUCES.—Mr. MAYO COLLIER operated on a man, *æt.* 55, the subject of extensive disease of the left lower jaw and adjacent parts. The patient was a healthy, fine individual, apparently enjoying the best of health, and but for what he called a bad tooth complained but little. Some six months ago a molar tooth had been extracted, and in the site on the alveolus a fungating mass had sprung up. Little notice was taken of this fact, it being looked upon as the sequel to the bad tooth. Some bleeding of the fungating mass had lately drawn the patient's

attention to the present condition of the part. On being admitted to the hospital, a fungating mass was found on the site of the last molar tooth on the left side. This had spread and involved the gums as far forwards as the first molar tooth. The anterior pillar of the fauces on this side was distinctly involved and some hardness was felt on the margin of the hard palate. The glands below the jaw were much involved. Mr. Collier said it was interesting to note how such extensive disease could exist without in the first place affecting the personal comfort of the individual and, later on, his health. It was fortunate that the patient had at this period applied for relief. A few weeks more would have rendered the case inoperable. As it was, a very extensive removal was contemplated as the only chance of prolonging the patient's life. This being consented to, an incision was made as for removal of the lower jaw as far forward as the canine tooth. This was extended into the angle of the mouth. Ample room was thus obtained for the removal of the parts, and adequate precautions were taken to deal with the hæmorrhage. The lower jaw was sawn through opposite the first bicuspid tooth and removed. The left side of the soft palate with the left pillar of the fauces was cut away with curved scissors. Part of the superior constrictor and the tonsils were also removed. The hæmorrhage was severe, but was arrested with little trouble. The glands in the neck were next attacked and removed. The parts were adjusted and the patient sent to bed with the face downwards. Mr. Collier said that, looking at this case at first examination, one hardly contemplated such an extensive operation, but seeing how far the disease had superficially invaded the palate and fauces nothing but an extensive operation held out any prospect of success. He said that until quite recently he had refused to operate on these cases, the prospects of partial success being so remote, but his recent experience with several cases of extensive disease in and about the fauces had taught him that not only was the disease removable, but the life of the patient was prolonged in comparative comfort. Several of his cases recently reported, he pointed out, to all intents and purposes were well, and some of them were following their ordinary occupations. The risks, during the operation, he remarked, if adequate precautions are taken, were very slight; the complications of the after treatment were reduced to a minimum by retaining the patient in a prone and recumbent position, thereby securing natural and effective drainage. He considered it quite astonishing the wonderful recuperative powers of the patients about the pharynx, a week or ten days sufficing to complete the healing after the most serious operation.

Ten days after the operation the patient left the hospital with the parts healed and sound.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

OPERATION FOR CONICAL CORNEA WITH THE GALVANO-CAUTERY.—Mr. WORK DODD operated on a girl, *æt.* 19, who had been admitted into hospital for double conical cornea. Before operating, Mr. Dodd drew attention to the fact that the normal cornea is nearly circular in shape, and that its arc extends for about one-sixth of the circumference of the globe and that it has a smaller radius of curvature than that of the sclerotic; this makes its rounded surface appear to project more sharply than the line of the sclera. The average horizontal diameter of the normal cornea, he said, is about eleven millimètres. In this case of conical cornea, or kerato-conus, he said, it would be observed that instead of the usual bluntish curve of the cornea

there was a sharp cone beyond the normal curvature; this condition, he pointed out, was generally seen in women (Mr. Dodd had never himself seen it in a man), and is not uncommon. It seems to come from some progressive asthenic condition of the health. It would also be observed that the centre of the cone looked thin, possibly it was this thinning which caused the cornea to give way before the intra-ocular tension. Slight cases of the trouble, he pointed out, are not easy of diagnosis, and some cases of irregular astigmatism were undoubtedly early conical corneæ. In the well-marked cases the naked eye, assisted by oblique illumination, was all that was needed for accurate diagnosis. No form of glass, as a rule, improves the vision of these cases, and as this last is usually very defective, he thought operation, with the intention of causing the cone to disappear, was at present the only treatment which held out any hope of a good result. Various operations, he said, have been suggested for the relief of this condition, such as (1) cutting off a small superficial flap of the cone and subsequently cauterising the denuded surface; (2) repeated paracentesis to let out the contents of the anterior chamber to lessen the intra-ocular tension; (3) removing a small disc from the apex of the cone with a specially made trephine; also (4) the excision of an oval piece of the cornea (an operation which Mr. Cowell generally adopted); finally (5), the application of the galvano-cautery to produce the desired loss of material, which last has been regarded of late years perhaps as the most favourable procedure. It should be observed, he said, that in all the operations where loss of substance in the centre of the cone takes place a thick nebula or scar must result, and so the central vision must necessarily be much affected; this has been remedied as far as possible by doing an iridectomy for visual purposes, generally downwards and inwards to allow the patient to see, as it were, round the scar. Critchett's method of operation, Mr. Dodd pointed out, was to apply the cautery to the centre of the cornea until almost a concave depression was formed, taking care not to perforate into the anterior chamber; the results of this operation in his hands has been sufficiently good to cause surgeons to follow his lead. Mr. Dodd himself had done several cases, using a modified method of the same operation so as to avoid the subsequent iridectomy downwards and inwards. He then proceeded to apply the cautery in the present case, his method of operating being as follows:—A small galvano-cautery is applied in a series of dots situated about a millimetre apart, so as to form a horse-shoe shape around the cone in order to leave the centre of the cone free and also that portion of the cornea untouched which is usually occupied by the iridectomy downwards and inwards. The cautery, he remarked, must be applied so as to burn deeply, but, of course, without perforation. The eye was then dressed with vaseline and bandaged. Mr. Dodd said that the operation would probably have to be repeated at intervals to fill up the inter-spaces and to get sufficient contraction.

Mortality of Foreign Cities.

THE following is the official weekly return of the rates of mortality in certain Indian and foreign cities:—Calcutta (including suburbs) 40·4, Bombay 72·2, Madras 32·5, Paris 19·7, Brussels 18·1, Antwerp 17·8, Amsterdam 15·1, Copenhagen 17·3, Stockholm 12·6, Christiania 19·7, St. Petersburg 26·3, Moscow 25·5, Hamburg 17·6, Munich 21·5, Vienna 21·1, Prague 26·9, Buda-Pesth 22·4, Rome 20·0, Cairo 26·6, Alexandria 30·6, New York 19·7, Philadelphia 20·1, Boston 20·3.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 18, 1903.

THE HYGIENE OF LONDON LOCOMOTION.

FACILITIES for speedy locomotion are essential for useful and happy life in London and other populous cities. Recent years have brought much change in methods of travel. Modern innovations are influencing the Metropolis in a way which even the most daring speculators in the days of our fathers had not dreamed of. The introduction of electric traction has simply revolutionised our methods of locomotion. London is becoming under-tubed, and with shallow sub-way trams and overhead railways, motor omnibuses, and private automobiles dashing along in all directions we only need the coming of the air-ship to complete and fill up the measure of the City's perplexities. We are therefore glad to find that his Majesty has appointed a Royal Commission to inquire into the means of locomotion and transport in London. Report is to be made as to the measures deemed most effectual for the improvement of the same by the development and inter-communication of railways and tramways on or below the surface, by increasing the facilities for other forms of mechanical locomotion, by better provision for the organisation and regulation of vehicular and pedestrian traffic. The members of the Commission have also to consider the desirability of establishing some authority or tribunal to which all schemes of railway or tramway construction of a local character should be referred, and the powers which it would be desirable to confer upon such a body. The members of the Commission are, generally speaking, well chosen, but we are disappointed to find that the medical and hygienic aspects of the subject have apparently not been considered of sufficient importance to necessitate the appointment of a medical expert as one of the Commissioners. And yet the sanitary point is one of the utmost

importance to the nation. Dr. Louis C. Parkes, in the current number of the *Practitioner*, deals with the question of London locomotion in its health aspects, which speculators and passengers are only too apt to neglect. It seems clear that the problems connected with the demolition of slums and insanitary areas, the better housing of the working classes, the prosperity of trade and the flourishing of business necessitate much improvement in the means for bringing the centre into intimate connection with the suburbs and facilities where rapid transit may be allowed from one district to another. At present we seem far from securing any such scheme, and not a few of the means now available for travel are altogether free from serious risk to health. The popular "tube" of the Central London Railway has an atmosphere containing 15 to 20 parts per 10,000 of CO₂, which, being derived solely from a human source, and hence necessarily associated with many deleterious organic impurities, cannot but eventually prove injurious to health. The air also being constantly in movement facilitates the ready dissemination of infective material in the form of fine dust. We are astonished at the laxity of the company's officials in allowing expectoration, which makes many lifts simply disgusting. A bye-law should make spitting an offence punishable by fine. At present no satisfactory means are provided for the renewal of the air, although we understand a system of ventilation by exhaust fans is about to be introduced. On the grounds of health, overcrowding of carriages beyond their seating capacity should be absolutely prohibited, and it is much to be desired that in the future there may be an extension in facilities for rapid transit by what we may term "open-air" service or by "day-light" routes, and that enterprising man will be less anxious to undermine his health by undermining his city. Horse traction, it is clear, must quickly give way to mechanical methods. We are avowedly in a state of transition. But amidst all the tangle of ill-digested schemes which daily perturb the traveller and worry the financier, we contend that hygienic considerations should have first place.

RECENT TEMPERANCE MOVEMENTS.

THE terrible evils arising from the abuse of alcohol appear to have at length aroused the sluggish conscience of the people of the United Kingdom. Of late there have been various determined efforts, both social and legislative, to restrict the dangerous influences that beset the drink traffic. For many years temperance workers have laboured to obtain results that now appear to have fallen at their feet with the startling suddenness of a bolt from the blue. Mr. Balfour's Government has been not inaptly described as one of surprises, and in the present instance the term certainly seems appropriate. As a medical journal we are not in the least concerned with the political aspects of the case, although it is impossible to blink the fact that they are of a far-reaching and weighty kind. Suffice it to say that the new Acts, while for the most part avoiding the new paths advocated by the temperance party, have nevertheless

produced the most stringent and radical measure ever yet passed with regard to this particular subject. The powers of the police and of the magistrates have been greatly increased, and drunkenness is now in itself an offence. The scandal of the chronic drunkard of the police-courts has been met by the publication of "black lists" of persons convicted of drunkenness more than a certain number of times within the year, and by giving powers of compulsory detention of such inebriates for any period up to three years. The personal responsibility of the publican and of his servants in the serving either of already intoxicated customers or of persons on the official black list is stringently enforced. The control of the police over crime is greatly increased, inasmuch as drink and crime are closely associated, and to control the one is to a great extent the same thing as preventing the other. In these ways, not to mention others, much good may be anticipated from the new Acts. The individual citizen may be expected to realise the increased disadvantages and disabilities attached to drunkenness. Indirectly the public gain by the diminution of crime by the reduction of drunkenness, and by the greater control they have acquired over license-holders, and therefore of licenses. The future working of the latest Act, therefore, will be awaited with a considerable amount of interest by the medical profession, who are deeply and closely interested in the preventive as well as in the wider aspects of alcoholism. Apart from the legislative treatment of the problem there is the important question of the administrative limitation of licenses. A remarkable tendency to curtail the excessive local distribution of licenses has been recently shown by magistrates in all parts of the country. A typical instance is that of Romford, Essex, where a large firm of brewers was refused a retail license at their brewery, within two hundred yards of which were nine fully-licensed houses and two grocers with off-licenses. The latest temperance organisation, if so it may be called, has been dignified with the contradictory and ridiculous name of semi-teetotalism. How a man can be a half of a drinker and a whole teetotaler at the same time is more than a mystery. The meaning of the new guild, however, is fortunately less obscure, inasmuch as it pledges its members to strict moderation in the use of alcohol. In these various ways the cause of temperance has doubtless received a vast stimulus, which may to some extent be gauged by the indignation and alarm displayed in those journals which are entitled to express the opinions of the "trade" that is directly concerned.

THE VICEROY AND THE MEDICAL PROFESSION.

THE pointed and graceful compliment his Excellency the Lord Lieutenant paid to medicine at the annual dinner of the Royal College of Surgeons in Ireland, "To Irish surgery I owe Lady Dudley's life. How, therefore, is it possible for me to feel too great a gratitude, or too much honour to your noble profession and your college?" is the

compliment of a grateful and appreciative heart, the natural speech of one who has had a great delivery—a delivery secured by skill and care. And his Excellency fully recognised that safety was the outcome of skill and experience. "How fatal would have been the result had there been an indiscretion, delay, or hesitation in performing the operation, difficult and critical as it was from the violent character of the attack." Having paid this deserved compliment to the distinguished surgeon who performed the operation, and through him to medicine, his Excellency passed from the subject of medicine to speak of the land question and the new Agricultural Department. He seems in the midst of medical practitioners to have forgotten the numerous, intelligent, and hard-worked union medical officers, who in all weathers, by night and by day, throughout the length and breadth of the land, are going from house to house on the same errand of mercy that he so fully and so heartily recognised when paid to his own hearth. The opportunity of speaking a word of hope to the thousands of Poor-law medical officers was lost, and once more the reasonable expectations of a large body of underpaid medical officers is disappointed. We incline to the opinion that the omission of any reference to the existing discontent with the Poor-law medical service was an oversight, probably caused by the importance a politician would attach to the impending Land Bill. Unfortunately the politician considers every interest according to its influence at the ballot-box, and the scattered union medical officers cannot turn the scale of a contested election in any Parliamentary division in the country. As electors they are feeble folk. But their strength lies in their union and hearty co-operation for common ends. Better pay, a yearly holiday, and a pension are the minimum changes necessary, and until these are secured the Poor-law medical service should find no candidates for its appointments. There are at present many openings for young men, both in the Colonies and at home, so that they are not deprived of employment by avoiding the drudgery of dispensary appointments. By patient waiting the *non possumus* of the Irish Local Government Board will be quietly overcome, and with a sense of self-respect and a recognition of their great worth, both by the department and the public, members of the medical profession will gladly once more associate themselves with union work in the country.

Notes on Current Topics.

The Topical Treatment of Disease.

M. BOUCHARD has brought to a close his series of interesting papers on the advantage of the topical application of medicine in contradistinction to their general internal administration. With much that the distinguished savant says we find ourselves in complete harmony, and he strengthens his case with many illustrative cases drawn from his own practice. And yet his arguments are not wholly convincing; in medicine, as in every other science,

we must bear in mind that truth is many-sided. We think that in practice the physician will be most successful who adopts both the general and topical medication, not in accordance with any hard and fast rule, but from due consideration of the peculiarities of the patient. We cannot, if we would, get away from Sydenham's axiom, "treat the patient"; and as Abernethy, in his classic work on local diseases long since told the profession, there are local lesions that demand general treatment. At the same time, we think that in drawing attention to the benefit derived from the local application of light to lupus ulcers and the good effects of mercury when applied to or injected in syphilitic sores, and the effects of local treatment in ophthalmic treatment, M. Bouchard has done a service to his professional brethren. The trend of medicine is in the direction he points; the surgeon operates in cases of peritonitis, and does not hesitate to trephine for and open cerebral abscesses, and the physician makes aseptic the alimentary canal, or at least tries to antagonise sepsis by antiseptics, and the hypodermic needle is used in sciatic pain, and the pericardium aspirated. But all said and done there is still a large residuum of patients who call for general medication. We still find the anæmic girl demanding fresh air, good food, and tonics, the martyr to constipation and the neurasthenic. The difficulty is in preserving an open mind in medicine and avoiding grooves of thought, each line of treatment has its use, and in its proper adaptation of a means to an end the accomplished physician is revealed.

An Unusual Sequela of Appendicitis.

AN argument in favour of the early operative treatment of appendicitis may be deduced from a very interesting case brought before the Medical Society of Nuremberg by Dr. Charles Koch. A labourer, forty years of age, sustained a blow on the belly in April, 1901; appendicitis followed, and was treated medically, and the patient made a good recovery. Fifteen months afterwards, August, 1902, he got a slight chill, and twelve days later a marked rigor, with bilious vomiting and an intermittent type of fever with frequent rigors. This condition lasted six weeks before Dr. Koch saw the patient. The physical signs and symptoms all pointed to an hepatic abscess, and a laparotomy was performed, and the viscus made adherent to the incision. That night the patient died. On examination of the body the vermiform appendix was found to be gangrenous and encysted in a large abscess, and the right lobe of the liver was almost wholly occupied by a collection of pus; the left lobe had an abscess about the size of a nut. Humanly speaking, this patient might have been saved by excision of the vermiform appendix, and as the other viscera were found healthy it is a reasonable inference that the purulent inflammation of the appendix was the exciting cause of the hepatic abscess. It is, however, easy to be wise after the event, and such wisdom availeth naught nevertheless we must

from such cases be warned that in leaving a devitalised appendix in the abdomen we are running great risks of dangerous sequelæ.

Railway Risks.

THE loss of life due to a train in the United States consequent upon accidental damage to the oil tank, draws attention to the risk of life incidental to railway travelling, especially in American vestibule cars. We refer to this because corridor cars and vestibule ones are becoming common on British and Irish railways, and these are possessed of so many elements of comfort and convenience that the public demand them. The old carriage, with its side doors, made on the model of the old stage coach, had many inconveniences; but it had the advantage of offering many doors of egress. But in a vestibule carriage or in a long corridor with a single door of exit, there is no possibility of other than the merest percentage to escape. This dreadful risk might be avoided by fitting the sides of all long vestibule cars with sliding panels. Such panels would add to the cost of production, it is true, and the railway companies would naturally be inclined to resist the demand; but an extra expense when necessary for the public safety cannot be considered. Thanks to the improved modes of working and the mechanical appliances which have been adopted to secure the safety of the travelling public, the loss of life on British railways is comparatively small. The number of personal accidents to passengers, railway servants, and others reported to the Board of Trade during the year 1901 show a total of 1,277 killed and 18,578 injured out of 1,174,275,036 passengers and about 150,000 railway servants.

Hernia in the Very Young.

WE are so much accustomed to consider the crying of very young children as either a call for food or a cry of pain from flatulent distension of the alimentary canal, that occasionally we overlook some serious trouble. Children are so helpless in sickness that none but a mother's ear can detect the slight modification in the cry that tells of pain or calls for food. We therefore should satisfy ourselves by examination of the child in every case when the mother brings her baby for advice. The value of this systematic examination of the baby and the necessity for it, is pointedly shown in a case of Dr. N. Gomez Rozas, who met with a case of strangulated right inguinal hernia in a child thirty-one days old. He operated on the boy in the Municipal Hospital, Haracecia. He found the hernia to contain the end of the ileum, the vermiform appendix, and the cæcum coli. The appendix was excised, the hernia reduced, and M. Championnière's radical operation performed. Of course, such cases are unusual, but it is just the unusual cases which may make the reputation of the beginner who systematically examines each patient, or damns the reputation of the senior who has ceased to worry about unusual causes. But quite apart from professional advantage from the habit of a careful study of each case, it is

to the patient that the cause of the illness be carefully sought out and not hurriedly diagnosed.

Experience of Drowning.

VERY few people who have had the experience of being partially asphyxiated by drowning take the trouble to preserve a record of their sensations during the time. Naturally but few are competent to note the facts with any coolness, and therefore the publication of a complete narrative of his experience in such circumstances by a medical man is peculiarly interesting. Indeed, we have not for a considerable time read anything more dramatic and life-like than the paper by Dr. Lowson on this topic in the December number of the *Edinburgh Medical Journal*. Death by drowning has usually been described as a painless and even a pleasant one, but Dr. Lowson is able to contradict this. In the early stage the most striking thing was intense, intolerable pain in the chest; "it seemed as if one were in a vice, which was gradually being screwed up tight, until it felt as if the sternum and spinal column must break." At this point the author had time to reflect on how far wrong his old teacher, Sir Henry Littlejohn, had been when describing death by drowning as being as pleasant as "falling about in beautiful green fields in summer." Gradually, however, after several abortive gulping efforts to inspire, as the carbonic acid in the blood began to increase, the pain began to lessen, and the mental condition became that of one in a pleasant dream. And like a vivid dream the author still retains memory of the clearness with which his view of the native "hills at home" flashed across his mind. Before consciousness disappeared the sensations were positively pleasant. Dr. Lowson does not think that while consciousness lasts, it is possible for any water to enter the trachea or lungs, though a good deal is swallowed.

An Early Sign of Scarlet Fever.

IN view of the obligation imposed upon practitioners to diagnose certain infectious diseases, scarlet fever among the number, even in the absence of the fully developed prodroma, every minor sign which is likely to assist in an accurate diagnosis is of value. According to Dr. McCollom, of the Boston City Hospital, great importance attaches to the altered appearance of the fungiform papillæ of the tongue. Early in the attack, long before the appearance of the classic symptoms, close inspection of the tongue reveals well-marked hypertrophy of these papillæ, which, in some cases, resemble small nodules of Cayenne pepper, while in others they are merely little pimples without any distinct reddening. The "strawberry tongue" is only a later development of this inflammatory hypertrophy, which first manifests itself in the fungiform papillæ. It is the first characteristic sign to appear, and it does not subside for at least five weeks. A somewhat similar hypertrophy is met with in certain other exanthemata, notably in measles, but in such case the hypertrophy is less

pronounced and the distinctive coloration is not observed. Incidentally, Dr. McCollom calls attention to a retrospective sign of scarlet fever which may prove useful in cases in which the disease has not been diagnosed at its onset, viz., a white line which makes its appearance on the nail close to the bed, coincidently with the commencement of desquamation, that is to say, at about the fifth day of the malady. Even when desquamation is but slight, consequent upon an ill-developed eruption, this white line is always present.

Pneumonia and Tuberculosis.

It is some years since attention was called to the fact that while the death-rate from tuberculosis showed a tendency to diminish, that from acute pneumonia, on the contrary, was increasing. This, it seems, holds good in the United States, for in the recently-issued report of the Health Department of Chicago the deaths from pneumonia are shown to account for one-eighth of the total mortality, that is to say, one-third more than phthisis, and 46 per cent. more than all the other infectious diseases combined. *Pari passu*, the statistical returns demonstrate a similar condition of things throughout the country as a whole, a decrease since 1880 of 20.7 per cent. in the deaths from phthisis offering a striking contrast with an increase of 7.4 per cent. in deaths from pneumonia. No plausible explanation of this shifting of the incidence of mortality is forthcoming, but the matter is obviously one worthy of attention. Of course, in many instances pneumonia is merely the manifestation of vital exhaustion, an indication that the circulation is bankrupt and that the organism can no longer be maintained as "a going concern." It is, indeed, highly probable that under the term pneumonia are included many modes of death characterised by acute pulmonary congestion, which is due, it may be, to circulatory failure consequent upon renal disease or sheer exhaustion, quite apart from any microbial invasion. For statistical and educational purposes it is highly desirable that a more accurate etiological diagnosis should be arrived at. We are only concerned with the classic sthenic form of the disease associated with the presence of a specific micro-organism for the others, being merely modes of dying, are not amenable to remedial measures or at any rate to a much more limited extent.

The Salicylates in Acute Rheumatism.

ALTHOUGH the salicylates are not a specific for rheumatism in the sense that quinine is in regard to malaria, they exert a well-marked influence on the general symptom-complex known as acute rheumatism, so marked indeed that it is permissible to consider that influence as a therapeutic test for true rheumatism. Cases, therefore, that are not favourably influenced by their administration may be suspected to be dependent on some other etiological factor than that of simple acute rheumatism. To obtain the characteristic effects of the salicylates in acute rheumatism, however, it is necessary to administer the drug in doses of not less

than a hundred grains daily, to be maintained during the continuance of the acute symptoms. The value of the treatment is greatly influenced by the tolerance of the patient, for the drug is not always well borne. It is very apt to disturb digestion, already seriously impaired by the disease, and in patients with already over-burdened kidneys the elimination of the drug is apt to be attended by unequivocal symptoms of congestion; in fact, it is well to make a routine practice of investigating the condition of the kidneys before pushing the remedy. Moreover, certain patients, especially the young, exhibit a peculiar susceptibility to the action of the drug on the nervous system, a mild form of delirium following the ingestion of even moderate doses, or the disturbance may take the form of salicylic dyspnoea, an alarming if not very serious manifestation. The allegation that the employment of the salicylates renders the sufferers more prone to cardiac complications is only true in so far that the relief which the treatment affords to the painful manifestations tempts the patient to premature exertion, thus throwing a strain upon the heart which it is not as yet in a state to resist. The analgesic action of the salicylates, moreover, must not blind us to the importance of combating the disease simultaneously by the administration of alkalis which unquestionably favourably influence the progress of the disease.

The Prophylaxis of Baldness.

THE view that baldness is essentially due to the depilatory action of certain bacteria appears to be gaining ground. Hitherto it has been the generally received view that baldness is of the nature of an inherited predisposition, and it is a matter of everyday observation that the members of certain families are more prone to premature calvities than others. This, however, holds good in respect of almost every disease, consumption, for instance, although the latter has long since been conclusively proved to be a transmissible, and therefore a preventible, disease. The fact that baldness is usually associated with the presence of certain bacteria hardly suffices to prove the accuracy of the deduction, for these may be merely the accidental accompaniments of a depreciation of local vitality. However produced, it can hardly be doubted that the neglect of hygienic precautions has a definite influence in determining the premature loss of hair, hence the imperative necessity for greater attention to surgical cleanliness in respect of instruments and appliances used to the scalp. It may be urged that in parts of the body which receive less attention than does the scalp baldness is quite the exception, but these parts are also less exposed to infection from without so that the argument fails. No doubt a number of factors conduce to the premature shedding of an appendage which is sometimes ornamental and always useful, and if any progress is to be effected in the prophylaxis of baldness we must carefully avoid concentrating our attention upon any one factor to the exclusion of the others.

A Curious Case of Persistent Amenorrhœa.

A CURIOUS case of amenorrhœa of sudden onset was related by Dr. John Knott at a recent meeting of the Irish Academy of Medicine, and it is interesting as evidence of the fact that cessation of the menstrual flow is not inconsistent with perfect health, a view which is by no means popular among women, nor even among gynæcologists. The patient, a robust young woman, previously quite regular, had contracted typhoid fever some years before, when she was treated by the refrigerant method, which had the effect of arresting the menses then in progress. She recovered completely from the illness, but has never since had any return of the flow, a circumstance which does not appear to have in any way influenced her general health prejudicially, although not even a trace of the menstrual molimina remained to recall the abolished function. It is common knowledge that the greatest variations obtain in respect of menstruation, not only as to the age at which it is inaugurated, but also as to its termination. Nay, more, even during the period of menstrual activity, some women are habitually irregular, in respect of both time and quantity. Its abrupt cessation while still in full swing is, however, a very unusual event.

The Treatment of Idiopathic Epilepsy by Bromides.

THE recent discussion at the Medical Society of London on the treatment of epilepsy cannot be said to have indicated much advance in the control of this mysterious and distressing group-symptom, at least by medical measures. Most physicians still contend that bromides are of conspicuous service, but Dr. Aldren Turner from analysis of the records of the Queen's Square National Hospital for the Paralyzed and Epileptic shows that the percentage of actual "cures" cannot be considered greater than in pre-bromide days. But even if bromide does not succeed in permanently arresting the convulsive seizures it certainly affords such relief as in many instances at least permits of the minimum of limitation in life's duties and pleasures. There would seem, however, to be need of much greater care and attention in the administration of bromide preparations than is generally given. Most epileptics have to be treated at home, seen merely as out-patients, and but few can be studied in hospital or a suitable institution, and hence opportunities for constant and continuous observation are not afforded, and unfortunately also the effects of bromides cannot usually be watched with the care and precision desirable for scientific investigation. Hence opinions as to the service rendered by bromides vary greatly. Some speak of the prejudicial mental and physical effects following its long continued administration; while others deny any such occurrence, and bring forward cases in which bromides have been continuously taken and have been necessary for the restraining of the fits over periods of many years. Not a few physicians prefer to alternate the various bromides, many always keep to the potassium salt,

others consider ammonium bromide the least depressing, and still others always give it freely diluted with alkaline waters, or in association with arsenic. And of recent years there has been no lack of those seeking for some new bromine preparations, and hence the introduction of bromide in oil of sesame or bromopin, and the like. Much difference of opinion also exists as to the dose, the time and frequency of administration. There are also certain patients that receive no benefit from bromides, and, indeed, according to some observers, are rendered worse. With too many it seems the custom to give bromides and neglect important adjuncts and desirable accessories of good hygiene, sound simple diet, tonics, baths, massage, and electricity, and judicious discipline with open-air life. It is also interesting to note that salt starvation is considered by many a useful adjuvant to bromide treatment. It would be well if we could secure sounder principles for the administration of bromide before discarding it for the empirical use of such bodies as borax, nitro-glycerine, zinc, cannabis indica, belladonna, chloral, camphor and the many others vaguely advised.

Inquiry into the Treatment of Eclampsia.

WE are requested to make it known that the Clinical Society of Manchester has undertaken the task of inquiring into the most successful methods of dealing with puerperal eclampsia. For the purpose of this inquiry all practitioners who have been called upon to attend women suffering from this disease are requested to communicate notes of the cases to the Chairman of the Committee, Dr. J. Price Williams, Swinton, near Manchester, who will forward a form of report along with a letter explaining the object and scope of the investigation. When completed, the reports will be published in a suitable form for reference, and it is hoped that information of value to the profession will thereby be afforded.

The Ventilation of Tube Railways.

THE more the subject of the atmospheric conditions of deep tube railways is investigated the less satisfactory do they appear. The recently published report of the Public Health Committee of the London County Council demonstrates with what rapidity the air becomes contaminated by the emanations of the thousands of passengers who are willing to risk health in exchange for convenience and promptness of transport. Roughly speaking, 78 p.c. of the samples of air taken for analysis proved to contain twice as much carbonic acid as the outside air and 66 per cent. between two and three times as much. The gravity of the fact is aggravated by the circumstance that while the proportion of carbonic acid affords the readiest way of gauging the impurity of a given sample of air, taken alone it affords quite untrustworthy indications of the injurious effects of such air. We note, for instance, that the air in the Metropolitan Railway between certain stations contained a proportion of carbonic acid far in excess of the figures just given but much of this is accounted for by the products of com-

bustion given off by the locomotive, whereas in the tube railways it is merely an indication of the proportion of respiratory impurities, the toxic action whereof is due to the organic emanations associated therewith. This factor will have to be borne in mind in discussing the desirability of further development of this system of transport!

When Doctors Differ—Judges Decide.

THE active campaign against the abuse of alcoholic beverages which is at present on foot in France promises to give rise to a curious situation. The Prefect has placarded the walls of Paris with strongly worded warnings against the use of certain pernicious beverages—absinthe and the various bitters among the number; the manufacturers thereof feel aggrieved and propose to "have the law" against their traducers. Incidentally, the question will have to be settled whether alcohol is in any sense a food, a view which has recently secured an influential recruit in the person of Dr. Duclaux of the Pasteur Institute. Now opinions are greatly divided in regard to this question, and it looks as if the judges, aided possibly by a jury, will shortly be called upon to decide the vexed question once and for all. It would effect an enormous saving of time if many other disputed points could be adjudicated upon in like manner. As it is, they crop up again and again at learned societies and in the journals, without, so far as one can judge, achieving any progress towards a definite solution. It must be conceded that a verdict in favour of alcohol being a food would not make it one, or if really a food a desirable one. If, however, to decry the use of alcohol can, by any legal chicanery, be constructed to constitute a libel on distillers, it behoves us to be careful, for all the best counsel procurable would be found under the banner of intemperance, attracted thither by the limitless fees at the disposal of those who batten on the vice and misery of the people.

Stage Doctors and Nurses.

"To see ourselves as others see us" is an experience in many ways to be desired from a disciplinary point of view. In a clever and amusing play recently produced at a London theatre under the title of "A Snug Little Kingdom," a burlesque type of fashionable young physician plays a leading part. He has discovered a new disease of apparently well-nigh universal distribution, which he at once detects in a millionaire patient whom he has secured by the fortunate chance of saving him from being run over in a crowded street. The millionaire pays his young medical adviser two guineas daily for advice as to the new disease, but he explains to another person that for all important symptoms he calls in the far older and more experienced physician, "Sir Umphry." On the whole we think the public will not gain much from the burlesque treatment of a profession with whose merits and demerits they have had of necessity a life-long acquaintance. Harley Street is spoken of in the play as "The valley of the shadow," and a gentleman who has just taken a high standard

medical degree displays the general attributes of a weak-witted fool. The nurse of the play is represented as a heartless, designing, grasping, snobbish, and incompetent adventuress. That there are undesirable types, both of medical men and of nurses, may be freely admitted; but we venture to think that the creative faculty must be defective in the artist who is compelled to fall back upon grotesque abnormalities when he seeks to tell his story in dramatic form.

London Lunatics and Fire Risks.

THE recent fire at Colney Hatch should serve as a warning not only to every lunatic asylum authority but to every hospital committee in the United Kingdom. The disastrous fire which claimed fifty-one victims occurred in a temporary structure, but sooner or later it is to be feared that a fire will break out in a large permanent asylum with consequences that will shock the world. The plain English of the case is that, from a structural point of view, there is, as a rule, little or no attempt to guard against fire, while closely locked doors naturally form an essential feature of the asylum system. If any building in the world should be fireproof, or perhaps it would be better to say "fire-resisting," that place should surely be an asylum or other institution devoted to the cure of sick and disabled persons. It is to be hoped that the London County Council will take the lesson of the Colney Hatch holocaust to heart, seeing that they have more than 16,000 lunatics under their care. There are temporary structures of wood and iron at Hanwell, and also at Horton Manor, and for all we know at other asylums of the County Council. How long are these temporary structures to remain? For many years past we have urged in the columns of THE MEDICAL PRESS AND CIRCULAR that the public should insist on proper construction of hospitals with a view to fire prevention. Otherwise the disaster of Colney Hatch to-day will be the tragedy of some great hospital to-morrow.

Gynæcological Nursing.

It has long been felt by the profession that there exists no reliable criterion by which the efficiency of nurses, especially those who undertake gynæcological work, can be tested. Certificates delivered by lying-in hospitals do not infer an adequate standard of technical training in the domain of gynæcology, indeed, no trustworthy evidence is available, so that the practitioner is fain to take the nurse at her own valuation. This lapsus the British Gynæcological Society has undertaken to remedy, and in his presidential address to the British Gynæcological Society, Dr. Heywood Smith was enabled to outline a scheme for the institution of examinations and the grant of certificates of proficiency in monthly and gynæcological nursing. The chief feature of the scheme is that no person will be eligible as a candidate unless she has had three years' previous training in hospital work, already a serious guarantee of general training. The objections which have been urged in certain quarters to special "diplomas" do not apply here,

since it is specifically stated that the certificates apply exclusively to nursing. We see no objection whatever to nurses obtaining certificates of special aptitudes, especially when such certificates are accorded after examination by responsible bodies; indeed, the plan is one which might with advantage be extended to other departments, since it is all important in special cases to have nurses duly trained to the particular duties which they are called upon to discharge. We congratulate the society on this new departure and do not doubt that it will be attended by happy results.

The Chair of Anatomy at Edinburgh.

THE Curators of Patronage of Edinburgh University have made the appointment that was expected in choosing a successor to Sir William Turner, and have undoubtedly done well for the University in inducing Professor Cunningham to return to his *alma mater*. Possessed of indefatigable energy and immense administrative power, no man is more capable of managing an important department, while his acknowledged eminence as an anatomist and man of science well maintain the dignity inseparable from the chair of the Monros and Goodris. And Dr. Cunningham's return to Edinburgh means no revolution in the splendid traditions of the anatomical department there, for it will be remembered that, himself a pupil of Sir William Turner, he was also one of his demonstrators for no less than eight years. In 1882 he was offered the Chair of Anatomy in the School of the Royal College of Surgeons in Ireland, and in the following year he moved to the similar chair in Dublin University in succession to Professor Alexander Macalister. His principal publications are a "Manual of Practical Anatomy," in general use in most dissecting rooms, and a "Treatise on Systematic Anatomy," which only appeared a few months ago; but Dr. Cunningham is well known for his frequent communications to the scientific journals. In addition to many honorary degrees he is a Fellow of the Royal Societies of London and Edinburgh. His removal from Dublin leaves a great blank not only in the University but in the city. He has long been one of the most active members both of the Royal Dublin Society and of the Royal Irish Academy, and it is only a few days since, after many years' secretaryship, he accepted the Presidency of the Royal Zoological Society.

The Surgical Treatment of Suppurative Affections of the Knee-Joint.

ALTHOUGH surgeons have of late obtained a much firmer grip of the treatment of acute suppurative inflammations of the knee-joint, there is still a curious diversity of opinion in reference to the extent and details of the operative procedure. Some surgeons practise free incision, flushing the interior of the joint with antiseptic solutions, while others, apparently in the same class of cases, content themselves with small incisions at the inner side of the patella and washing out with saline solution. Excellent results are claimed for both procedures, and this amounts to a verdict in favour

of the latter, since *ceteris paribus* the less the local disturbance the better the prospect of obtaining the great desideratum, a movable joint. The most dangerous cases are those in which septic inflammation occurs as the consequence of wounds of the joint or after wiring the fractured patella. In these, very drastic measures are often called for, and in such severe cases drainage of the joint through the posterior synovial pouches has been advocated, a procedure not unattended by considerable risk of damaging the structures situated immediately behind and external to the joint.

Recent Aspects of "Christian Science."

WE came across a letter in a Canadian contemporary from a believer in "Christian Science," stating that the death-rate among the adherents of the principal "Christian Science" church in Boston was only half that of the general population. We have no reason to doubt the accuracy of this statement, since we are sure that few Eddyites remain true to death, and consequently defections from the fold can always be assigned to other causes. It is some satisfaction that the Eddyites are gradually diminishing the field of pathology which (though, of course, to the non-existent) they claim as their own. Some time ago we learned that as a concession to popular prejudice they had declared that it was permissible to obtain the aid of a surgeon in purely surgical disorders. And now another backward step has been made. A child recently died of diphtheria in the State of New York, having received no medical care, but being subjected to Eddyite rites and formulæ. Luckily such a public outcry has been raised that the Eddyites find it necessary to retract their ground, for their high priestess herself has promulgated a decree that "until the public thought becomes better acquainted with Christian Science the Christian Scientists shall decline to *doctor* infectious or contagious diseases." The public, in fact, are beginning to learn that very far from being the amiable fad at first supposed, "Christian Science" is a grave public danger.

Revival of the Dead.

READERS of the evening papers of the past few weeks must be aware that an American physician, Dr. Crile, of Cleveland, claims to have discovered a method by which the dead are restored to life. It will be remembered that, according to the lay papers, many animals which had been dead a considerable time were revived, and one boy, who came under Dr. Crile's care two hours *post mortem* was also restored. We confess to have been more than sceptical as to the existence of Dr. Crile or the genuineness of his remarkable results. However, on turning to the January number of the *Cleveland Medical Journal* we find that Dr. Crile at any rate is genuine, and that he makes at least some of the claims put forward on his behalf. He contributed to the above journal what is described as a "Preliminary Note on a Method of Resuscitation of Apparently Recently Dead Animals," and as its brevity is incomprehensible we take the

liberty of quoting it in full:—"By the combined use of intravenous infusions of adrenalin, artificial respiration and rhythmic pressure upon the thorax over the heart, animals dead as long as fifteen minutes were restored to life. Animals decapitated were made to live ten and a half hours." We eagerly await Dr. Crile's full report!

DR. D. J. CUNNINGHAM, of Dublin, has been appointed to the Chair of Anatomy at the University of Edinburgh, in succession to Sir William Turner.

SIR FREDERICK TREVES, Bart., F.R.C.S., has promised to open the new wing of the County Hospital, at Dorchester, his native town, on Monday next.

DR. GEORGE DICK, formerly of Birkenhead, has just been appointed Medical Officer of Health for the counties of Sutherland and Caithness, at a salary of £400 per annum, with an allowance of £100 to cover travelling expenses.

His Excellency the French Ambassador, supported by the Right Hon. the Lord Mayor of London and the Sheriffs, will preside at the 35th Anniversary Dinner in aid of the funds of the French Hospital and Dispensary at the Hotel Cecil on Saturday, April 25th.

Special Correspondence.

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

THE CHAIR OF ANATOMY IN EDINBURGH UNIVERSITY.—THE Curators of Patronage met on February 10th for the purpose of considering the vacancy in the Chair of Anatomy caused by Sir William Turner's appointment as Principal, and, having learned that Dr. Cunningham, of Dublin, was willing to accept appointment, unanimously decided that, in view of his pre-eminent qualifications, it was unnecessary to consider other applications, and that he should be invited to succeed Sir William Turner. The new professor, who is close upon fifty-three years of age, is a native of Crieff, and, like so many other distinguished Scotsmen, "a son of the manse." He was educated at Crieff Academy and graduated M.B., C.M. in 1874. Immediately thereafter he became a demonstrator of anatomy under Sir William Turner, and after holding that post for six years he was appointed, in March, 1882, Professor of Anatomy in the Royal College of Surgeons, Dublin, while in 1883 he obtained the office he has since held—Professor of Anatomy and Chirurgery in Trinity College, Dublin. Professor Cunningham, whose appointment to the chair in Edinburgh had been very generally anticipated, has made numerous contributions to scientific literature. He is acting editor of the *Journal of Anatomy and Physiology*, and his work on the topographical anatomy of the brain, on the lumbar curve in men and apes, on grantism, and on the brains of microcephalic idiots are well known to all, while his name is equally familiar to students as that of the author of "Dissector's Guide" and "Manual of Practical Anatomy." He has been an examiner in anatomy in several of the English Universities, as well as for admission to the services. He holds honorary degrees from Dublin, Oxford, Glasgow, and St. Andrews, and his position as an expert has been recognised by his appointment on several Royal and other Government Commissions, including that which inquired into the care of the sick and wounded during the South African War, and the War Office Committee on the physical standards required for candidates for commissions and recruits.

Correspondence.

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

SEMI-TEETOTALISM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a general practitioner who has for years past protested against the pernicious doctrine instilled into the infantile mind that alcohol in any shape or form as a dietary adjunct is a poison and injurious to health, may I be allowed to offer a remark or two, as the subject is referred to in your last issue.

To my mind it is almost impossible to conceive a more admirable and judicious compromise between the moderates and the extreme party than that suggested by the scheme in project, *viz.*, to limit the imbibition of stimulants to mealtime, a doctrine which, I venture to predict, would, if carried out in practice, not only tend to do away with what you suggest, *viz.*, the abominable practice of "nipping," which is nothing more nor less than chronic alcoholism, to a greater or less degree, but would, moreover, I think, secure almost the unanimous support of our profession.

As matters now stand it is useless to attempt to disguise the fact that only an infinitesimal proportion of medical men believe in total abstinence. And why? Because, I take it, the extreme party are unable to produce trustworthy facts to support their views, whereas the moderates have superabundant evidence in favour of their own.

The difficulty in handling this great question no doubt consists in approaching the extreme party with argument, as their prejudices are so intense that, like shying horses frightened at their own shadows, when we approach them they fly off at a tangent and alight for argument on lunatic asylums, prisons, workhouses, and insurance offices, as though these were indeed evidence of the value of total abstinence, whereas it is obvious to my mind that these cases only afford evidence of the reverse, *viz.*, of intemperance, and hence they throw dust in the eyes of the general public.

I maintain, therefore, that it is unworthy of medical men to propagate doctrines which are untenable, and, moreover, a reflection on their judicial capacity, and a source of undoubted danger to the public health.

I am, Sir, yours truly,

CLEMENT H. SERS.

Queen's Road, Peckham, S.E.,

February 13th, 1903.

OBJECTIONABLE ADVERTISEMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In discussing the subject of your leading article of to-day, it is necessary to free one's mind from cant, and to recognise that with few exceptions newspapers of every class are merely commercial speculations; the one paramount aim of their proprietors being the making of money. As in other trades although everyone may profess to pursue his aim by "legitimate means" alone, this term admits of very elastic interpretation in various minds. The income of all newspapers is mainly derived from advertisements. Every newspaper, even *The Times*, which beyond all others is well conducted in this respect, admits to its columns at least some advertisements which ought not to find a place in any respectable paper—advertisements which emanate from infamous knaves of various denominations besides medical quacks. No doubt the character of these advertisements is in some cases not recognised by the managers. On the other hand there exist papers whose columns are crowded with the advertisements of every class of impostor that lives by preying upon the credulous. Some journals, the chief ostensible aim of which is the exposure and denunciation of humbug, are filled with the announcements of financial sharks and medical quacks whose true character cannot be for a moment mistaken by the astute editors of these papers. The motto of the proprietors of

these journals—always to be distinguished from their servants, the editors—is no doubt *caveat emptor*; they pay an editor to preach high morality whilst themselves amassing wealth by such more than questionable devices. The papers most given to the indirect encouragement of fraudulent medical quackery are such as devote themselves editorially to the cults of anti-vivisection, and anti-vaccination, and are the organs generally of the large section of the public who hate science and are bitterly opposed to scientific progress. The proprietors of papers of this class probably consider it no more necessary they should agree with the opinions their editor expresses than the keeper of a sweet-stuff shop thinks himself bound to diet himself exclusively on the trash he purveys to the public. It is not the fault of the shop-keeper if a vast amount of harm is caused by abuse of the useful article he sells, and it is not the fault of the owner of a paper if the result of its preaching upon the minds of foolish readers is to drive them into the hands of the quacks who use its advertising columns to promulgate their lying statements. This is, after all, the broad effect of destroying the confidence of the simple public in medical science and in the medical profession, and it is this fact together with a picture of the misery which quackery inflicts upon suffering humanity which needs bringing home to the minds of newspaper proprietors, some of whom, at least, must have a conscience capable of being touched by such an exposure.

I am, Sir, yours truly,
AN OBSCURE PRACTITIONER.

February 11th, 1903.

CHLOROFORM IN DENTAL OPERATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—Dr. Kirkpatrick has placed the public not less than the profession under an obligation by his clear, complete and unanswerable statement of the case against chloroform as a dental anæsthetic, in the issue of the MEDICAL PRESS AND CIRCULAR of February 11th; and it is to be hoped his arguments will help to put a stop to the reckless use of an agent which, always involving risk to life, ought never to be employed for operations so trivial as those of dentistry. In spite of scientific theories and in spite of the reiterated opinion of so competent an investigator as Dr. Lawrie, namely, that chloroform may be made perfectly safe if a particular method of administration be carried out, the fact remains that a certain mortality attends the use of this anæsthetic, and deaths, moreover, occur, not only under the hands of careless or ignorant operators, but even occasionally under those of the most competent and careful of practitioners. The use of chloroform in dentistry, except in some very rare cases, would be forbidden if no other efficient substitute were to be had; but with nitrous oxide gas now available any excuse for substitution of the more deadly agent has been destroyed. The gas is not in itself a lethal agent; and the few fatal results recorded during its use have been due almost without exception to fortuitous circumstances rather than to the anæsthetic. Narcosis from the gas can be prolonged sufficiently in minor surgery associated with dental disease, as, for example, in tapping the antrum; and the fact that dental surgeons engaged constantly in performance of these operations virtually never employ another agent suffices to show that no other is really necessary. More than once in your columns I have expressed the opinion that to give chloroform for a simple dental operation with a fatal result deserves a verdict of manslaughter to be returned against the administrator; and I hold that the culpability is not much less even when the patient is recumbent and prepared as for a major operation instead of being seated in a chair in a position and under conditions inviting mishap. If after the repeated warnings which have been given practitioners can be found reckless enough to disregard them it is to be hoped a sharper lesson may be administered on occasion by

perhaps a medical coroner who happens to be properly acquainted with the facts of this question.

I am, Sir, yours truly,
HENRY SEWILL.

Cavendish Square, February 12th, 1903.

Death of a Lady House Surgeon.

THE death is announced of Miss Ellen Sharp, senior house surgeon at the Hull Victoria Hospital for Sick Children, consequent upon an attack of influenza. So sudden and unexpected was the death that an inquest was deemed necessary, when a verdict of death from natural causes was returned.

The Fleetwood Friendly Societies.

IT was announced last week that the place of the medical officers who have resigned their connection with these societies in consequence of the refusal of the latter to concede adequate terms had been filled by the appointment of a Manchester practitioner, but Dr. Homer, the gentleman in question, appears to have consented in ignorance of the actual situation, and it is to his credit that on becoming apprised thereof he at once withdrew. When it is remembered that the societies refuse to raise the medical contributions per head to four shillings per annum, a sum which certainly does not err on the side of extravagance, it is evident that justice is on the side of the doctors, and it is sincerely to be hoped that no "outsider" will intervene.

An Overdose of Morphine.

THE death of Dr. James Waters Harrison from an overdose of morphine is reported to have taken place on the 12th inst. ant. A note was found to the effect that he had taken an overdose of the drug.

Vital Statistics.

THE deaths registered last week in the eighty great towns of the United Kingdom corresponded to an annual rate of 18.3 per 1000 of their aggregate population. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—from all causes, 30.0 in Dublin, 25.0 in Glasgow, 25.0 in Belfast, 22.0 in Manchester, 22.3 in Bootle, 22.4 in Bury, 22.5 in Bradford, 23.0 in Newcastle-on-Tyne, 23.3 in Liverpool, 23.5 in Wigan, 24.2 in Preston, 24.8 in Tyne-mouth, and 31.3 in Hanley. From measles, 1.2 in Manchester and in Salford, 1.5 in Newport (Mon.), 2.2 in Merthyr Tydfil, and 3.4 in Wigan; from scarlet fever, 3.4 in Wigan; from diphtheria, 1.2 in Salford, 1.4 in Coventry, and 2.5 in Hanley; and from whooping-cough, 1.4 in Preston, 1.5 in Croydon and in Merthyr Tydfil, 1.6 in Hanley and in Stockport, 1.8 in Rotherham, 2.0 in Tynemouth, 2.4 in Grimsby, 2.9 in Tottenham, and 5.0 in Great Yarmouth. Seven deaths from small-pox were registered in Liverpool, and one each in Birmingham, Bootle, Bolton, Leeds, Sheffield, Rotherham, and Hull, but not one in any other of the large towns.

Medical Society in London.

THE anniversary dinner of this society is announced to take place at the Whitehall Rooms, Hotel Metropole, on Saturday, March 7th, at 7.30 p.m.

Trinity College, Dublin.

THE following passed the final examination in surgery at the Hilary Term, 1903:—Seaton S. Pringle, Thomas L. Sands, Demetrius Jacovides, Joseph Wallace James T. M'Entire, William Wiley, Thomas Ff. Manning, Edward V. Collen, John F. Nicholson. Section A.: James G. Wallace, John Cunningham, Arthur A. M'Neight, Keith R. C. Hallows, Wright Mitchell, John A. Sibthorpe, John H. Waterhouse, George B. M'Caul, Robert Magill, James H. Thompson, John Chambre, Charles E. Fawcett, William Hassard, Cecil A. Boyd, Francis S. Crean.

Conjoint Examinations in Ireland.

THE following candidates have passed the examination for the Diploma in Public Health:—Wm. H. Hornbrook, L.R.C.P. and S.Irel.; J. M. Keegan, M.A., M.B., B.Ch., R.U.I.; J. McLiesh, M.B., B.Ch., R.U.I.; J. B. Stephenson, M.D. Durh.

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.

OBJECTIONABLE ADVERTISEMENTS.

The Editor of "Womanhood" and "Baby" writes us, in reference to the remarks on this subject contained in our issue of the 11th, that there are cases of amenorrhoea, not due to pregnancy, in which the administration of "pennyroyal and steel" are of great service. He states, moreover, that he does not accept such advertisements until he has obtained the assurance of an analytical chemist that the medicines cannot procure abortion. The words "removing all anxiety," he assures us, were inserted without his knowledge or consent. We are pleased to receive this explanation, but may point out that it is not the probable effect of the nostrums to which we took exception, but the wording of the advertisements in such a way as to lead the reader to suppose that abortion might be induced, and we adhere to the view that these advertisements are, for the most part, specially designed to convey that impression. It is incumbent on editors to see that their journals are not made use of for any such disreputable purpose.

DR. C.—Delay in visiting a serious case renders the medical officer always open to censure. Such cases should not be allowed to escape the memory. Once the responsibility is accepted, neither insufficient pay nor overwork can be pleaded as an excuse. During a press of work the more serious cases should be first attended to. The facts tending to mitigate the apparent neglect in the first case should have been at once notified to the authorities, and not kept back until a complaint had been lodged.

DR. H.—You can hardly expect a consultant to refuse his services to a patient who applies to him for advice. Should it, however, come to his knowledge, in the course of his examination, that the patient is, or has recently been, under the care of a local practitioner, he would usually consider it expedient to communicate his views to the latter as well as to the patient.

COLONIAL M.D.—We do not think there is any way for you to obtain the right to practise medicine in France, except by going through the whole curriculum at one of the Faculties, and this would entail your passing a tolerably stiff preliminary examination.

STUDENT.—We are informed that a new edition of the work has just been published by Messrs. Baillière, Tindall & Cox.

DR. J. PRICE WILLIAMS (Manchester).—We have done as requested, but you omitted to enclose the model report as announced.

E. C. I.—We are unable to confirm your belief that preference will be given to London-trained nurses, but it is quite conceivable that the nature or extent of previous training and experience will be taken into consideration in the selection, and this is quite reasonable. The term "trained nurse" is very elastic, and comprises varying degrees of excellence.

CLIPPINGS FROM LAY EXCHANGES.

MISSIONARIES NEEDED IN NEWPORT.

Dr. —, of —, Ind., died at 12.05 a.m. last Sunday, May 11th, 1902, in Terre Haute, from effects of a surgical operation for fistula in ano. About nine-tenths of the surgical operations of the present day result in death.—Newport (Ind.) State.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 18TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Professor C. B. Ball: Adenoma and Adeno-Carcinoma of the Rectum. (Erasmus Wilson Lecture.)

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Dr. A. W. Rowe: Demonstration on the Photomicrography of Opaque Objects as applied to the Delineation of the Minute Structure of Chalk Fossils.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. H. Marsh: Clinique. (Surgical.) 5.15 p.m. Dr. G. H. Savage: Development of Insanity.

THURSDAY, FEBRUARY 19TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Evening. Cases will be shown by Dr. E. Cautley, Mr. F. Jaffrey, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Clinique. (Surgical.) 5.15 p.m. Mr. J. J. Clarke: Tuberculous Disease of the Spine.

FRIDAY, FEBRUARY 20TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, Cavendish Square, W.).—5.30 p.m. Clinical Cases by Mr. H. J. Curtis, Dr. G. A. Sutherland, Dr. J. Taylor, Dr. A. Morison, and Dr. L. Guthrie. Paper:—Dr. G. Carpenter: On Cases of Uncomplicated Myocarditis.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. E. Clarke: Clinique. (Eye.) 5.15 p.m. Dr. H. L. Barnard: Acute Appendicitis.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20, Hanover Square, W.).—Casual Communications will be given by Mr. C. Robbins and Mr. Golding Bird. Paper by Mr. J. B. Parfitt, on "A New Anatomical Articulator."

Vacancies.

Birmingham Corporation Waterworks, Elan Valley, Radnorshire.—Resident Medical Officer. Salary £200 per annum, with board, lodging, and drugs provided. Applications to Mr. B. R. Body, Hon. Sec., Elan Valley Sick Club, near Rhayader, Radnorshire.

Birmingham Corporation Waterworks, Elan Valley, Radnorshire.—Resident Surgeon. Salary £250 per annum, with board and lodging. Applications to Mr. E. Antony Lees, 44, Broad Street, Birmingham.

Stockport Infirmary.—House Surgeon. Salary £100 per annum, with board, washing, and residence. Applications to the Secretary.

Rotherham Hospital and Dispensary. Senior House Surgeon. Salary £110 per annum, with rooms, commons, and washing. Applications to E. S. Baylis, J.P., 19, Moorgate Street, Rotherham.

Kent County Asylum, Barming Heath, Maidstone.—Fourth Assistant Medical Officer. Salary £175 per annum, with furnished quarters, attendance, coal, gas, garden produce, milk, and washing. Applications to F. Pritchard Davies, M.D.

Newcastle-on-Tyne Dispensary.—Two Visiting Medical Assistants. Salary £160 per annum. Applications to the Honorary Secretary, Joseph Carr, Chartered Accountant, 41, Mosley Street, Newcastle-on-Tyne.

Borough of Torquay.—Medical Officer of Health. Salary £400 per annum. Applications to Fredk. S. Hex, Town Clerk, Town Hall, Torquay.

Royal Dental Hospital of London, and London School of Dental Surgery, Leicester Square, W.C.—Demonstrator. Salary £200 per annum. Applications to Morton Smale.

Royal Dental Hospital of London, and London School of Dental Surgery, Leicester Square, W.C.—Demonstrator. Salary £100 per annum. Applications to Morton Smale, Dean.

Royal Dental Hospital of London.—Curator to the Pupils' Mechanical Teaching Department. Salary £200 per annum. Applications to Morton Smale, Dean, 32, Leicester Square.

Lanark District Asylum, Hartwood.—Third Assistant Medical Officer and Pathologist. Salary £120 per annum, with fees, board, washing, and residence. For full particulars apply to the Medical Superintendent (see advt.).

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Medical Officer. Salary £100 per annum. Applications to Thomas Hayes, Secretary.

Owens College, Manchester.—Junior Demonstrator in Physiology. Salary £100 per annum. Applications to Sydney Chaffers, Registrar.

Dorset County Hospital, Dorchester.—House Surgeon to reside and board in the Hospital. Salary £100. Applications to the Chairman of the Committee.

St. Vincent's Hospital, Dublin.—Specialist for Diseases of the Throat and Nose. Applications to the Secretary before March 1st (see advt.).

Appointments.

BATES, RAYNER WINTERBOTHAM, M.D., F.R.C.P. Lond., M.R.C.S., J.P. Consulting Physician to the Berkeley (Glos.) Hospital.

BERKELEY, AUGUSTUS FREDERICK MILLARD, L.R.C.P. & S. Edin., L.F.P.S. Glas., Medical Officer for the Sixth District and Public Vaccinator for the Third Rural District, by the Bath Board of Guardians.

BONAR, THOMAS MITCHELL, M.B., C.M. Glasg., Medical Officer for the Tregony and Probos Districts by the Truro Board of Guardians.

BRYAN, FRANK, B.C. Cantab., House Physician to the Derbyshire Royal Infirmary.

CAMPBELL, COLIN A., M.D. Toronto, Third House Surgeon to the Royal London Ophthalmic Hospital.

Dow, W. B., M.D. St. And., F.R.C.S. Edin., Medical Referee under the Workmen's Compensation Act, 1897, for the Sheriffdom of Fife and Kinross.

FRASER, C. L., F.R.C.P., F.R.C.S. Edin., Certifying Surgeon under the Factory Act for the Berwick-on-Tweed District.

HOPK, C. M., M.B., Ch.B. Glas., House Surgeon to the Derbyshire Royal Infirmary.

TARGETT, J. H., M.S. Lond., F.R.C.S. Eng., Obstetric Surgeon to Guy's Hospital.

Births.

HULKE.—On February 12th, at Ivy House, Walmer, the wife of Sydney Backhouse Hulke, F.R.C.S., of a daughter.

JENNINGS.—On February 11th, at Old Brompton, Chatham, the wife of Lieut. Colonel Jennings, R.A.M.C., of a son.

WATSON.—On February 11th, at 130, Queen's Road, Finsbury Park, N., the wife of George de B. Watson, M.B., C.M., of a daughter.

Marriages.

HILLEARY—FARIE.—On February 11th, at St. Peter's, Cranley Gardens, George Edward, third son of Fred. E. Hilleary, L.L.D., Bleak House, Stratford, Essex, to Amy Katherine Wellesley, eldest daughter of the late Robert Farie, M.D., and of Mrs. Farie, of Ruthven, 29, The Boltons, S.W.

RICHARDSON—MCLEAN.—On February 11th, at St. Paul's Church, Clifton, Bristol, Hugh Richardson, M.B., C.M. (late R.A.M.C.), St. Andrew's, son of the late Henry Cockburn Richardson, I.C.S., to Elizabeth, daughter of the late Patrick McLean, Esq.

Deaths.

BLACKETT.—On February 12th, at Shaftesbury Lodge, Beccles, Harry Elton, youngest son of the late Edward Ralph Blackett, M.D., of Wangford Suffolk, in his 21st year.

BRAKE.—On February 8th, at San Remo, Craneswater Park, Southsea, Surgeon-General Brake, late I.M.S., aged 75 years.

DIXEY.—On February 13th, at his residence, Moss Hall Villa, North Finchley, Augustus Edward Dixey, M.D.

SHARP.—On February 9th, at the Royal Victoria Hospital, Hull, Ellen Mary Sharp, M.B. Lond., House Surgeon to the Hospital, aged 28 years.

WIGAN.—On February 15th, at his residence, Clarence House, Portishead, Somerset, George Wigan, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI. WEDNESDAY, FEBRUARY 25, 1903.

No. 8.

Lunacy and Law.

THE CARE AND TREATMENT OF PERSONS OF UNSOUND MIND IN PRIVATE HOUSES AND NURS- ING HOMES. (a)

By ERNEST W. WHITE, M.B.Lond., M.R.C.P. Lond.,
President Elect of the Medico-Psychological Association of Great
Britain and Ireland; Professor of Psychological Medicine,
King's College, London; Resident Physician and
Superintendent, City of London Asylum.

(Concluded from page 162.)

NEXT let us consider a case where a young lady, suffering from incipient insanity, was in a nursing home, uncertified, under the charge of a mental nurse for two months, at the end of which time she had to be certified, and sent to a public asylum receiving paying patients. The lady was admitted into the City of London Asylum in July last, suffering from melancholia. She was on admission agitated and emotional, heard voices which told her of unfortunate occurrences to her friends, thought she had been very wicked, was troublesome with her food, etc. After moral and medicinal treatment she steadily improved, and was recommended for discharge as recovered in December last, then having been convalescent a month. She weighed on admission in July 7 st. 11 lbs., and on discharge 9 st. 11 lbs. She told me that in the nursing home nothing was done for her, and the life was painfully dull and monotonous; the nurse sat near her all day doing her needlework, and seldom spoke, but watched her carefully. There were three other ladies in the house, of whom she saw but little; she thought they were mental cases.

The advantages of uncertified single care ?

1. Avoidance of the so-called "stigma of insanity."
2. Secrecy.
3. The so-called continuity of medical treatment (doubtful if unskilled).
4. Freedom from contact with other persons of unsound mind.
5. Domesticity.

The disadvantages of uncertified single care ?

1. Insufficient general and moral control of the patient. (There is no legal power of detention, for the patient is in full possession of civil rights.)
2. The patient's property is not safeguarded from unworthy relatives, solicitors, medical men, caretakers and nurses.
3. Frequently there is unskilled medical treatment, or none at all.
4. Unskilled nursing as a rule.
5. Monotony in some out-of-the-world place.

(a) Read at the General Meeting of the Medico-Psychological Association held at the County Asylum, Micklever, near Derby, February 12th, 1903.

6. Interference of friends.
7. Want of official supervision.
8. Incapacity of caretaker.

The want of official supervision is, perhaps, the most serious of these disadvantages, for I have heard of inhumane and cruel forms of personal restraint which have been used upon these unfortunate patients even since the passing of the Lunacy Acts, 1890-91, and is not this what we should expect with no official supervision? In 1893 we sent two nurses to a well-known southern seaside resort for a private patient, who had been acutely insane, but uncertified for seven weeks. The nurses found the patient roped by the wrists and ankles to the four corners of the bed. She was in a filthy state, as she had been tied down for days. Men had been called in to assist in the roping process. The patient's wrists and ankles were much marked, bruised and abraded. The hospital nurses in charge of the case were afraid for their lives, but upon our nurses clearing the room and removing the ropes, the patient accompanied them without a murmur, and gave no trouble on the journey.

I have heard of another lady being roped to a bedstead like a monkey to a pole, with just sufficient rope to allow her to attend to the calls of nature.

We admitted, not long ago, a lady who for months had been at a seaside resort with a caretaker in whose house a room had been fitted up as a strong room, with iron bars in place of the lower panels of the door. An occasional peep at the patient was taken through the "grille." This, I presume, was supposed to be curative treatment under single care. The physician, who was an eyewitness in the last two cases, is present to-day, and will verify my statements with fuller details.

Let there be no disguising the fact, mechanical restraint of an advanced type is often resorted to with uncertified patients in single care by unskilled nurses and heartless caretakers. We who know how the excited patient frets and struggles even to exhaustion under mechanical restraint, and how fearfully it reduces the prospect of recovery, must raise our voices in no uncertain strain, in the interests of suffering humanity, against any relaxation of the law which will open the gates any wider to such barbarisms.

What is the suggested notification of mental cases ?
It is that in all cases of mental unsoundness in which certification and compulsory detention seem needless, and in borderland cases, there shall be a system of notification to the Commissioners in Lunacy by any one receiving payment, to the effect that "A. B. is a person of unsound mind, and is not a proper person to be detained." It has been also suggested that this notification shall be to the local authority. It is presumed in the first instance it will be followed by the visit of a Commissioner in Lunacy, or some one deputed by the Commissioners, and in the second by a medical officer appointed by the local authority.

What would be the advantages of such notification?
They would be the same as those given under the heading uncertified single care (*vide supra*).

What would be the disadvantages ? These again would be identical with those given under uncer-

tified single care (*vide antea*) with, in addition, increased official expenditure from the necessary appointment of deputy or district Commissioners to inquire into the numerous class of cases which would rapidly crop up. In an article on Lunacy Law Reform in the *Lancet* of December 27th, 1884, I suggested the appointment of deputy Commissioners in the following terms:—"District experts as medical officers of insanity, occupying analogous posts with those of coroner and medical officer of health, with fixed salaries, these officers to be elected from their experience in the specialty, and to be allowed to practice as pure physicians. Their duties would be to examine all supposed lunatics in consultation with the medical man in attendance, to sign all necessary certificates, to visit all single patients, and patients in private asylums in their districts, to report thereon from time to time to the Commissioners in Lunacy, and so act as district agents for the Commission or deputy Commissioners. They would have power to order the discharge of any single patient, or any patient from any private asylum in the district, should such a course be desirable on account of recovery or otherwise. They would also have authority to prevent the removal of any patient by his or her friends, when such removal was calculated to be fraught with danger to the patient or others." Many of the suggested reforms in that article were adopted in the Lunacy Acts, 1890-91. This was not, for the obvious reason, expense.

I am afraid notification, unless under the most efficient official supervision, would encourage a continuance of the evasion of the law, or at least would delay proper remedial treatment in consequence of the patient not being under proper moral control.

What cases are suitable for care and treatment as certified single patients?

1. Quiet and harmless tractable imbeciles.
2. Quiet and harmless chronic demented.
3. Certain general paralytics in the last stage.
4. Hyper-sensitive patients convalescing from melancholia.

What cases are unsuitable? All others.

What cases are suitable for care and treatment uncertified?

1. Transient cases of mania and melancholia dependent upon drink.
2. Certain borderline cases where the symptoms are undeveloped.
3. Other cases in which the symptoms are not severe, and which have a definite exciting cause not likely to be long operative.

How should they be protected against abuses? By proper and complete official supervision. I have been for years past, and am still, in favour of the appointment of deputy Commissioners for districts as defined above, such appointments to be made from those skilled in the treatment of mental diseases.

What is the suggested temporary care and treatment of the incipient insane? In 1899 the Joint Committee of the British Medical and Medico-Psychological Associations, of which I have been a member by your courtesy since its formation, waited upon the Lord Chancellor at the House of Lords. It urged the necessity of early legislation for the incipient insane. It told him how numberless borderline cases were smuggled away in the country, the Channel Isles, and on the Continent, to avoid legal certification, how their chances of recovery were imperilled thereby, and how the possibilities of inhumane care existed. As a consequence, he introduced into the Lunacy Bill of 1900 the following clause, adapted from the existing clause in Scottish Lunacy Law:—

1. "If a medical practitioner certifies that a person is suffering from mental disease but that the disease is not confirmed, and that it is expedient with a view to his recovery, that he be placed under the care of a person whose name and address are stated in the certificate, for a period therein stated, not exceeding six months, then during that period, the provisions of Section 315 of the principal Act shall not apply.

2. "The certificate must not be signed by the person under whose care the patient is placed.

3. "Where a medical practitioner signs any such certificate he shall within one clear day after signing it, send a copy of it to the Commissioners, and the Commissioners may visit the patient to whom the certificate refers."

I believe this clause, with its three sections, will meet all the requirements of the case for the insane of the upper and upper-middle classes provided the deputy Commissioners before named be appointed.

As several of the county and borough asylums are at the present time admitting private patients in large numbers, would it not be well that the voluntary boarder system appertaining to the registered hospital and private asylums should be extended to public asylums? There are many patients, incipient and borderline melancholic cases, who lack self-confidence, and who, if they can place themselves under the sheltering wing of an institution giving them medical and general supervision, will rapidly regain their mental balance and thus escape certification. Those who have had ample experience of the voluntary boarder consider that the legislation regarding him has been productive of much benefit.

Having surveyed the subject in detail we must now consider the various points, not already discussed, to which allusion was made by Sir William Gowers.

The contemplation from the train of the wall of Hanwell Asylum, we are told, prompted him to lead a crusade against the existing lunacy laws. He thought of those the wall excluded, and those it included. Now the wall of Hanwell (the oldest of our London County Asylums) is an anachronism! The asylums of to-day have no walls! and while the buildings include those committed to the humane and skilled care of the medical officers for treatment, they do not exclude those who desire to gain knowledge regarding mental diseases. The lovelorn Kentish cavalier, when he wrote in his prison in Westminster the lines the first of which Sir William quotes, little thought they would be applied to an asylum for the insane some two hundred and fifty years later. Let us contemplate these lines:—

"Stone walls do not a prison make,
Nor iron bars a cage,
Minds innocent and quiet take
That for an hermitage;
If I have freedom in my love,
And in my soul am free,
Angels alone that soar above
Enjoy such liberty."

We do not acknowledge the walls as part of our treatment to-day. Nor are iron bars necessary in institutions for the insane. They appear (as we have seen to be only required for uncertified patients in single care. Our cavalier, although imprisoned, was happy withal in the freedom of his thoughts.

Sir William Gowers tells us that in many cases certification is harmful and unnecessary. Many of us differ from him upon this point. We recognise in certification the means of placing the patient under proper control for treatment, and we are satisfied that the chances of recovery are in many instances greatly increased thereby. The cases quoted by him as suitable for treatment without being duly certified were peculiarly unfortunate. They all had delusions of persecution, and these patients, as we alienists know, may at any time become actively homicidal or suicidal by impulse. They should certainly all have been under certificate, both in the interest of the public and of themselves. Sir William Gowers states that every patient received for payment and uncertified is a free agent, can leave or be removed at any time. Such is not my experience with uncertified insane patients in private houses and nursing homes. Furthermore, I do not admit that certification is in any way disastrous to the patient, or the painful distress to the friends it is stated to be. Sir William Gowers speaks of the "divorce of psychological medicine from general medicine." There is no divorce. They have always been separate and distinct, and must remain so from the very nature of mental disease, and the treatment demanded. The moral side of this treatment is all important, the medicinal only accessory.

and that in quite a minor degree. The days of mechanical restraint and of the exhibition of medicinal nostrums for insanity are past and gone. We have too many proofs of the value of our more enlightened system to wish to revert to them. Let the general body of our profession make themselves thoroughly acquainted with this system; they will then recognise the vital importance of the daily contact of the mental physician with his patient, to control the management and moral treatment of the case, the necessities of which are ever varying.

We are told that the "master of method" is necessary for the full and proper development of the normal mind of youth, that a scholar who has not had training as a schoolmaster is unequal to perfecting a student's education in classics, mathematics or the higher sciences. How much more, then, must the "physician of method," trained by long experience and daily contact with the insane, be essential for the re-education of the abnormal mind, for the replacing of the unhinged mind upon its hinges, for the dispelling of the hypochondriacal delusions of the melancholiac, and for the calling back to mental life again of the quasi-demented patient living in mental stupor?

Speaking after thirty years' experience as a public asylum physician, and thirteen as a lecturer on mental diseases, I would state unhesitatingly that to comprehend the vagaries of the mind diseased, to lead that errant mind back to health, and to recognise the means by which this end can be effected are problems only to be solved by those who have made the insane their intimate and life-long study.

Note appended, February 7th.

Sir William Gowers has just published in pamphlet form his address of November 20th, 1902, with a note. I observe the title is altered. It now reads "An Address on the Prevention of Insanity." Would not "on the Evasion of Insanity" be more appropriate? In the note he draws attention approvingly to Sir William Church's suggestion that notification should be to the local authority, the facts of each case to be subsequently investigated by the medical officer of health or some other official appointed by the local authority. What does the medical officer of health know of mental diseases? Is he qualified to decide such a case? and who is the other official suggested? Who but one skilled in the treatment of insanity is qualified to decide whether the conditions under which the patient is placed are such as are likely to promote recovery, or whether certification is necessary in his or her interest? Sir William Gowers is in error when he states that provision is already made for the reception of borderline patients as voluntary inmates of public asylums. At present voluntary boarders cannot be taken in county or borough asylums, but only in registered hospitals and private asylums. He tells us, moreover, that it is a sarcasm to suggest that patients on the verge of mental derangement would place themselves in lunatic asylums. Is he not conversant with that large class of cases of incipient melancholia in which the patient lacks self-confidence and self-reliance, is imbued with a sense of impending trouble, and consequently eagerly seeks admission within the walls of a private asylum as a voluntary boarder, and expresses a feeling of relief when under the sheltering wing of the institution? The limitation Sir William Gowers takes objection to in connection with the clause for the treatment of incipient insanity—"that no person under this section shall receive more than one patient at the same time"—is in accordance with the principle of the Lunacy Acts, 1890-91, that private asylums are to die out by gradual extinction, for no new licence can be granted. To receive more than one patient would constitute a private asylum. Sir William Gowers objects, also, to the sanction of the Justices of the Peace being necessary, and adds that "such a sanction could only be a useless formality." He forgets that it is right that the liberty of the subject should be taken only by some mode of judicial procedure.

THE RELATION OF ANÆSTHETICS TO SHOCK. (a)

By J. BLUMFELD, M.D. Camb.

Senior Anæsthetist to St. George's Hospital, &c.

His object, he observed, was to raise a discussion upon the question of the part which anæsthetics play in the prevention of shock; he was aware that exactly opposite opinions were held on this point, some observers believing that the shock present after certain operations is entirely due to the anæsthetic, and others that it is due entirely to the operative procedures, and would be much worse without the anæsthetic. Dr. Blumfeld also referred to the difference of opinion with regard to shock and the depth of anæsthesia, some anæsthetists holding that shock is more commonly met with in light than in deep anæsthesia, and others exactly contrary views. To avoid confusion, Dr. Blumfeld stated that in speaking of shock he also included collapse, for both were conditions of prostration in which failure of the circulation played a prominent part. The speaker reminded the meeting that death from the shock of operation was much less frequent now than it was in the old days, partly because anæsthetics have abolished pain, which was an important factor in the causation of shock, and partly by protecting the central nervous system from receiving impressions of the serious damage being done to the tissues by the operation. Beside the well-known "bleeding," so to speak, of the patient into his splanchnic area during shock, there was also the general reflex paralysis affecting, besides all the other functions of the body, especially the normal interchange between the blood and tissues, which is characterised occasionally by patients suffering from shock not corresponding to such stimuli as strychnine and alcohol at the time of exhibition of these remedies, but subsequently manifesting symptoms of overdose. It is because shock is a reflex affair that anæsthetics can be looked to with confidence to influence it, since they have such a powerful influence on all the other reflexes; but their relation to shock differs from their relation to the other reflexes, in that whereas they can only abolish the latter, they can both abolish and also produce shock, or a condition exactly resembling it. Dr. Blumfeld was strongly of opinion that since both shock and deep chloroformisation are characterised by a marked fall in blood-pressure, a deep degree of anæsthesia should, as far as possible, be avoided in operations upon patients already suffering from shock or likely to suffer from it as a result of the operation. He did not wish to be understood as including ether in these remarks, since there was no evidence to show that ether produced shock in the same way as chloroform, although it often gave rise to a collapse after a prolonged administration of large doses in the kind of case referred to. The difficulty in assigning its proper place to the producer of collapse, to the operation on the one hand, and to the anæsthetic on the other, was great, and is usually not duly appreciated by the surgeon, who is apt to forget the immense importance of economising the time during which parts of the body, such as the bowels, for instance, are being subjected to manipulation. The longer such pro-

a) Abstract of Paper read before the Society of Anæsthetists February 6th, 1903.

cedures last the more easily is shock induced. The purely nervous element has also to be taken into consideration, and adds greatly to the difficulty of determining the cause of shock. Dr. Blumfeld here quoted undoubted cases of shock from nervous influences.

Because anæsthetics had the power of producing shock, Dr. Blumfeld did not think it right to assume that in cases already suffering from shock general anæsthetics were to be avoided, but that there should be a proper appreciation of the difference between light and deep anæsthesia, and that a general anæsthetic should always be given, but only to a light degree, and that any attempt to keep such cases deeply under chloroform is highly dangerous. In a recent letter to the *Lancet* of January 17th, page 199, on the surgical treatment of perforated typhoid ulcer, Mr. H. J. Curtiss had raised the question of anæsthetics, and had advocated the use of local anæsthesia, assuming an extra danger from general anæsthesia in these cases. Dr. Blumfeld believed the Society were not prepared to admit this assumption, but that they were in a position to say with regard to such cases that if an operation must be performed there was less danger in performing it if a general anæsthetic were properly given than there was in performing it without one.

NOTE ON CYSTS OF THE ROUND LIGAMENT. (a)

By H. MACNAUGHTON-JONES, M.D., M.A.O.,
F.R.C.S.I. & E.

MANY years since I had an experience in a case of rupture of the bowel which I think was unique. I quote it now from memory, for I have, unfortunately, lost the notes.

A young married woman was sent to me by her medical adviser, who wished me to give an opinion as to the nature of an inguino-labial swelling, as he was doubtful as to its being a hernia of the bowel. I found it partly reducible and answering to all the tests of hernia. I came to the conclusion that it was a hernia, and advised an operation for its radical cure. The friends did not like the thought of this, so a few days after I saw her she was taken to the late Sir Spencer Wells, who expressed the opinion that it was a hydrocele of the round ligament, and that it was not necessary to interfere. I heard no more of the patient until some twelve months subsequently, when I was sent for hurriedly late in the evening. She lived at Wandsworth. When I arrived I had the following history from the same medical man.

She had gone on without any trouble until a few days before I saw her, when the swelling suddenly increased in size, became painful and more tense. Efforts to move the bowel had failed, and the reason for my summons was that there had been sudden collapse with cessation of the pain, and all the symptoms of a ruptured bowel. Of the occurrence of this I had no doubt when I saw her. There were no facilities for operating on the spot, so within a few hours she was safely in a Home, and I made an artificial anus in the right inguinal region. I must here mention that within a recent period a swelling, less in degree but of the same nature, had appeared at the left

side. The patient did well, and the artificial opening had closed perfectly, when quite suddenly the area over the swelling at the left side became red and painful. After some palliative efforts to restrain the inflammation I decided to open what I believed to be another bowel abscess, and found when I did so much the same state of things as had existed on the right side—an opening in the bowel and fæcal matter in the abscess. I again made an artificial anus, and in due time was pleased to find the bowel acting. Its movements were natural and healthy. I had no doubt of the patient's recovery, and looked on her as convalescent. Unfortunately, the strict rules of diet I had laid down were now disregarded in the Home, and without my knowledge she was given some steak with capers, of which she ate plentifully. She was seized with sickness, vomiting and pain. General peritonitis rapidly set in, and she died some thirty-six hours from the onset of the symptoms. I was naturally anxious to have an autopsy, but the friends would not consent, and it was with difficulty I succeeded in obtaining permission to investigate the state of the parts at either side where I had operated. At the right side I found the lumen of the bowel quite restored. At the left, in the neighbourhood of the recent rupture, there was an opening, an escape of fæcal matter, and a large quantity of undigested capers. This, I believe, was the cause of death—obstruction and peritonitis set up by these latter.

I have never since seen a hernia in a woman for which I have not advised the radical operation. I go so far as to say that no woman who can be operated upon should be the possessor of a truss. From the time of the occurrence of this case until quite recently I have had no difficulty in the diagnosis of any swelling in the inguino-labial region.

The anatomical points of gynecological interest in connection with the round ligaments are as follows:—The permanency of the plica gubernatrix from the Wolffian body (the analogue of the gubernaculum in the male) constituting the round ligament of the ovary in the female, the attachment of which to the uterus arrests descent of the ovary except in rare cases, when, passing by the canal of Nuck, the ovary may reach the labium; the peritoneal accompaniment of the round ligament which corresponds to the processus vaginalis in the male, and which, when not obstructed, forms in its prolongation the patent canal of Nuck; thirdly, the presence of areolar tissue and vessels in and around the round ligament, and the prolongation of the transversalis fascia from the internal abdominal ring. Now, by these anatomical and histological data we can explain the presence of intestinal hernia, epiplocele, hydrocele, incarcerated ovary and a cyst or fibroma in the canal and labium. The diagnosis is not, as in the cases I now record, always easy. Pozzi, in speaking of encysted fluid of cysts in the canal, says that the persistence of the canal of Nuck is looked upon by most authorities as explaining their presence, though this is denied by Duplay, and Schroeder has reported a case in which he was able to return the fluid into the abdomen. This demonstrated a communication of the cyst with the peritoneal cavity, thus establishing a resemblance to congenital hernia in the male. As will be seen, this is exactly what occurred in one of my own cases. Sometimes the cyst may

(a) Read before the British Gynecological Society, February 12th, 1903.

be seated in the *interior* of the round ligament. This may be due (Weber) to a persistence of the female gubernaculum in its foetal form.

A woman, *æt.* 26, unmarried, consulted me early in 1902 for a swelling in the right groin. This she first noticed at the end of 1901. There was but little pain, but it varied in size, and told against her in her work. On examination I found a swelling in the right inguinal region, extending almost into the labium. There was an impulse on coughing, and by steady pressure in the horizontal position the swelling was reduced and practically disappeared. This collapse of the tumour puzzled me, as I had rather inclined to the view that I was dealing with a hydrocele of the round ligament. It was not possible for her to undergo an operation at the time, so I devised a special horseshoe air-pad truss to wear over the abdominal ring. This she wore for several months, when I again saw her, and then I found that the swelling had practically disappeared. I advised that she should still wear the truss. Shortly after this she had serious domestic trouble, and became very thin. The truss slipped up from the position I had intended it to be worn in, and the swelling reappeared again, and now gradually increased to the size of a large pigeon's egg. When I next saw her I found this swelling was tense, and not now influenced by pressure. I advised operation. I was not confident of my diagnosis, and though I now leaned to hernia, I had a doubt as to the cystic nature of the tumour. On dissecting down to the surface of the sac this was seen to be of a deep blue colour. The wall consisted of a thin membrane, and was covered with vessels. It had much the appearance of the wall of a hernial sac. On opening it, fluid blood escaped. The sac was attached to the round ligament, and had formed adhesions in the canal up to the internal abdominal ring. I dissected out the sac and explored the internal ring, which I found empty. It was clear that the canal of Nuck was patent, and that the cyst was a hydrocele, into which blood had escaped. The round ligament was drawn forwards and fixed at the internal ring, which was then closed, and the canal itself was obliterated by a series of cross sutures which included the round ligament. The wound healed aseptically.

For the second case I am indebted to Dr. Rœ Carter. A lady suffered from disease of the adnexa and incontinence of urine due to exaggerated ante flexion of a hypertrophic uterus; there was also what we believed to be an irreducible hernia, though with the experience of the last case before me a qualified diagnosis was given. Here also the tumour varied considerably in size. After the operations of salpingo-oophorectomy and fixation of the uterus were completed and the abdominal wound was closed, I opened the inguinal canal and found an isolated cyst about the size of a small walnut on which the round ligament was spread, and to which it was attached. There was no funicular process of peritoneum as in the last case; the internal ring and parts above the cyst being normal in their appearance and relations. The cyst was dissected out and the canal closed, as in the last case. Recovery has been perfect. In these two cases we have examples of two distinct types of round ligament cysts; the one obviously the consequence of a permanent canal of Nuck and connected with the persistent peritoneal

process. When I first saw the patient the fluid was evidently returnable into the peritoneal cavity. The other was a cyst, most probably arising in the areolar tissue in the round ligament, or possibly from a persistent embryonic gubernaculum. Both are liable to be mistaken for hernia, the latter possibly for an incarcerated ovary, or what is a more serious error, as in the first case I related, a hernia may be mistaken for a cyst or a hydrocele. Under any circumstances the safe rule, for every dubious swelling in the inguino-labial region in a woman, is to operate.

The Nettlesonian Lectures

ON THE

CONDITIONS WHICH MODIFY THE CHARACTERS OF INFLAMMATIONS OF THE SKIN AND THEIR INFLUENCE ON TREATMENT.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON
By H. RADCLIFFE CROCKER, M.D., F.R.C.P.,

Physician to the Skin Department, University College Hospital.

ABSTRACT OF LECTURE I.

INFLAMMATION OF THE SKIN.—It is about a century ago that Dr. Robert Willan published his treatise on inflammations of the skin, founding his classification of them on their most prominent clinical feature, dividing them into papular, scaly, vesicular, bullous and pustular forms.

Inflammations of the skin comprise more than half of all skin cases, six out of every ten patients having some form of dermatitis, and of these five-sixths come under eczema, psoriasis, impetigo contagiosa, lichen planus, erythema, and urticaria in hospital practice, but in private practice there are a very few impetigo contagiosa, and twice as many of lichen planus.

The inflammations set up by irritants differ according to the strength of the irritant. A strong irritant will set up a dermatitis in anyone exposed to it, and its character is usually recognisable, and perhaps even the kind of irritant which was the cause of it, as, for instance, crowded vesicular eruption on the palms from the dye called "aurantia"; an irregular bullous eruption from the application of a caustic liquid; Röntgen ray burns, the latter being characterised by the obstinately unhealing character of the ulceration produced, and by the close network of dilated vessels over the whole injured area.

The mild irritants usually require a special vulnerability on the part of the patient, and the eruption produced often resembles an ordinary inflammation of the skin such as an erythema or an eczema, and the cause is often not ascertained unless it is several times repeated, and always commences in an exposed part. Occupation eczemas, such as those of bakers, barmaids, French polishers, &c., are the type of this kind of dermatitis and frequently inflammation, starting at the irritated part, develops on distant parts, often symmetrically. Vulnerability to certain irritants once acquired often increases till the very slightest exposure is sufficient to bring on an attack. Iodoform dermatitis is an example, and it may be pointed out that handling the gauze is alone enough to start it in the predisposed.

ECZEMA.—In discussing the pathology of eczema we may take the papulo-vesicular type, the pathology whereof is still a matter of dispute. Probably the safest line is to not to ask, Is eczema parasitic? is it a blood dyscrasia? is it a neurosis? but to acknowledge that all these are factors, and to endeavour to estimate in what proportion each plays its part in any particular case. Once the inflammatory process is started, pus cocci, either the *Staphylococcus aureus* or the *Streptococcus pyogenes*, may, and often do, modify considerably the character of the inflammation, in some cases by the cultivation into virulence of a previously harmless organism, in others by the secondary invasion of one or other of these pus cocci.

Bockhardt's impetigo is a frequent precursor and concomitant of boils, and it should be promptly treated as a prophylactic measure against them. An untreated streptococcus impetigo may lead to a rapidly spreading erysipelas in an infant, and endanger the child's life. In the treatment of boils and carbuncles the aim should be the local destruction of the pus cocci as early as possible, and therefore early incision and disinfecting the cavity with carbolic acid solution before the pus cocci can travel along the lymphatics and set up a fresh boil some distance off.

In *pemphigus neonatorum* the bullæ have perfectly clear contents, and both the staphylococcus and the streptococcus have been found by different observers, the staphylococcus being the most frequent. It is generally a sign of unhygienic surroundings, but unless neglected, or derived from puerperal fever in the mother, it is readily amenable to treatment; under modern asepticism it is now never seen in lying-in institutions where formerly it was endemic.

Fungating papillary growths are apt to form on all chronic suppurating surfaces, and after some acute suppurations less generally recognised conditions dependent on pus organisms occurred. They are all pyogenic granulomas with different names according to the underlying diseases on which they develop: they may be tuberculous, syphilitic, and in the axillæ and groins form part of the symptomatology of pemphigus vegetans. The so-called botryomycosis hominis is an example of a fungating granuloma after acute suppuration. Hypertrophic scars also are probably avoidable by excluding pus organisms during the healing process of an open wound.

This diversity of lesion from the same organisms is largely due to the mode and depth of implantation in the skin of the pus cocci, and shows how far we have advanced on Willan's classification according to the primary lesion.

DERMATITIS AND SEBORRHOEA.—With regard to the modifications of dermatitis produced on a seborrhœic basis or the seborrhœides, it must be pointed out that seborrhœa oleosa is once again regarded as excess of secretion from the sebaceous glands, and not from the sweat glands as Unna advocated, and that Sabouraud ascribed it to a special micro-bacillus, the comedo also being due to the same bacillus. While the former fatty incrustation so common on the scalp is no longer regarded as a true seborrhœa, but a cell proliferation, chiefly of the horny layer, due, it is said, to the bottle bacillus and the seborrhœic micro-bacillus in combination, the secondary invasion of the *Staphylococcus aureus* and a grey coccus produce, if Sabouraud was correct, the various

seborrhœides, that is to say, the apparently trivial seborrhœa affords a favourable breeding ground for other more actively mischievous organisms.

The seborrhœides may be described as imitators of different forms of eczema, lichen, and psoriasis, and other inflammations, and Sabouraud ascribed to mixed infections of the pus and seborrhœic organisms the production of the pustular eruptions—acne varioliformis, acne furunculosis, chronic furunculosis of the neck, sycosis, acne keloid, and dermatitis papillaris capillitii. If these views of mixed infection are confirmed, and they are highly probable, it is an important generalisation which ought to lead to improved conceptions both of the pathology and treatment of many forms of dermatitis.

LOCAL ORIGIN OF GENERAL ERUPTIONS.—The lecturer then passed on to the consideration of the local origin of many general and symmetrical eruptions, and showed that while it was first pointed out by Brocq in relation to the somewhat acute disease called pityriasis rosea, it was capable of extension to other diseases, such as psoriasis and lichen planus, in their primary attacks. In pityriasis rosea there first appeared a single patch, generally in some part of the trunk, which slowly enlarged peripherally for eight or ten days, and then a widespread symmetrical outbreak occurred which might in a few days cover the whole body and upper segments of the limbs, the lower segments seldom being much involved, and after lasting three or four weeks the eruption gradually disappeared. In less typical cases the development might be slower, might stop more or less short of generalisation, and the tendency to spontaneous involution be much less, so that sometimes cases lasted for several months.

In first cases of psoriasis, the lecturer had frequently been able to trace the same mode of development, though, owing to the slower course of the disease, it was less obvious than in pityriasis rosea. For weeks, months, and occasionally even years, there might be only one or two patches, then they began to multiply; if slowly perhaps on the same limb only, and not very far from the original patch or patches, but either with or without the local extension; generalisation eventually took place, and in recurrences this sequela of events could no longer be traced. In lichen planus development from a single focus could not often be proved, but it was common for a few foci of the chronic form of the disease to be present for months or even years, and then suddenly for a generalisation of the more acute miliary form to occur, sometimes from a traceable, and sometimes without a traceable, exciting cause.

The most feasible explanation was that there was first an invasion of a micro-parasite from without, and that this underwent local multiplication, or perhaps a toxin was formed, and then internal absorption into the circulation and generalisation from within outwards.

The moral was that every effort should be made, both to get rid as soon as possible of the beginnings of disease, and that in a recurrent disease like psoriasis it was not sufficient to remove the bulk of the eruption, but efforts should be made to clear up every remnant of it.

DR. J. MOUNT BLEYER has issued a brochure on "Light: its Therapeutic Importance in Tuberculosis as Founded upon Scientific Researches."

Clinical Records.

CANCER HOSPITAL.

Dermoid Cyst of Right Ovary, Adherent Appendix, and Cystic Degeneration of the Left Ovary.

Under the care of F. BOWREMAN JESSETT, F.R.C.S.

A. C., æt. 32, admitted into the Cancer Hospital, January 7th, 1903, complaining of acute pain in lower part of abdomen passing to both sides and back. Discomfort was first noticed last March. Has had three children, youngest three years old; no miscarriages. Had rather sharp hæmorrhage in April and May last, and since then has suffered, more or less, from amenorrhœa. The pain complained of has gradually increased in severity for several months past. She describes it as a constant dull aching pain with frequent paroxysms of sharp pain. She has lived in India for some years, and has just recovered from an attack of dysentery, which has lasted for the last four months.

On examination of the abdomen there is distinct resistance and hardness over the lower part and especially on the right side over the appendix. On deep pressure patient complains of pain, not, however, acute. Per vaginam, a hard, irregular swelling is felt in the pouch of Douglas, slightly mobile, and extending upwards towards the right side. The uterus is quite normal in size and position.

On January 13th, I operated, making the usual incision in the median line between the umbilicus and pubes. On exploring the pelvis on right side a tumour was discovered which was very adherent posteriorly; the adhesions were readily broken down, and the tumour when drawn up through the wound proved to be a dermoid cyst of the ovary and was removed. The left ovary was found to be much enlarged and cystic, and so disorganised that I deemed it advisable to remove it also. The appendix was then discovered to be very much thickened and elongated, and had some adhesion, which evidently had been adherent to the right ovary. This was removed by passing a double ligature through its mesentery and ligaturing on each side. The stump was then touched with a drop of pure carbolic acid, and the neighbouring peritoneum carefully stitched over it with catgut.

In removing the appendix I much prefer passing a fine silk ligature around the appendix to the method often adopted of stripping and turning back the peritoneum and applying the ligature around the muscular and mucous coats only. I have found by experiment in the post-mortem room that by ligaturing the appendix in its entirety, the mucous coat is completely divided just in the same manner as the inner coats of an artery are divided after being tied.

Case of Fibroid of the Uterus with Persistent Hæmorrhage in a Patient who had had Ventro-Fixation Performed for Retroversion and Prolapsus Uteri.

This case is of interest as it is the only one in which I have had an opportunity of seeing the result of ventro-fixation. J. B., æt. 46, widow, was admitted into the hospital in January, 1901, suffering from prolapse and extreme retroversion of the uterus. No pessary was of any use, and as she was suffering much pain and discomfort, I determined to perform ventro-fixation. The result was everything that could be desired, but in July, 1902, in my absence, she came under the care of Mr. Leaf, suffering from menorrhagia and endometritis. Mr. Leaf dilated the cervical canal and curetted the uterus in August. She appeared to derive a certain amount of benefit from the operation, but still lost a great deal at her periods. On my return from my holiday I found her very anæmic and complaining of pain referred to the uterus. On examination there appeared to be a good deal of uterine catarrh, but the sound passed a normal distance, and the uterus was in a good position. I had her placed under ether and again dilated and thoroughly explored the uterus, but could find no sign of a polypus to account for the hæmor-

rhage. I swabbed the whole uterine cavity freely with fuming nitric acid, being careful to neutralise any excess by application of soda bicarb. solution. She appeared to derive a great deal of benefit from this, the next two periods being not at all excessive. In December, however, she had an alarming flooding which lasted some days, and was with difficulty controlled by administering ergotin hypodermically and plugging the uterus with gauze soaked in adrenalin. This left the patient in a very exhausted condition, and I determined, directly her state would permit, to remove the uterus. This I did about a fortnight later.

I made an elliptical incision around the old scar, and opened the abdomen, expecting to find the uterus firmly attached to the parietes. Such, however, was not the case, the attachment of the uterus to the parietes entirely by means of adhesions some half-inch to an inch long, as you will see in the specimen. There were also a few adhesions to the omentum. The uterus was readily removed. On cutting it open an interstitial submucous fibroid was found occupying the fundus, and was, of course, the source of the hæmorrhage. The patient has now made a perfect recovery.

It is interesting to notice these adhesions, as in the operation in which I performed ventro-fixation I fastened the uterus with Chinese gut sutures which were passed through the peritoneum, fascia, and muscular tissues of the parietes, and I fully expected to find the uterus firmly adherent. In the condition in which it really was there would have been nothing to interfere with pregnancy should it have occurred, in fact, there was nothing more or less than an artificial peritoneal ligament, sufficient to prevent retroversion again occurring, but not sufficient to prevent the free mobility of the uterus, and certainly in a case of complete prolapse it would not have prevented a recurrence of the prolapse. I should be glad to hear if any other Fellow of the Society has had an opportunity of seeing the results of a similar operation performed by him. There are many cases recorded in which women have become pregnant after ventro-fixation, and gone the full period without any inconvenience being experienced; possibly the conditions were the same as in this case.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 12TH, 1903.

Dr. HEYWOOD SMITH, President, in the Chair.

THE PRESIDENT mentioned that the Council of the Society, anticipating the feelings of the Fellows generally, had already written a letter of condolence to Mrs. O'Callaghan upon the lamented death of her husband, Mr. Robert O'Callaghan, one of their earliest Fellows and a frequent and esteemed contributor to the proceedings of the Society.

Dr. H. MACNAUGHTON-JONES read notes of two instances of

CYSTS OF THE INGUINAL CANAL

connected with the round ligament, which will be found on page 186.

Mr. F. BOWREMAN JESSETT showed a "Dermoid Cyst of the Right Ovary with Adherent Appendix," also a "Fibroid Uterus," removed for persistent hæmorrhage after a previous ventro-fixation for retroversion and prolapse, the notes of which appear under the heading of "Clinical Records," on this page.

THE PRESIDENT said that when the ovary was the seat of much inflammatory mischief, even in the beginning of cystic disease, the menstrual flow was increased. Mr. Jessett mentioned that the dermoid tumour had been associated with amenorrhœa and dysmenorrhœa; it would be of interest if any other Fellow had found the flow to be diminished in dermoid cases also, or in any other special form of ovarian disease. Dr. Garrett Anderson would perhaps tell

them in regard to the extension of the adhesions after ventro-fixation, what Dr. Howard Kelly's attitude towards that operation was at present.

Dr. L. GARRETT ANDERSON said that while in Baltimore last year she had had the advantage of seeing a large number of cases treated by Dr. Howard Kelly. She could not remember any instance of abdominal section some time after a previous fixation, but Dr. Kelly often referred to cases in which he had had an opportunity of studying the condition of the uterus and its adhesions after ventro-fixation, and, in many, the adhesions, as remarked by the President, had stretched to a considerable extent. Dr. Kelly's practice now was to fix the uterus to the peritoneum only, and not to the whole thickness of the abdominal wall, and he had quite given up passing the sutures through the posterior surface of the uterus.

Dr. MACNAUGHTON-JONES referred to the case he had brought before the Society last April in which, more than two years after a ventro-fixation, he had had to open the abdomen a second time to remove an ovarian cyst as large as an orange, the patient, in the interval, having had a miscarriage, and also borne a healthy child at term after a difficult labour with a transverse presentation. Mr. Ryall had assisted him at the second operation, and they had found the attachment of the uterus to the abdominal wall about an inch and a half long and similar to those depicted by Howard Kelly. Hardly anyone would now perform ventro-fixation on a woman capable of child-bearing; suspension was a different matter, but the operation just referred to by Dr. Garrett Anderson and well known as Howard Kelly's, was not, in his (Dr. Macnaughton-Jones) opinion, theoretically as perfect as Olshausen's method of doubling the round ligaments and attaching them to the sub-peritoneal fascia.

Dr. F. A. PURCELL mentioned that he had at present in hospital a woman whose uterus he had fixed to the abdominal wall by passing sutures through the round ligaments on both sides. The uterus was suspended in good position, but she had developed a sinus or abscess which would not heal, and he had not been able to find and extract the ligatures.

Mr. JESSETT, in reply, thought the case he had described demonstrated that ventral suspension would be of very little use in prolapse of the uterus; that the prolapse had not recurred was due to the fact that the utero-sacral ligaments had been shortened at the time of the operation. Mr. Greig Smith had shown that firm union could not be obtained between two peritoneal surfaces, and to perform ventro-fixation properly it was indispensable to fix the uterus to the muscular tissue of the abdominal wall.

The PRESIDENT then delivered his Inaugural Address: Even in the seventies a want had been felt for a society whose main object should be the study of the diseases of women and their treatment, operative and otherwise. In 1884 this feeling became more acute, and it was recognised that the advancement of scientific knowledge would in such a society be best promoted if the exhibition of specimens and the reading of clinical cases were given precedence of more formal papers, and if a Journal were published which should be not merely a record of the proceedings of the society, but should represent the progress of gynecology throughout the world. After consulting many of the leading gynecologists of the day, he had at their request convened a meeting in December, 1884, at which Dr. Routh presided, and a large number of representative men were present. The British Gynecological Society was launched, Dr. Robert Barnes, happily still with them, accepted the position of Honorary President, and Sir J. Halliday Croom, their late President, was a member of the first council elected. In a comprehensive review of the proceedings, and of the original articles published in the *Journal*, the President pointed out that by far the larger part of the work done by the society, work that gave rise to important discussions, and by means of which gynecology

had been greatly advanced during the past eighteen years, had consisted in the exhibition of specimens, nearly all of which were brought from operations, recent or otherwise, very few being the result of necropsies. Of the 234 meetings held by the society, no less than 40 were entirely devoted to the exhibition of specimens and reading of clinical cases, and altogether 738 specimens had been shown, of which 243 were fibroids, many complicated by displacements, pregnancy, cancer, and cystic or other forms of degeneration. In the removal of fibroid tumours, up to the year 1894, clamps or the *serre-nœud* were almost invariably employed, but since that date the prevailing method had been sub-peritoneal hysterectomy, and he congratulated the society on the share they had taken in promoting the adoption of the improved method of treating the stump. Most of the ovarian specimens, of which they had had 140, were exhibited in the earlier years, and this was no doubt because ovariectomy had come to be regarded as an obligatory operation and not one of election; no ovarian tumour was now left to develop to an inconvenient or dangerous size, and probably only the rarer forms were now brought before the society; of these they had seen 26 dermoid and 19 malignant growths, and 14 instances of twisted pedicle. He desired to draw particular attention to the light the society had thrown on ectopic pregnancy by the reading of nine papers on that subject, the narration of ten cases, three original communications to the *Journal*, and 36 actual specimens shown, the removal of which had undoubtedly saved many lives. Sir Halliday Croom had lately impressed upon them that there was medical, as well as surgical, gynecology, and Dr. Cullingworth had, in his Bradshaw Lecture, in weighty words insisted that the fact that gynecology was becoming inevitably more surgical was all the more reason that medicine should still keep a hold upon it, to exercise a wholesome restraint upon its surgical enthusiasm, and to continue to inspire it with that reverence for accuracy of diagnosis which otherwise it might be apt to lose. The enormous mass of material laid before them was a proof of the vast importance of surgical methods in relieving the diseases of women, but in estimating that importance they must not forget that though in medical gynecology, so-called, there was doubtless much minor surgery, medical methods afforded no "chips from the work-shop" for exhibition. Their work had, he believed, taught them that it was not the most anomalous cases that shed most light upon any form of disease, and that each Fellow should bring forward any case that might show the advantage, or otherwise, of any special treatment. It would, he thought, be profitable occasionally to devote evenings to the discussion more particularly of medical treatment, and to encourage Fellows in private practice to bring forward cases presenting difficulties in differential diagnosis. There were still vast fields of research open to diligent investigation: he might instance the physiology of menstruation and the etiology of cancer, and as subjects demanding the attention of the society he indicated the early diagnosis of tubal pregnancy with a view to the prophylaxis of rupture, the question of removing the cervix only in cervical cancer, the relative advantages of sub-peritoneal and total hysterectomy, and whether, with the uterus, one should remove one ovary, or both, or neither. The lack of any criterion for the efficiency of nurses, especially in gynecological work, had long been felt by the profession, and a committee appointed by the council having gone thoroughly into the matter and conferred with delegates from the Matron's Council, it had been decided to institute examinations and grant certificates in monthly and gynecological nursing; but no woman will be eligible for the society's examination unless she has had three years' training in hospital work. A Board of Examiners, of which the President of the society is *ex officio* a member, had been appointed, and examinations would be held once a quarter. By employing such certificated

nurses, medical practitioners will have a guarantee of the assistance of women well qualified for their work, of good character, and amenable to the rules of professional ethics.

Dr. C. H. F. ROUTH said that looking at the amount of useful work the society had been able to do, and the advantage it had been to all who had joined it, it was hard to realise the contempt that was formerly shown to gynæcology, and those who practised it, by other members of the medical profession. He could well remember the time when an eminent man spoke of gynæcologists at a well-known medical society as persons to be avoided, and exhibited a sound as an instrument fit "to frighten a corpse." He even spoke of an ovariectomy performed at the Samaritan Hospital by Mr., afterwards Sir, Spencer Wells, as "a horrible sight." But gynæcology had won its way to the infinite advantage of womenkind and their offspring. There had been great improvement in nursing; he could remember that formerly a patient, so far from having a bath when admitted to a hospital, was not even washed before operation, which was performed, as a rule, in the patient's bed. There was, however, room for further improvement, and he thought that the inauguration of examinations and granting certificates would assist in bringing it about, and be of great advantage. He proposed that the thanks of the society be given to the President for his able address.

Mr. BOWREMAN JESSETT seconded the motion. The interesting epitome the President had given them of the work of the society during the eighteen years of its existence must have entailed an immense amount of arduous work, for which the Fellows were very grateful; they were to be congratulated upon having Dr. Heywood Smith in the chair; and he had no doubt that his year of office would be a very prosperous one for the society.

Dr. MACNAUGHTON-JONES said that the President had, with characteristic modesty, omitted any mention of his own influence upon the development of hysterectomy, but it was well known, not only in the society, but on the Continent and in America, that Dr. Heywood Smith had been the very first in the United Kingdom to advocate the sub-peritoneal treatment of the stump in the removal of the uterus. Not only had Dr. Heywood Smith been a prime mover in the foundation of the society, but there had not been any discussion at any of its meetings, of importance, in which he had not taken part. His sincere personal regard made it a great pleasure to him to support the motion. Dr. Heywood Smith's year of office would, he was sure, be a source of pride to the society.

The motion was then put by the last speaker, and carried with acclamation.

SOCIETY OF ANÆSTHETISTS.

MEETING HELD FEBRUARY 6TH, 1903.

Mr. WALTER TYRRELL, L.R.C.P.Lond., M.R.C.S.Eng., in the Chair.

Mr. TYRRELL, referring to the case of death following an administration of nitrous oxide gas, a newspaper report of which he read at the last meeting of the society, said that on investigation he had found it to be a death not from the gas but from acute ammonia poisoning, strong ammonia having been held to the nostrils of the patient for about ten minutes after the administration by the dentist who had administered the gas, as the patient did not seem to be recovering in the usual way. The case was removed to hospital, and died some eighteen hours after the administration.

Dr. J. BLUMFELD read a paper on "The Relation of Anæsthetics to Shock," which will be found on page 185.

In the course of the discussion which followed, Mr. CURTIS said that if the perforation were doubtful and an exploratory operation were undertaken, he preferred local analgesia; but if the perforation were undoubted, then a general anæsthetic was much to be

preferred, and he merely suggested local anæsthesia as a compromise in those cases where it was thought that a patient ought to have the benefit of the doubt of an exploratory operation, but where the intrinsic risk of a general anæsthetic had to be avoided. In his opinion the question depended upon the patient himself; if very nervous, then a general anæsthetic was to be preferred; but some patients whom one might expect to prove troublesome often proved very satisfactory. He had seen Cæsarian section done under local anæsthesia with no pain or trouble except when the vessels were caught in the clip forceps.

Mrs. DICKENSON BERRY and Miss ALDRICH BLAIKE said that they had seen many operations for goitre performed under local anæsthesia without any symptom of shock.

Mr. CROUCH said that he was absolutely of opinion that shock was far more likely to supervene under light than under deep anæsthesia, that his practice was to push the anæsthetic to its fullest extent, and he taught that fall of blood-pressure from chloroform was much less dangerous than fall of blood-pressure from shock.

Dr. LOW said that he constantly observed that when the fear of the operation, which causes symptoms of shock, was removed by the administration of an anæsthetic, the patient's condition markedly improved, and the symptoms of shock disappeared; this was especially the case under ether.

Mr. TYRRELL said that after an experience of twenty-five years he felt that there were cases in which shock was produced under light anæsthesia and also cases in which the shock was more marked under profound anæsthesia, the fact being that they all had to use their judgment and treat each case on its own merits, and that there never could be any hard and fast method of administration which would suit all cases. Mr. Tyrrell cited cases illustrating this view, which had recently occurred in his own practice.

Drs. Collingwood, Bakewell, Norton, and Probyn-Williams also spoke.

Dr. MAUGHAN then reported a case of death following the administration of nitrous oxide. This was a young woman who was suffering from tonsillitis, but in whom the constitutional symptoms were marked and the pulse-rate out of all proportion to the physical signs. Dr. Maughan administered nitrous oxide as the patient would not allow him to incise the tonsil without an anæsthetic. The patient was placed in an easy chair in her nightdress, with a prop between the teeth. Anæsthesia was quickly induced to the stage of loss of light reflex, two breaths of air having been given with the gas. At this point the face-piece was removed, but precisely at this moment the patient was observed to have stopped breathing. She was immediately placed on the floor with the forceps upon the tongue, Howard's method of artificial respiration was tried for about fifteen seconds, ammonia being held to the nose meanwhile, but no air entered. No further time was lost, and Dr. Maughan promptly performed laryngo-tracheotomy, when a full deep inspiration was taken, the lips and cheeks quickly returning to their normal colour. The corneal and conjunctival reflexes were, however, absent and never returned. The radial pulse was small, quick, and barely perceptible, the respirations about twelve per minute, and so continued for twenty minutes, when the intervals began to enlarge and the inspirations to shallow. The breathing became more and more irregular during the next ten minutes, when the patient died, the pulse during the last ten minutes of life becoming imperceptible at the wrist, although heart sounds could be heard up to the last moment. The post-mortem examination revealed nothing beyond extensive angina Ludovici, and some oedema of the glottis. The mitral orifice of the heart was rather smaller than normal, but there was no evidence of structural damage either recent or remote. Dr. Maughan was at a loss to explain the cause of death, since the tracheotomy prolonged life for nineteen minutes. He therefore asked

for the opinion of the society. He regretted that he had not used a local or a very light chloroform anæsthesia, but he thought that in a rapidly progressive disease of this kind affecting the respiratory organs no anæsthetic could be deemed harmless.

Dr. PROBYN-WILLIAMS agreed that in cases of this nature gas was certainly not harmless; but in this case he could not see that the death was due to the gas, since the patient lived for nineteen minutes after the administration was stopped and the air was rendered clear by the operation of tracheotomy.

Dr. Low related a similar case in which he had been called upon to give chloroform. He was using the lightest possible degree of anæsthesia, but the patient got so bad that he stopped the administration, and the patient recovered sufficiently to be able to answer questions, only to die a few moments later. He pointed out that if this patient had not spoken the death would have been attributed to the chloroform.

The PRESIDENT agreed that the case could not be attributed solely to the anæsthetic, and there was no doubt that these acute cases of septic throat died very suddenly. He could not see what more Dr. Maughan could have done for the patient. He thought that probably the true explanation was that the patient died of heart failure due primarily to the septic infection, but hastened by the anæsthetic, the strain thrown upon the heart from the right-sided engorgement being just too much for it to cope with in its condition of septic poisoning, although such strain would have no effect on the same heart in a condition of health. The best thanks of the society were due to Dr. Maughan for bringing this very instructive case before them.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

The President, DR. URBAN PRITCHARD, in the Chair.

At a meeting held on Monday, February 2nd, a discussion took place on
TUBERCULOSIS OF THE EAR, THE NOSE, AND THE NASOPHARYNX.

Papers opening the discussion were read by Dr. Wyatt Wingrave, Dr. Jobson Horne, and Dr. William Milligan.

Dr. WYATT WINGRAVE read a report upon "The Microscopical Examination of the Discharge in One Hundred Cases of Middle Ear Suppuration, with an Analysis of the Results, having Special Reference to the Presence of Tubercle and 'Acid-fast' Bacilli." He arrived at the following conclusions:—That acid and alcohol-fast bacilli are demonstrable in a large proportion of chronic purulent ear discharges. That in seventeen cases they were presumably tubercle bacilli, in so far that they conformed to the recognised morphological and staining characters, and were for the most part associated with reliable clinical evidence of tuberculosis. That in seven (pseudo-tubercle bacilli) cases, while conforming in a greater or less degree to the staining requirements, they were morphologically unlike tubercle bacilli, yet five of them had either a family or personal history of phthisis. That success in their demonstration in a great measure depends upon the methods of collecting and staining, together with perseverance in search. That in the peculiar selective action of the squames—a property specially attributed to certain bacilli—we have a possible source of error in diagnosis, and an explanation of the peculiar affinity of other bacilli for fuchsin.

Dr. JOBSON HORNE read a paper on "The Clinical Diagnosis and Surgical Treatment of Tuberculosis of the Temporal Bone, considered with reference to the Pathology and Morbid Anatomy of the Disease." The paper, so far as it related to the clinical diagnosis, after taking into account the characteristic features of tuberculosis of the ear, dealt mainly with two points: (1) The value to be attached to circumstantial evidence in the absence of positive proof of the nature of the disease,

and (2) the necessity for discriminating between primary and secondary infection of the ear. The surgical measures, and the limitations to be put upon such measures, were to be decided by ascertaining this second point. Caution was expressed against regarding suppurative disease of the middle ear, occurring in a tuberculous subject, as necessarily tuberculous in nature. It was held that the detection of the *Bacillus tuberculosis* was the only proof positive of the disease being tuberculosis. The existence of a group of "acid-fast" bacilli, other than the *Bacillus tuberculosis* did not invalidate the microscopic diagnosis of the disease, provided the ordinary requirements of bacterioscopic technique were complied with. Negative evidence was of no value; failure to detect the *Bacillus tuberculosis* did not prove the disease to be non-tuberculous. The difficulty in detecting the bacillus in the discharge was discussed. A theory was advanced which would at once explain both this difficulty and a well-known clinical feature of the disease—absence of pain—and also the correlation of these two clinical phenomena. The theory was based upon the facts, demonstrated by Drs. Bullock and Macleod, that the "acid-fast" property was due to a wax-like body in the bacillus and not to a fat, and that the wax when broken up set free an alcohol, which was an essential factor in the staining property. It was suggested that the decomposition of the wax was accountable for the difficulty in detecting the bacilli, and the resulting product possessed anæsthetic property. The differential diagnosis between the primary and secondary infection could be made partly by the exclusion of tuberculosis existing in other organs, but more particularly by the condition of the gland adjacent to the affected end; in the primary infection the glands were more often and more extensively involved. As regards treatment, the surgical ablation of disease secondary to pulmonary disease was to be avoided, but in the primary form it was to be undertaken by removing in the first instance the infected gland; the possibility of the occurrence of a blood infection, and of death from miliary tuberculosis, was to be kept in view.

Dr. W. MILLIGAN read a paper on the "Diagnosis and Treatment of Tuberculous Disease of the Middle Ear and its Accessory Cavities." The conclusions he arrived at were as follows:—(1) That in all cases of middle-ear disease of suspected tuberculous origin search should be made for tubercle bacilli, either in the discharge, in tufts of exuberant granulation tissue, or in enlarged periotic glands. (2) That inoculation experiments (either subcutaneous or intra-peritoneal) afford a ready and reliable means of proving or excluding the tuberculous nature of the disease. (3) That a final and exact diagnosis is imperative, both from the point of view of prognosis and of treatment. (4) That tuberculous disease of the middle ear and accessory cavities is a frequent disease among infants and young children. (5) That the disease is most frequently found as secondary to tuberculous processes in other regions of the body. (6) That primary tuberculous disease of the middle ear is probably of more frequent occurrence than is usually supposed. (7) That the prognosis is always grave, but that in a certain proportion of cases suitably planned surgical intervention will eradicate the disease. (8) That in many cases it is advisable to conduct the operative treatment "in stages." (9) That when less than 10 per cent. of hearing power remains no attempt should be made to preserve the organ as an organ of special sense. (10) That when more than 10 per cent. of hearing power remains in a patient, in otherwise approved health, a definite attempt should be made to preserve what amount of hearing power still exists. (11) That where the tuberculous origin of the disease has been scientifically demonstrated the case should be regarded as infectious, and precautions taken accordingly.

The PRESIDENT remarked that the theory put forward by Dr. Jobson Horne did not quite get rid of the chief cause of the pain, namely, pressure on nerve endings.

In tuberculous cases there was not very acute inflammation, not very great pressure, and therefore absence of acute pain. In selecting cases for operation he thought the important point was not the amount of local damage, but the general condition of the patient.

Mr. C. A. BALLANCE thought tuberculosis of the temporal bone region should be treated and thought of, both pathologically and surgically, exactly as tuberculosis of any other bone was. He agreed that where the lesion was extensive the operation should be done by stages. He believed that in a considerable number of cases the temporal bone was the seat of the primary disease, and it was in these cases, if the primary focus were entirely ablated, the surgeon was very likely to be able to deal with the secondary focus. He referred to two remarkable cases in which tuberculous disease of the temporal bone was successfully treated by him, in both of which cases surgeons had removed in previous years glands from the neck which were tuberculous, but the disease in the temporal bone had been left. Mr. Ballance felt sure it was the primary source of the disease which it was the surgeon's duty to attack at the earliest possible moment, and that it should be removed completely without regard to the facial nerve.

Mr. A. E. CUMBERBATCH considered it should not be a question of operating upon them simply because they were tuberculous. The question was whether it was possible to remove the disease. If so, it should be done.

Dr. H. I. WHITEHEAD referred to a series of records of fatal cases of ear disease occurring in the clinique to which he was attached. Of the last 100 cases there were only twelve which were distinctly tuberculous, and of these all but three were under two years of age. Of the three over that age all had advanced tuberculous mischief elsewhere, chiefly in the lungs. Of the nine cases under two years of age, in only one was there another focus of infection, *i.e.*, in eight of the cases the disease was apparently primary in the temporal bone. Two of the eight died, apparently from military tubercles of the meninges only. Of the others, six, or 50 per cent. died of general military tuberculosis.

Dr. HUGH JONES said it was worthy of consideration whether bovine tuberculosis might not be responsible for the primary mastoid affections. It has recently been suggested that it was accountable for primary bone and joint affections. It should make one alive to the question of the milk supply.

Mr. A. CHEATLE remarked that many times in young children with profuse discharge from the ear, which was suspected to be tuberculous, the smell had been characteristic. He agreed with the President that painlessness of tubercle in the middle ear was due to the fact that there was no tension, and that there was not much inflammation, and therefore little pressure in the nerve endings; that was quite sufficient to explain the comparative absence of pain.

The discussion will be resumed on March 2nd, at 4.30 p.m.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD FEBRUARY 20TH, 1903.

DR. EDMUND CAUTLEY in the Chair.

Mr. H. J. CURTIS showed a specimen of "congenital periosteal sarcoma" which apparently sprang from the acromion process of the left scapula of a boy, from whom it had been successfully removed at the age of 5½ months. At birth it was the size of a small hen's egg. It was a mixed spindle- and round-celled growth.

Dr. G. A. SUTHERLAND showed a child, *æt.* 5, with marked "ataxy," which had been present from the time he commenced to walk. He considered that possibly the condition might be due to a congenital cerebellar lesion. The superficial and deep reflexes were normal. There were no changes in the fundus oculi or paralysis of the ocular muscles.

Dr. FLETCHER BEACH considered that since the labour had been a difficult one, the possibility of a cerebellar hæmorrhage could not be excluded.

Dr. JAMES TAYLOR, although he agreed in some respects with Dr. Beach, nevertheless considered it possible that cases similar to those described by Marie, which manifested themselves later on in life, might occasionally occur in children at this early age.

Dr. SUTHERLAND replied.

Dr. JAMES TAYLOR showed a case of well-marked "achondroplasia" in a child, *æt.* 8. She was the seventh child, the others being healthy. She presented a characteristic deformity of the head, the humeri and femora were remarkably short, and trident-like hands were present. Her intelligence was not defective. As is frequently the case, her weight was excessive for her size.

Dr. EDMUND CAUTLEY thought the condition should be kept distinct from foetal rickets, and remarked that it had been suggested the condition might be due to osteo-myelitis.

Dr. TAYLOR, in reply, referred to a similar disease in some animals.

Dr. A. MORRISON showed a case of "Raynaud's disease" in a boy, *æt.* 8, which first manifested itself at the age of 4½ years. He did not suffer from hæmoglobinuria, and there was no evidence of congenital syphilis. Some of the attacks, as in the present case, were attended by the presence of blood-filled bullæ. Examinations of the patient's blood showed nothing abnormal.

Dr. BEACH mentioned a case in which a successful result had been obtained by the use of Esmarch's bandage.

Mr. GEORGE PERNET called attention to the fact that scleroderma and sclerodactylia might follow Raynaud's disease.

Dr. THEODORE FISHER mentioned a case in which a condition similar to that of Raynaud's disease appeared in one hand as a sequence to a blow. He thought a strong peripheral stimulus might induce central nervous disturbance.

Dr. LEONARD GUTHRIE thought the child syphilitic. He was also of opinion that paroxysmal hæmoglobinuria and Raynaud's disease were syphilitic manifestations.

Dr. TAYLOR could not accept Dr. Guthrie's dictum that hæmoglobinuria and Raynaud's disease were necessarily syphilitic.

Dr. CAUTLEY agreed with Dr. Taylor, but referred to a case of symmetrical gangrene which quickly responded to anti-syphilitic treatment.

Dr. MORRISON replied.

Dr. LEONARD GUTHRIE showed a slightly rickety infant, *æt.* 2, whose ligaments were unduly lax and whose muscular system was wanting in tone. He could not make up his mind whether it was in the nature of rickets or of a congenital defect or want of development.

Dr. SUTHERLAND considered it a case of rickets in which the stress had fallen upon the ligaments and muscles rather than any special congenital defect.

Dr. CAUTLEY suggested that the condition was one of mal-development rather than rickets.

Dr. GEORGE CARPENTER read a paper on four cases of

HEART DISEASE,

two of which clinically could have been mistaken for mitral valvular disease. In one a presystolic murmur was present, suggesting mitral stenosis. In three of these cases after death the valves and pericardium proved healthy, but the hearts were hypertrophied and dilated, and disease of the myocardium was present. In the fourth case, one of heart failure following diphtheria, in which a mitral murmur was present associated with a pulsating liver, complete and rapid recovery took place with disappearance of the murmur.

Dr. A. E. SANSOM commented upon Dr. Carpenter's cases. He thought the subject of myocarditis required further investigation, and that clinically at present it is almost impossible to diagnose such affections of the heart muscle, seeing that not only mitral systolic

bruits but presystolic murmurs also were present in such cases.

Dr. FISHER expressed his interest in Dr. Carpenter's observations, and referred to his own pathological experience of complicated myocarditis. He also commented upon the presence of presystolic murmurs in cases in which there was neither mitral stenosis nor aortic valvular disease. Dr. CARPENTER replied.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, FEBRUARY 12TH, 1903.

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

Mr. EDGAR STEVENSON showed a case of "Congenital Glaucoma in a Child, *æt.* 5," and described in detail the etiology and pathology of the condition. The patient presented all the typical appearances, the eyes being uniformly enlarged, with the cornea 18 mm. in horizontal diameter. The optic discs were cupped and atrophic, and the visual fields much contracted. Out of 65,000 patients seen in recent years at the Eye and Ear Infirmary, the disease had appeared four times.

Dr. Grossmann and Mr. E. G. Lee commented upon the case.

Dr. J. E. McDougall showed a case of "Adherent Soft Palate," which had been successfully treated by a new method. A thin plate of metal was attached to the patient's artificial tooth-plate, and to the extremity thereof a tube was soldered. The tube was passed through an opening in the soft palate made to admit its passage. Healing had taken place, and the edges had become covered with epithelium. The patient removed and replaced the arrangement as readily as she did the ordinary tooth-plate before any addition was made to it. When no tooth-plate was worn, a carrier for the tube could be fixed to the teeth. The apparatus gave no trouble, and the result was most satisfactory. Nose-breathing was carried on comfortably, the sense of smell had returned, and that of taste had regained its full value.

Dr. Philip Nelson spoke.

Mr. HAWKINS-AMBLER read a note on "Chorio-epithelioma Malignum." He thought Marchand's work had proved the origin of the growth from the whole of the epithelial covering of the chorionic villi. Mr. Hawkins-Ambler gave in detail the history of a woman, *æt.* 39, the mother of twelve children, who had suffered from the disease. The last of three abortions occurred in May, 1900, and was accompanied by severe hæmorrhage. The uterus was curetted and packed. Six weeks later she had furious bleeding, the uterus was again packed, and subsequently thoroughly scraped with a sharp spoon. The uterus was smooth, and measured 3 ins. On June 17th, 1902, a uterine swelling was present extending to within 1½ ins. of the umbilicus. There was a steady chocolate-coloured discharge, and the patient was anæmic and breathless. No radical treatment was possible. No regular post-mortem was obtained and no metastatic growths were found. The case was interesting owing to the long interval since the last pregnancy, and the thorough curettage then done. Packing with gauze and adrenalin solution had been less effective than with gauze soaked in hamamelis extract.

Mr. F. T. PAUL read a short paper on "Colotomy and Colectomy." He considered the former operation was becoming more popular, chiefly owing to the better artificial anus now generally obtained. In regard to the latter he still strongly advocated bringing the ends of the bowel out, with subsequent restoration of continuity, in preference to end to end union. The latter was more satisfactory to the surgeon when his patient recovered, but the risk was much greater. Patients illustrating the results of the operations were shown, and also the plug and belt used by Mr. Paul for colotomy cases.

The President, Sir Wm. Banks, Drs. Alexander Briggs, and Heatherley, and Mr. Monsarrat spoke, and Mr. PAUL replied.

CORK MEDICAL AND SURGICAL SOCIETY.
MEETING HELD ON WEDNESDAY EVENING, FEBRUARY 11TH.

Dr. P. T. O'SULLIVAN, President, in the Chair.

Dr. W. ASHLEY CUMMINS showed a young woman, *æt.* 21, suffering from "congenital spastic paraplegia." The patient did not look more than about fourteen years of age. The paraplegia was not complete, the patient being able to walk a little with assistance, or by holding a chair or table. The knee-jerk was excessive, and there was marked adductor spasm, the inner sides of the knees rubbing against each other in walking. There were no sensory symptoms or bladder trouble. The upper extremities were very small, but were otherwise unaffected. The mental development was fair.

Dr. T. GELSTON ATKINS showed a man, *æt.* 27, on whom he had performed "nephrectomy" for hydronephrosis due to stricture of the ureter, probably congenital. The symptoms were unilateral lumbar pain followed by hæmaturia. The urine contained a small quantity of albumen, but no pus. By the use of Harris' urine segregator it was easy to determine the affected kidney. The symptoms pointed to stone. The patient made a good recovery. The kidney was shown, and the pelvis was greatly enlarged. Dr. Atkins also read notes of a case of "nephrectomy for cystic disease of the kidney" on a woman, *æt.* 43, who suffered from lumbar pain, dysuria, and hæmaturia. The cystoscope showed cloudy urine flowing from the right ureter, which had everted and swollen edges, while the urine flowing from the left ureter was clear. The affected kidney showed an immense number of small cysts, and was much enlarged. The patient made a good recovery.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 21st, 1903.

At the meeting of the Medical Society on the 14th inst. Hr. v. Hausemann gave an address on

FOOD TUBERCULOSIS.

At the opening of his address he drew attention to Virchow's doubts as to the identity of bovine and human tuberculosis. The subject had more especially come to the front since Koch's address at the London Congress on Tuberculosis, and since that time experiments of all kinds had been made. At the last Congress in Berlin, in a discussion, Koch had thought it proper to separate the transmissibility of the disease from the cow to the human subject and the reverse transmissibility, that from man to cattle. But, as a matter of fact, a number of well-known and impartial investigators had succeeded in transmitting human tuberculosis to animals. Both diseases must therefore be identical, otherwise one would be compelled to assume that the human being from whom the virus was taken was already suffering from bovine tuberculosis.

The speaker could not recognise the justifiability of Koch's requirement that every other mode of infection must be excluded, and he also denied the correctness of the comparison between tuberculosis on the one hand and typhoid or flesh poisoning on the other.

He pointed out that if a number of people were exposed to infection from one of the latter poisons the majority of them took the disease, whilst food tuberculosis was rare, although the opportunity to acquire the disease was frequent. In the former case the disease was acute, but in the latter chronic. The speaker understood by the term food tuberculosis that form of tuberculosis in which, from the condition met with, the infection had started

exclusively from the digestive tract. In seven years he had collected twenty-five such cases, and had divided them into the following groups :

(a) Exclusive intestinal tuberculosis, no tubercle having been present anywhere else. These cases (four in number) were people who had died from other diseases, and the discovery was mostly accidental. These pure intestinal tuberculosis either healed up and left more or less considerable visible cicatrices, or they attacked the mesenteric glands or the peritoneum rapidly.

(b) The tuberculosis had attacked the mesenteric glands or the peritoneum, the other parts of the body being free.

(c) Tubercle was present in other organs, but in such only as could not offer portals of entry, for example the pleura with intact lungs, the pericardium, the meninges, &c.

(d) Other organs were affected, but here the tuberculosis was fresh, whilst in the intestine there were old ulcers.

All these cases showed that pulmonary phthisis never arose from food tuberculosis, a fact that had been confirmed by observations of other authors.

The speaker then turned to the question whether tubercle bacilli could pass through intact mucous membrane. He believed this was not possible. It was not necessary that there should be any tuberculous changes at the spot, but there must have previously been at least some slight lesion or erosion or the like.

As concerned the individual parts of the neck, tuberculous affections of the mouth and tonsils were not so rare, tuberculosis of the œsophagus rare and primary tuberculosis of it had scarcely ever been observed. The same with the stomach. That primary intestinal tuberculosis occurred with comparative rarity was due partly to the fact that not all were disposed to it. He had ascertained that of forty children under 10, with cavities opening into the bronchi, and who were too young to expectorate thoroughly, and who must therefore have swallowed the tubercle bacilli, only sixteen of them had intestinal tuberculosis. For tuberculosis to arise, the disposition thereto was also indispensable. Out of 250 people who during seven years had been engaged with himself in autopsies, only four had acquired skin tuberculosis from the pursuit, although all had been equally exposed to the danger of it. In conclusion, the speaker summed up that food tuberculosis was a rare disease ; it might heal up, or progress, but it never led to tuberculosis of the lungs.

Hr. M. Wolff showed guinea-pigs that he had infected by feeding partly with human sputum, partly with *Perlsucht* material. In some, after killing, there was no disease of intestines, although there was tubercle of the spleen, liver, kidneys, and lymph glands, in others follicular swellings or tuberculosis of intestines. He was of opinion that in making sections the intestine was not examined carefully enough, or tubercle or vestiges of it would be found more frequently. Otherwise, one would have to assume that bacilli could really penetrate intact mucous membrane without leaving a trace behind.

Hr. B. Fraenkel had even, in pre-bacillary research times doubted the identity of *Perlsucht* and human tuberculosis. Otherwise, even primary tuberculosis of intestines would often be met with in children at the breast. That "feeding" tuberculosis took place was certain, but it was questionable whether it could be set up from cattle in the human subject. Tuberculosis of the intestinal tract was not always "feeding" tuberculosis ; there were other ways of infection.

Hr. A. Bajinsky said that primary tuberculosis of the mesenteric glands being as rare as primary intestinal tuberculosis in children, the assumption of recovery from intestinal tuberculosis in childhood also fell to the ground.

Hr. Schütz had fed four calves for 230 days with

100 grms. of human sputum daily and two calves for 200 days with virulent tubercle cultures, and the six continued healthy. To other calves he gave two litres of milk from cows with tuberculous udders and these became infected partly in the intestines, partly in the mesenteric glands. Guinea-pigs were useless for experiment as they reacted equally to both poisons.

In his opinion there was a distinction between the excitator of the two diseases—human and bovine.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 21st, 1903.

MEDIASTINAL DERMOID TUMOUR.

At the Gesellschaft der Innere Medizin Türk showed a man, æt. 57, who had fallen ill two weeks before admission to hospital with severe shivering, followed by running at the nose and cough, but no pain in the chest. On October 20th the case was diagnosed to be one of pleuritic effusion on the left side, and was admitted to the second clinic as such, although no objective symptom bore out the diagnosis. After prolonged and repeated examination the extent and appearance, with the slight subjective disturbances and no continuance of fever, led finally to some doubt. The history was gone into afresh, and the diagnosis again conjectured to be thickened pleura, with adhesions. In view of the persistence of the supposed effusion other conjectures were hazarded, such as interlobular exudation or possibly some complication of the mediastinal folds of the pleura with obliteration of the thoracic portion of the left side. It was also thought possible that it might be a tumour, but if so not of a malignant nature, no cachexia or other indication of exhaustion being present. The Röntgen rays revealed nothing beyond the clinical observations noted.

On November 10th it was decided to explore the region with a needle, but after six insertions in different spots only a few drops of a thick white fluid could be obtained. Under the microscope this appeared to consist mainly of large epithelial cells without nuclei, resembling the corneal cell of the epidermis but containing cholesterol crystals. The patient refused any further exploration and left the hospital, but returned again on December 16th after two days' fever and feeling generally unwell. Again he submitted to exploration, and again the squamous cells and cholesterol crystals, with a few fatty and epithelial cells, were met with. There were no leucocytes or erythrocytes, which proved that the original diagnosis was in error. It was now surmised that the thoracic dulness was due to a neoplasm composed of epithelial cells and cholesterol, and that no exudation or empyema was present. Again, it was clear that no cyst such as echinococcus existed, while the absence of leucocytes and the presence of these suspicious keratin cells, which retained the iodine colouring matter in Gram's test, were confirmatory of a morbid growth in the mediastinum.

Therapeutical measures in such a case would necessarily be limited to a surgical operation. If no operation were undertaken the history of such cases pointed to the probability of ultimate rupture of the lung or pericardium and death. The operations which have been performed have resulted favourably, and where no cysts exist the whole mass can be easily removed, allowing the surrounding tissues to contract, but not always without leaving a fistula, which must be guarded against.

ACUTE GRAVES' DISEASE WITH CHOREA.

Rudinyer showed a woman, æt. 25, whom he had under his care since the middle of November, 1902, with a large swelling in the neck, which had formed within fourteen days. After treating with iodine ointment the

tumour receded, and by the end of December the patient felt comparatively well, although much emaciated. On the last day of December, however, she became suddenly ill, and this continued to January 2nd. Her disposition, which had been happy and agreeable previously, became morose, sullen, and irritable, with a vacant expression of the physiognomy, protrusion of the eyes, and severe palpitation. There was also vomiting and disinclination to take food, although the bowels became more regular than they hitherto had been, while perspiration was very free. The patient had all the symptoms of a pulsating exophthalmic goitre. Graefe and Möbius symptoms, tachycardia (120 to 140), with a fine and constant tremor of the muscles. The skin was moist and the temperature ranged about normal.

The etiology of the disease is obscure, as the choreic addition may be due to an infective or toxic element of the morbid condition. At first it was presumed that the case was one of simple struma, but the consistence and situation were against the theory, while the symptoms of Graves' disease were against exploration.

The rapidity of the pulse and the reluctance to take food made the prognosis bad. Two grammes of bromide in 400 grammes of salt solution was given twice a day *per rectum*.

The Operating Theatres.

CANCER HOSPITAL.

VENTRO-FIXATION OF THE SIGMOID FOR PROCIDENTIA AFTER EXCISION OF RECTUM.—Mr. CHARLES RYALL operated on a woman, *æt.* 43, who had been admitted suffering from distressing procidentia from a sub-sacral anus. Four years ago he had performed excision for cancer. This was done by dorsal and median incision, when the coccyx and lower two pieces of the sacrum were removed, together with a large portion of the rectum, including the anus. In this case the posterior vaginal wall was also partly removed owing to its implication in the growth. The upper part of the rectum was freed by tying and severing its mesentery, and was brought down and made to complete the posterior wall of the vagina; the end of the bowel was also fixed beneath the sacrum to form a new anus. The patient made an excellent recovery, and was discharged wearing an anal plug. Two years afterwards she was re-admitted for procidentia, which no anal plug seemed capable of relieving, so operative measures were resorted to, and in this instance three or four inches of bowel (that is, the prolapsed portion) were excised; this gave the patient temporary relief, and she was discharged from hospital still wearing an anal plug, but in the course of time, and owing to the absence of any sphincteric support, prolapse and procidentia gradually recurred, and the patient was most anxious that something more should be done to relieve her of this trouble. Further excision was deemed inadvisable, as the last operation had failed to give the necessary relief. The extent of the procidentia now was from two to three inches in length, so Mr. Ryall suggested opening the abdomen and reducing the prolapse by traction from within. This was done through an incision in the left iliac region. The sigmoid was grasped and traction was made upon its lower portion until the trouble was reduced and the gut was fairly taut, then by means of a couple of silk worm-gut sutures passed through the middle of the longitudinal muscular band the sigmoid was attached to the musculo-aponeurotic layer of the abdominal wall; the abdominal incision was closed. Mr. Ryall said that as far as the radical operation for carcinoma was concerned this was a very encouraging case, as the disease showed no evidence of recurrence four years after operation, and although the original method adopted to eradicate the disease was

a somewhat formidable one, yet the end had justified the means. Procidentia, he remarked, frequently occurs in these cases where the sphincter line has been sacrificed, and the new anus placed beneath the sacrum, and he was now quite of opinion that further excision only gives temporary relief to this condition; he therefore thought the method he had now adopted of ventro-fixation of the sigmoid might have the desired effect, as it was found that after opening the abdomen and pulling up the sigmoid the procidentia was relieved. He pointed out that when he fixed the sigmoid in position he took care that the tension should not be so great as to cause possible obstruction. It is satisfactory to state that the patient made an uninterrupted recovery, and was greatly relieved. She left the hospital three weeks after operation, and though there was still some prolapse of mucous membrane there was no recurrence of the extensive procidentia.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 25, 1903.

THE HOUSING PROBLEM.

THE proper housing of the poor is a question that not only affects profoundly the welfare of a class, but in addition strikes deep down into the foundations of the national prosperity. In its fulfilment lies no small part of the general advance of the community towards the millennium of health and morals. From a sanitary point of view it closely concerns medical men in all parts of the United Kingdom. As a matter of fact the evils of bad housing are hardly less manifest in towns than in the country. For years past the attention of the British Medical Association has been called to that important proposition, which, indeed, so far as we know, has never been seriously disputed. In short, it may be stated that the question of the housing of the working classes is no less urgent than universal. Under such circumstances it was no small disappointment to find that in the recent

King's speech the present Government, relieved of the exacting pressure of a great war, made no proposal to discuss the housing problem during the forthcoming Session of Parliament. The second day of debate upon the King's speech, however, brought an amendment to the effect "that the greatest hardships were inflicted upon many of the working class by reason of the lack of proper housing accommodation, and that immediate Parliamentary attention to this evil was one of the most pressing of the necessities of domestic policy." Although the amendment was lost, it nevertheless drew from the Government a promise on the part of Mr. Walter Long, President of the Local Government Board, to introduce a Bill during the present Session to make certain "small amendments" which he considered possible and desirable. The main points thus conceded appeared to be the extension of time for repayment of loans by local authorities, the submitting to arbitration by a jury the price paid by a local authority for land or buildings instead of by private arbitrators, and increased facilities for acquiring possession of condemned property. Mr. Long's concessions are admittedly small, in spite of the fact that they are intended to remedy a great evil. We are inclined to agree with the contention of Dr. Macnamara, the proposer of the amendment, that although some good would be effected by extension of time for repayment of specific loans or by increasing powers of compulsory rehousing, yet after all those things merely touched the fringe of the question. The real obstacle in the way of the proper housing of the working classes in the great city undoubtedly lies in the enormous cost of land. That being the case the remedy must be found in measures that deal with the land problem. In the country we are inclined to think much of the evil of bad housing of the poor rests at the door of careless and incompetent administration by rural sanitary authorities. Mr. Long said much in support of the Local Government Board's past action with regard to the rehousing question. For many years past medical officers of health all over the Kingdom have told a different tale. The attempt to close insanitary areas and to build artisan dwellings has resulted in heartbreaking disappointment and failure, owing to the dilatory and obstructive methods of the Board. Be that as it may, the fact that his Majesty's Government has been forced into a promise of legislation upon a subject not mentioned in the King's speech affords a significant hint of the general feeling of the House of Commons. Now that the country is ripe for legislation it would be a thousand pities were the emergency tided over with stop-gap devices dealing with mere surface defects but neglecting the canker at work deep down in the core of the matter.

THE CARE OF INEBRIATES.

In 1900, the joint committee of the Richmond Lunatic Asylum called the attention of the executive to the necessity for extending the Inebriates Act, in order to provide some more effective method of

dealing with those suffering from alcoholic insanity. The committee were supported by a conference of county councils, who recommended the establishment of inebriate homes. From that day to last week the scheme was not heard of by the public, and the country is still dependent on the inadequate provision furnished by the Ennis institution. The fault for this delay lies with the executive government. Politicians prefer to deal with burning questions and to associate their names with large measures, consequently domestic legislation is much neglected, and, when touched, is treated in the least contentious manner possible. Inebriety has suffered in this way for many years past. In 1879, 1888, 1898, and 1899 it was the subject of legislation, and on each occasion it was handled in anything but a statesman-like way. As the law stands, *delirium tremens*, if it produce such a degree of madness as to render a person incapable of distinguishing right from wrong, relieves him from criminal responsibility for any act committed by him while under its influence; and this doctrine was extended by Mr. Justice Day to temporary derangement occasioned by drink. But to avoid contentious matter in a purely domestic measure, as successive Governments have made the deprivation of the drunkard's liberty almost impossible. If he is sent to an asylum he must be liberated on his return to sanity, though he may leave to recommence drinking, and once more become a danger to himself and the public. The authorities can commit habitual drunkards only to inebriate homes, and the Act defines the habitual drunkard as "a person who, not being amenable to any jurisdiction in lunacy, is, notwithstanding, by reason of habitual intemperate drinking of intoxicating liquor, at times dangerous to himself or herself, or incapable of managing himself or herself, and his or her affairs." Even then there are many formalities to be discharged which hinder the working of the Act. These obstacles to admission in criminal cases are not so numerous or formidable; but they so hinder admission to the licensed retreats that few but the most degraded of their class find their way in. The result is that no one is eligible for the reformatories but the very class who furnish the least promising patients. The Bill was framed on the lines of least resistance, as by excluding all those who might be benefited by acquiring habits of sobriety and industry there was the prospect of passing it without trouble. Where, however, is this habitual drunkard to go? Echo answers: where? There is no reformatory for him in existence, if we except the house in Ennis. Avoiding the difficulty of providing the necessary homes for the inebriates by placing the burden on the local authorities, and to make the expense as formidable as possible, it is required that the institution shall afford suitable accommodation for not less than one hundred inmates. The committee of the Richmond Asylum have again tackled the matter, urged on by the resident medical superintendent—Dr. Conolly Norman—and have passed a resolution directing the attention of the Lord Lieutenant to the present ineffective condition of the law. It is well known that his Excellency is keenly desirous of obtaining some solution of the lunacy question in Ireland, and consequently perhaps this time the representations of the Richmond authorities will receive more attention and succeed in effecting some practical reform.

IS APPENDICITIS INCREASING IN FREQUENCY ?

THE extraordinary prevalence of appendicitis at the present time is a favourite topic of conversation among the public generally. One is constantly appealed to to say whether it is a new disease, and, if not, what explanation can be given of its apparent prevalence as compared with days within the memory of young adults, when its occurrence was all but unknown, and figured little, if at all, in hospital records. Nothing, of course, is easier than to adopt the explanation lightly given and as lightly accepted with regard to the greatly increased mortality from cancer, *viz.*, that it is only a question of nomenclature, the selfsame symptoms having previously been described under other terms. Unfortunately, neither individual experience nor hospital records afford much support to this view. Those of our readers who are able to recall the state of affairs twenty years ago will in great measure share the surprise felt by the public at the remarkable frequency of symptoms which, in their own experience, were then but exceptionally met with, and when encountered were almost invariably benign in character. This aspect of the question is very lucidly and carefully dealt with by Dr. Y. A. MacDougall in an article published in the current number of the *Lancet*. It was not until 1887 that he first met with lethal cases of appendicitis, and since that time he has met with them in ever-increasing numbers. The most curious feature of the inquiry is that the records of several large general hospitals fail to show more than an infinitesimal proportion of cases which, by any stretch of the imagination, could be accorded the posthumous title of appendicitis. Since the records of post-mortem examinations are available there can be no question of any modification of nomenclature, and one is driven to seek elsewhere for an explanation. Even when a knowledge of the pathology of this form of perityphlitic inflammation first became generally known the cases were comparatively few in number, and the disease was considered to be one for medical, rather than surgical, treatment. The tendency to recurrence, which is now recognised to be such a marked feature of the disease, does not appear to have attracted the attention of the physicians of twenty years ago; in fact, in the light of our present knowledge, one is certainly tempted to believe that a new symptom-complex has made its appearance in the medical firmament. We must remember, however, that the ordinary attack of appendicitis is of comparatively trifling severity, and unless its grave possibilities are understood, is extremely likely to pass well-nigh unperceived. A little tenderness in the region of the right iliac fossa, a slight rise of temperature and some abdominal discomfort, associated, perhaps, with constipation, may be all that the patient complains of, and it may be conceded that even at the present day thousands of such cases are dealt with on ordinary medical lines without a thought of their

possible dependence on catarrh or inflammation of the vermiform appendix. In times gone by, the vast majority of such attacks were recovered from in the course of a few days without attracting any particular attention. They would doubtless do the same now, were it not that in order to save the lives of the minority early operation is resorted to irrespective of the gravity of the particular attack. Then, again, the undiagnosed cases of perityphlitis which, in times past, ran on to suppuration and culminated in general peritonitis or pelvic abscess did not come into hospital until a stage had been reached at which it must have become difficult to distinguish the starting point of the mischief, especially as experience had not yet taught pathologists to scrutinise with special care that intrinsically insignificant organ, the appendix. It is highly improbable on the face of it that the appendix should suddenly have developed undreamed-of aptitudes for mischief, and although the statistics of the past fail to afford any confirmation of the view we prefer to think that this was due to a failure of perception due to the lack of accurate pathological knowledge.

Notes on Current Topics.

The Partition of the Victoria University.

WE have on several occasions referred to the threatened partition of the Victoria University, and now it would seem as though the disintegration of the great Federal University of the North was inevitable. The decision of the Committee of the Privy Council appointed to deal with the matter has just been made known. It is recommended that Manchester and Liverpool be allowed separate universities, but very wisely certain restrictions are suggested, the most important being that the Yorkshire College at Leeds should be granted an opportunity of submitting a draft charter incorporating a university in Yorkshire before draft charters for Liverpool and Manchester are agreed upon. The Committee evidently recognise the danger imminent in the rivalry of three weak universities, and recommend the consideration of points upon which joint action is desirable without unduly restricting the liberty or circumscribing the responsibilities which ought to attach to independent universities. The charters are to contain provisions for the appointment of external and independent examiners, and the Crown is to reserve the right of inspection. We, with most others interested in the highest interests of university education in this country, deplore the unnecessary multiplication of small and inadequately staffed universities; but since local ambition and jealousy have insisted on the creation of three university centres all within ready reach of each other, we are glad to see that the statesman-like report of the Committee of the Privy Council indicate the urgent need of securing at least a minimum of efficiency. It would be a great calamity not only to the North of England but to

the country generally if disintegration in this case were to be accompanied by deterioration. The further steps in the disruption of the Victoria University may well be watched with anxiety by all concerned in the maintenance of a high standard of university life.

The Oyster Scare.

THE belated death of another distinguished man as the result of the fatal civic banquet held some months ago in the South of England serves to keep the memory of that tragedy alive in the mind of the public. There is no more curious instance of the mysterious laws that sway the habits of mankind than in the matter of food. The Frenchman eats frogs, snails and horseflesh, articles of diet which his neighbour of Great Britain loathes with unspeakable horror, although for all that the things mentioned are all wholesome, nutritious and clean. Yet the insular fashion which damns snails simply revels in another mollusc eaten raw, to wit, oysters. Now that sad experience has forced upon the British public the fact that typhoid fever and other diseases are often due to eating infected oysters they have stopped indulging in that dainty with the utmost unanimity and it is open to question whether their confidence will ever be restored. It seems almost hopeless to expect oyster breeders and distributors to take effectual steps in that direction, considering that they have done nothing in spite of several years of solemn warning and full information from Government reports. The pollution of oysters is absolutely preventible; who will prevent it? Will Government step in? It seems to us that in any case it will be necessary to devise some simple means of identifying oysters that have been kept under wholesome, sanitary conditions. Some time ago, if we remember aright, it was suggested by a medical man that each shell should be earmarked by a token that should guarantee the source of the oyster. Oyster merchants who want to regain their trade should make a note of that suggestion.

Influenza in Its Remoter Aspects.

DURING a long period influenza has left a lurid record in the death-rates recorded at Somerset House. For a dozen years or more this epidemic scourge has lingered in our midst and has claimed a toll of victims that, taken altogether, reaches an enormous total. When the wave of infection will finally recede from the United Kingdom cannot be foretold by the physician any more than by the ploughboy. Now and then during the present prolonged outbreak a temporary lull in the invasion has encouraged the belief that the enemy had retired from the field, a hope that has hitherto been invariably shattered within a short period by the appearance of the ominous newspaper paragraph under the familiar title, "A Recrudescence of Influenza." Apart from the actual deaths due to the disease, however, there is a serious aspect of the matter to which the attention of the medical

profession is gradually becoming awakened, namely, the indirect influence of post-influenzal conditions upon the general health of the community. It has long been known that the lessened cardiac vitality, often following an attack of the malady in question, was often of a most chronic nature, lasting for years, and predisposing to various circulatory disorders and other complications. It may be questioned whether influenza has not a marked influence in setting up arterio-sclerosis, and in that way shortening life. From the nature of the case it is difficult to obtain exact evidence upon the point. At the same time it would be well for statisticians in estimating the extent of an influenza epidemic to bear in mind the desirability, if possible, of taking into consideration the remote as well as the immediate bearing of the disease upon the mortality returns.

Lift Accidents.

THE rapid increase of fatal accidents in "lifts" suggests the necessity for more stringent legislation with regard to that modern domestic convenience. The high value of land has induced landlords to build skywards, with the natural desire of making as much money as possible out of their sites. Hence the modern town building of many storeys, a plan of construction that in turn necessitates the use of lifts to save inmates and their servants and visitors the toil of climbing up and down endless flights of stairs. The hydraulic lift is clearly the right thing in the right place, but it has nevertheless introduced a new and terrible danger into social life. What strikes one most forcibly in the account of this species of tragedy is that in a large proportion of cases the accident has been purely and absolutely preventible. Sometimes a rope has broken, or the lift has been in charge of an untrained servant, or some simple precaution has been neglected. Fortunately, the lawyers have fixed the responsibility for resulting accidents upon the lift-owners. In a recent case the landlord attempted to escape liability by pleading that the lifts were placed by him in the building for the convenience of his own tenants therein, and not for the visitor who met with the accident. That contention was happily dismissed by the judge. By the enforcement of stringent regulations as to the construction and control of passenger lifts it would be possible to reduce accidents therefrom to a minimum.

Railway Hospital Saloons.

IT has been decided to provide saloons on the Southern Pacific Railway, specially fitted for ambulance work, the cars being furnished with all the appliances and conveniences for the first care of the injured. The service will be under the control of a medical officer. Although accidents in this country are, in general, neither as frequent nor as serious as our trans-Atlantic cousins indulge in there is certainly room for some such accommodation here. The rough and ready appliances which alone are available cannot but increase

the suffering and add to the risk of the victims of accidental injuries. Each section of all important railways ought to have such a car stationed within easy reach and in telephonic communication with the local headquarters. Even on economic grounds the innovation ought to pay, to say nothing of the consideration which injured passengers have a right to expect at the hands of the companies. During the year ending June 30th, 1901, there were 282 passengers killed and 4,988 passengers injured in United States railway accidents. During the same time there was not a passenger killed by train accident in all England, Scotland, Wales, or Ireland. Including employes, trespassers and level-crossing victims, the total figures of accidents in the United States from railway accidents are for the year ending June 30th, 1901, 61,794—killed, 8,455; injured, 53,339. Of employes one out of every 400 was killed, and one out of 26 injured. Of passengers one was killed for every 2,153,469 carried, and one injured for every 121,748 carried.

Lead-Laden Water.

MUCH additional light has been thrown on the chemistry of lead poisoning by drinking water in the recently published report of Mr. W. H. Power, medical officer of the Local Government Board. A very painstaking and comprehensive survey of a large number of water supplies obtained from moorland districts reveals the fact that the organic acids contained in water from such sources possess more or less marked plumbo-solvent properties. In 35 out of 58 reservoirs examined the water possessed this property, so that when brought into contact with leaden pipes more or less mineral contamination would ensue. Fortunately such waters can readily be divested of their deleterious characteristics. The excess of acid may be neutralised by admixture with a sufficient volume of neutral or alkaline water or by filtration through sand or limestone. The practical outcome of the inquiry is the advice that the various sources from which a water supply is obtained should be methodically tested at different seasons of the year in respect to their plumbo-solvent properties, and the necessity is inculcated of a careful survey of the physical characters of the gathering grounds. The fact that comparatively few persons drink water in sufficient quantities to contract lead poisoning does not afford a trustworthy test of the potential mischief wrought by lead-bearing water, since this enters into the composition of all beverages except wine, cider, and other fruit juices.

Tramps and Small-Pox.

THE present epidemic of small-pox in the provinces furnishes a useful object-lesson in regard to the important part played by nomads, *alias* tramps, in the dissemination of the disease. At present the Poor-law authorities are powerless to enforce vaccination, and unless the casual inmate of a workhouse has actually contracted the disease, he can defy all the regulations made for his benefit

and in the interests of the community. This is a point which ought not to be lost sight of in any future legislation and it is hardly to be anticipated that any opposition would be offered to a compulsory clause. From all parts of the country lamentations are heard over the difficulty of preventing the spread of small-pox so long as these irresponsible folk are allowed to wander far and wide free from any sort of control. Incidentally the question suggests itself whether some more efficient check could not be placed on the perambulations of these, the unattached members of the community. They are for the most part of a low order of intellect and are imbued with a profound distaste for work of any kind, so that a little wholesome discipline would assuredly be productive of good both to them and to the community.

A Lorenz Hospital for New York.

ONE of the results of Professor Lorenz's visit to America has been that steps have been taken to establish in New York an institution for the cure of deformities after the Lorenz method. Already application has been made for papers of incorporation for a hospital which will bear the name of the Lorenz Orthopædic Charity Hospital. As was only to be expected many American plutocrats have interested themselves in the matter, and the success of the undertaking seems to be assured. Even before the visit of Dr. Lorenz to New York, the foundation of such a hospital was discussed. Dr. Sylvester, at one time an assistant Professor at the Post-Graduate Hospital, was approached on the matter, and, in conjunction with Mr. W. S. Brewer, took the first steps. As soon as the incorporation of the institution is accomplished, definite plans for its management will be laid before the supporters, and temporary quarters will be obtained and the work started. In a wealthy city like New York there ought to be no difficulty in obtaining the required sum for what at the moment is a popular scheme. Whether the ultimate results of the undertaking will prove as successful as is hoped is another matter, but it is clearly advisable that every step should be taken to test the value of Professor Lorenz's methods.

A Legal Method of Preventing the Spread of Syphilis.

AN important judgment has recently been delivered in Paris by the Tribunal of the Seine, by which the transmission of syphilis by persons knowing themselves to be affected, even though they do not willingly transmit the disease, becomes a penal offence, for which an indemnity can be obtained by the recipient. In the case before the court, a man suffering from syphilis had sexual intercourse with, and infected, a girl aged 16, who had previously been perfectly healthy. The Court granted her substantial damages to the extent of 12,000 francs. This judgment will have far-reaching effects. It constitutes in our opinion a great advance not alone in justice but in preventive medicine. No Contagious Diseases Act could ever be as effective as the knowledge that the

transmission of syphilis can be punished by a heavy monetary penalty. If proper precautions can be devised to avoid black-mailing, and this is a danger which must be taken into consideration, we should very much like to see a similar judgment delivered in these countries. The neglect of the legislature to provide a special mechanism to prevent the spread of infection could be to some extent disregarded, if the transmission of infection was an offence under the common law. The national carelessness to the sufferings which result from syphilitic infection is a standing disgrace to the civilisation of the nation, and should be a constant reproach to those misguided enthusiasts who are responsible for it.

Insurance Against Appendicitis.

WE learn from a contemporary that insurance firms, like everyone else, must move with the times, and that the latest security which is offered by the world-known "Lloyd's" is an insurance against appendicitis. The prevalence of appendicitis, or perhaps its fashionable character, has suggested to one of the most prominent firms in Lloyd's, that perhaps a cautious public might like to insure against its risks, and so for a premium of five shillings the assured, who suffers from appendicitis, will receive a sum which will go a long way towards discharging his bill for medical attendance. In return for this premium, if the assured has to undergo an operation for appendicitis he will have his direct expenses paid up to £200, or, in the event of his death under, or from, the operation, his representatives will receive a like sum. It is stated that a large number of people have availed themselves of the offer, and are now protected from the monetary losses which an attack of appendicitis might involve. The premium charged, two and a half per cent., is identical with that asked a year ago for insuring against small-pox, and should prove a source of profit to the enterprising guarantors. Our contemporary omits to mention whether any preliminary precautions are taken to ascertain whether the insurer has an—outwardly, at least—healthy appendix, but we presume that such is the case, and that he must be furnished with due medical credentials to that effect.

Objectionable Advertisements.

OUR attention has been drawn by a correspondent to an advertisement, which appears among the news items, in the columns of the *Armagh Guardian*, and which is of a nature that should prevent it from finding a place in the columns of any respectable paper. It is addressed to "married couples who would live happily and free from the cares of a large family," and emanates from an establishment which calls itself the "Northern Surgical and Rubber Appliance Company." The term "Guardian," as applied to a newspaper in former days, meant that the paper concerned itself with the interests of the people—whether material or moral. It seems, however, that such a term is sadly abused in the case of the journal referred to. The appearance of such an

advertisement is directly detrimental to every interest of the people. A diminishing population should be a matter of concern to members of the community, yet a self-styled "Guardian" lays before its readers a method of bringing about a further diminution. From a moral point of view, the publication of such filth is also objectionable, and we wish to draw the attention of the authorities of whatever religious community the *Armagh Guardian* is the representative. Our correspondent asks us, "Can nothing be done to prevent the publication of such filth?" In some instances the police have of late been roused to prosecute the offending parties, and an effort should be made to compel them to do so in this case. Another method of stopping the appearance of such advertisements is to cease subscribing to papers which insert them.

The Poisons of Liqueurs.

THE influence of liqueur drinking upon the system has an everyday importance, yet it is curious how little is really known upon the subject. The peculiar evils wrought by various alcoholic drinks, as, for instance, beer, gin, sherry or brandy, are fairly well known to all and sundry. When we turn to liqueurs, however, the common verdict is vague, nebulous, and contradictory. Beyond a general notion that it is unwise to drink more than a single glass of liqueur or to mix that seductive form of fillip with other drinks, the man in the street is opinionless upon the matter. The smallness of the liqueur glass is to him a standing warning of the potent effects of the fluid for which it has been designed, and beyond that all is *terra incognita*. The French Academy of Medicine have now announced to the world the breadth, length and depth of that potency. Many of the essential oils used in the manufacture of liqueurs are venoms of the deepest dye, as, for instance, that quickest of all poisons, prussic acid. The essential oils, in themselves highly deleterious, are chiefly used for the purpose of disguising the taste of cheap alcohol, so raw and fiery that it could not be swallowed in its natural state. Some of the Academy speakers suggested that liqueurs containing methylated spirit should be absolutely forbidden, as well as those containing fruit kernels charged with prussic acid, and those made with poisonous essential oils, such as essence of carraway and of absinthe. It is well known, of course, that both essential oils and alcohol act as powerful poisons of nerves, to say nothing of other organs, if given in sufficiently large doses and over a sufficiently long period of time. Has the Paris Academy of Medicine given the death-blow to liqueur drinking? If so, the world at large will be at no great loss thereby. There is no better cordial in the world than a homely, well-matured liqueur, in the making of which good alcohol has been used, together with flavourings that have kept their proper place and not degenerated into clumsy and dangerous disguises of poisonous spirit. On the whole the drinking of liqueurs as ordinarily met with in society must be condemned as incurring a gratuitous risk.

Mr. Troutbeck versus the Profession.

A CERTAIN gift of pertinacity must be conceded to Mr. Troutbeck, the Coroner for Westminster. His predilection for the services of Dr. Freyberger in the making of post-mortem examinations remains unchanged, and he is never at a loss for a justification of his preference, which is based on an invidious comparison with the inadequate, or positively misleading, evidence which "would be given" by those in medical charge of the case under investigation. In one case Dr. Freyberger discovered that there was rupture of the heart, "which, with the consequent hæmorrhage, was sufficient to cause death." Although pathologically interesting, the information hardly assisted the jury in arriving at the conclusion that the child's death was due to natural causes, and no doubt the practitioner in attendance would have discovered the lesion just as Dr. Freyberger did. In another case the practitioner in attendance on the deceased ventured to ask why he had not been entrusted with the post-mortem examination, but Mr. Troutbeck promptly declined to allow his discretion to be called into question in spite of the fact that poor Dr. Freyberger's hands were in such a state that he did not conceive it to be safe for him to take off his coat or to take any manual part in the examination. With Dr. Freyberger a glance is sufficient and palpation of diseased organs would be of the nature of supererogation. The odd feature of the controversy is that there is no divergence of opinion as to the propriety of employing a specially qualified pathologist in special cases, but the war rages around the exercise of the coroner's discretion, which, as a matter of fact, is exercised in a very arbitrary and irritating fashion.

Anæsthesia and Death from Fright.

THAT death may, under certain circumstances, result from severe fright can hardly be questioned though such occurrences must in any event be extremely rare. That death can occur from this cause in an ordinary healthy individual is inconceivable. Fright, however, is incriminated as one of the possible factors in the causation of death under anæsthetics, especially in what one may term the pre-anæsthetic stage; that is to say, before consciousness has been abolished. No doubt fright may act prejudicially in the subject of chronic myocarditis or other form of cardiac weakness, and possibly also in persons who have reached an extreme state of organic debility, but there is no convincing evidence to justify the belief that mere dread of the anæsthetic can *per se* exert a material influence in the production of the fatal result. We are told that in most instances death from chloroform is due to vasomotor paralysis, and that death from fright occur in the same way, and we are invited to concede a similar etiology, in both cases. We should like to know, however, on what pathological data the assertion as to the mechanism of death from fright is founded, since it obviously cannot repose on any very large number of observations. The common-sense view would be that fright is but one factor in deter-

mining death, and we are profoundly sceptical with regard to deaths alleged to have occurred after the administration of "a few drops of chloroform."

The Fear of Draughts.

THE love of fresh air is certainly not one of the most salient characteristics of civilised man, on the contrary, every device, short of determining immediate asphyxia, is resorted to to prevent the free access of fresh air to our dwellings. The dread of the draught amounts in a large proportion of men and women to a monomania, and the slightest suspicion thereof suffices to render them wild with terror. One result of the propagation of the gospel of fresh air to which we may confidently look forward is a more general recognition of the fact that the average draught can be borne with impunity by those who have accustomed themselves to breathing fresh air day and night. There are circumstances—such, for instance, as a very pronounced difference between the outside and inside temperatures—which may render a draught not only uncomfortable but positively injurious, but this must be guarded against, and does not justify the fear which a mere current of fresh air usually inspires. Theoretically, perfect ventilation provides fresh air without perceptible draught, but such ideal conditions are rarely attainable, and we must put up with a moderate draught or forego fresh air altogether. If the persons who know by experience that a draught means a cold would only try the experiment, commencing in favourable weather, of throwing open wide their windows to the air by night as well as by day they would soon gain an immunity to cold which would surprise and delight them.

Legislative Omissions.

THE King's Speech in opening Parliament is, from a medical point of view, more remarkable for its omissions than for its promises. Foremost among the things that were left unsaid was the impatiently-expected announcement of the intentions of the Government with regard to vaccination legislation. Steps will doubtless be taken to elicit information on this point from the President of the Local Government Board, as the matter is hardly one which admits of delay. In view of the evidence which has recently been accumulating in regard to the pollution of shell-fish by sewage, it was thought that an endeavour would be made to check the spread of disease by such means, but on this point also the Royal Speech was silent. Even the urgent and oppressed subject of the reform of death registration did not secure a mention, although a Government measure dealing with the notorious shortcomings of the present system would probably pass as a non-contentious piece of legislation.

WE regret to learn the death of Mr. W. J. C. Miller, who for upwards of twenty years was registrar of the General Medical Council.

A Crucial Test of Malingering.

IN an employer's liability case which was being tried a few days since at the Llanelly County Court, the judge had to decide between the conflicting evidence of the medical referees. It was alleged on the one hand that the injured man was suffering from paralysis and loss of sensation in one arm, while on the other it was asserted that the man had recovered. It was stated that the man had not flinched when a red-hot iron was applied to the injured arm, and a repetition of the experiment was suggested, a proposal to which the judge took instant exception. An investigation of the electrical reactions by the medical witnesses in common would probably have brought them to see the case in the same light, but in any event the matter was one to be decided by the medical men without reference to the judge, who could hardly be expected to appreciate the significance of clinical tests.

A Bacterial Equation.

THIRTY years ago there was not a printed page upon bacteriology in the British Museum Library, states an essayist in the current issue of *The Academy and Literature*, while now there are no less than four hundred volumes. The manner of the combat, the inter-action of hostile forms of life, is now being revealed so clearly that it is proposed to express the matter by an equation which runs thus.—

$$D = \frac{MVN}{R}$$

This equation is claimed to represent some approximation to theoretical exactness: "D, the disease, equals M the micro-organism, multiplied by V, its virulence, multiplied by N, its number; the product being divided by R, the resistance of the individual attacked." All this to the mathematical enthusiast may be helpful and reassuring, but the rational therapist never claims for medicine a place among the exact sciences, and discourages the application of rigid methods which, instead of directing, in only too many instances do little more than hinder and hamper true progress. It is well that clinical medicine should shake itself loose from the too dogmatic grasp of the short-sighted theoretical bacteriologist.

The Leucocytosis of Appendicitis.

MUCH has recently been written concerning the occurrence of leucocytosis in appendicitis and cases of abdominal suppuration. Some insist that in every suspected case a blood count should be made, while others believe such a method of investigation instead of being useful may actually mislead. Dr. G. Lovell Gulland discusses the situation in the February number of *The Scottish Medical and Surgical Journal*, and arrives at the following helpful conclusions: On making a blood examination in appendicitis, if a leucocytosis of 20,000 or more is found, the condition is serious and demands operation, unless the count rapidly falls with improvement of symptoms. If the count is below 20,000 a differential count of 500 cells should be made. If

80 per cent. or more are polymorphs then operation should be undertaken; but if the proportion is between 70 and 80, surgical interference may be delayed; and if below 70, will probably not be necessary. If, however, the iodine reaction is marked, operation is probably always indicated, except perhaps in the hopelessly septic cases with a low leucocyte count. At present there are no data for correlating polymorph percentage with iodine reaction.

The Details of Military Efficiency.

UNTIL very recently the minor requirements of the soldier on the march have been ignored, but a new era has now been entered upon. Henceforth the soldier will not be left to endure as best he may the pangs of toothache, provision having been made for first-aid dental treatment. On the same lines arrangements have been made for the services of regimental chiropodists, whose ministrations will assuredly conduce as much to rapid and continuous marching as all the emergency rations in the world. We have but to imagine the plight of a combatant who happens to be suffering from toothache and a suppurating corn to understand that success in the field depends upon a multitude of minor details which cannot safely be ignored.

THE Second International Congress of the Medical Press will take place at Madrid on Monday, April 20th, under the personal presidency of the King of Spain. Those who are desirous of attending are requested to communicate with Dr. Larra y Cerezo, 17, Léganitos, Madrid, who should receive notice of any papers to be read thereat. The general secretary of the Association is Dr. R. Blondel, 8, Rue Castellane, Paris.

M. LESAGE has introduced a method by which measurement of electric resistance is employed as a method of analysing the effect of fermentative and certain pathological processes.

MR. HARRY BOLTON SEWELL has been appointed Coroner for the Greenwich division of Kent. Mr. Sewell is at present deputy-coroner for the South Eastern district of London.

SIR HENRY BURDETT, K.C.B., will open a discussion on "Hospital Sites and Population in London" at the Caxton Hall, Westminster, on March 3rd.

DR. PATRICK MANSON is to open a discussion at the next meeting of the Epidemiological Society to-day (Wednesday) on "The Panama Canal and the Introduction of Yellow Fever into Asia."

Special Correspondence.

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

EDINBURGH.

[FROM OUR SPECIAL CORRESPONDENT.]

ENDOWMENT OF POSTGRADUATE STUDY AND RESEARCH BY THE CARNEGIE TRUSTEES.—The regulations under which research is to be endowed have just been issued by the trustees, and from these it appears that

three classes of benefaction are contemplated—scholarships, fellowships, and grants. The precise number of each annually available will depend on the relative number and character of the applications received. The scholarships are intended to afford promising graduates an opportunity of training and proving their powers in higher study and research, and may in this way qualify scholars for the Fellowship, for which evidence of research already performed is expected. A scholar or Fellow shall not be allowed to engage in other work that would interfere with the progress of his research, and where other work is proposed to be undertaken, its nature, and the time it will involve, must be definitely stated in the application. A scholarship is of an annual value of £100, and shall not be held along with any other scholarship or position of emolument, unless with the sanction of the executive. In the event, however, of a candidate holding another such scholarship, &c., the committee may, instead of granting a Carnegie scholarship, supplement the emolument received by the applicant so as to bring the income up to at least £100. The whole of the scholar's time shall ordinarily be devoted to the work, and the tenure is for one year, renewable for a second period. Fellowships are granted on much the same terms, but only to those who have already shown signs of ability in research; they are of an annual value of £150, tenable for two years, and renewable for a third year. These scholarships and Fellowships are given in medicine and science, and in history, economics, and modern languages. While any attempt to endow scientific work must be hailed with gratitude, one cannot but admit to a feeling of disappointment on reading the committee's proposals. Those who know best what original research means will be the first to doubt whether looking at the matter from a purely commercial standpoint (the Carnegie trustees will get "value for their money.") The obvious intention of the trustees is that the scholarships shall afford a means of training for the Fellowships, since candidates for the latter are expected to show evidence that they have already done research, while from the would-be scholars this is not expected. Now it will readily be granted by those who have done any original work that at least a year must elapse, in most cases, before a worker passes the tyro stage, a newly qualified graduate has had his time so fully occupied with examination and purely professional studies that he has no idea of how to set about research; how many, for instance, have even the vaguest notion of how to get up the literature of a subject before investigating it? To expect original observations of any value after one or even two years' research is simply putting a premium on the work of novices, with which present day scientific literature is too familiar already. At the same time, though the short term scholarships cannot in the nature of things be productive of great results, they will at least serve the purpose of testing the capacity of those who propose devoting themselves to research, and if the trustees had seen their way to founding Fellowships of real value, to be held only by the selected few, much more scientific advancement might have been expected than from the present scheme. As it is, it is difficult to see who can hold these Fellowships, except those with private means. It is therefore to be feared that the growth of knowledge will not be promoted by the endowment to an extent at all commensurate with the money spent, and it cannot be supposed that three workers (who, under the present scheme, *must* do something else for a livelihood) will turn out work at all comparable to that of one man of proved capacity who could give all his time to the work, because he is relieved of the necessity of earning his bread otherwise.

FINANCIAL POSITION OF ABERDEEN UNIVERSITY.—The general fund of the University shows a surplus of revenue over expenditure, for the year ending September, 1902, of about £625. The principal cause of the surplus is the payment of students' fees by the Carnegie Trust, rather than the slight increase of students, as the students were thereby enabled to take a larger number of classes than formerly, the average sum per head paid being £10., as against £9 in the previous year

A further increase from this cause is anticipated. In certain directions the expenditure is higher than in the preceding year, but in future the drain on the general fund for the salaries of certain lecturers will be checked by the new arrangement which the Carnegie Trust has enabled the Court to make with the lecturers in modern languages and history. The debt of £20,000 for buildings, which existed in 1900, has been reduced to close on £5,000. The convener of the Finance Committee states that the salaries of the Theological professors are lower than in previous years owing to declining revenue from endowments. Though bequests to the amount of £21,000 have been received this year, at least £340,000 is still required for endowment and equipment.

GLASGOW.

[FROM OUR OWN CORRESPONDENT]

HOSPITAL ACCOMMODATION IN GLASGOW.

At present, and for some time, the hospital accommodation in Glasgow has been found to be quite inadequate to meet the many cases which are daily presenting themselves at the Royal, Western, and Victoria Infirmaries. Numerous cases have to wait a considerable time before being admitted, and in serious cases this is very unfortunate, and may even be followed by disastrous consequences. The managers of the Victoria Infirmary have just acquired, or at least have offered for a considerable portion of ground belonging to the Corporation and adjacent thereto, with a view to making an addition thereto. Then the Western Infirmary managers are making an appeal for funds with which to build a new wing to the hospital. Already a generous response has been made. Lord Overtoun subscribes £1,000, Messrs. Arthur and Co., £1,000; and five other firms subscribe £500 each; while others give smaller sums. Altogether the result so far has been very encouraging. What is to be said with regard to the reconstruction of the Royal Infirmary, the inception of which was in 1897? All that can be said is, that notwithstanding the clamant need for more accommodation, it will be a long time before the full scheme will be completed. Plans were prepared a considerable time ago, to carry out which a sum of, at least, £250,000 is required. Of that sum somewhere about £90,000 has been subscribed. Some of the subscribers have complained of the apparently undue delay in getting a start made, and surely not without good reason.

SOUTHERN MEDICAL SOCIETY, GLASGOW

A LARGE number of the members of the above Society availed themselves of the invitation of Dr. W. F. Somerville to visit his home or private hospital in South Park Terrace, Hillhead, on the evening of Thursday, the 19th inst., where electrical treatment is carried out in a very thorough manner in quite a variety of diseases. Among those present there were Professors McCall Anderson and Ralph Stockman, Drs. Renton, Sloan, Robertson, Young, Thomson, Neil, Brown, Hamilton, Orr, Wauchope, Rowan, McKendrick, Watson, Richmond, etc. Dr. Somerville read a paper entitled "Notes on a few cases treated with benefit by means of high frequency currents." A patient was shown who suffered very acutely from sciatica for three months, who was cured by means of the electrical treatment. A woman who suffered from lupus erythematosus was next shown. The lupus patches had almost entirely disappeared. Another patient was present who was considerably relieved of troublesome varicose veins of the legs with eczema. In cases of hæmorrhoids improvement often follows the adoption of this line of treatment. In the discussion which followed Prof. McCall Anderson and Drs. Renton and Sloan took part, all bearing testimony to the efficacy of electrical treatment in certain cases. Dr. Somerville explained very fully the apparatus used, and demonstrated the use of the same on the person of the president of the Society and others. While electricity is a very potent therapeutic agent, it was shown to be painless as used

by Dr. Somerville, and can be successfully applied in a varied class of cases. The demonstration was a very interesting and instructive one, and at its close Dr. McGillvray, the President, proposed a vote of thanks to Dr. Somerville, which was responded to most heartily by all present.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

THE DISRUPTION OF VICTORIA UNIVERSITY.

THE decision of the Privy Council in favour of granting charters to separate universities in Manchester and Liverpool has been received here with great satisfaction. The inauguration of a local University with an independent existence will, it is thought, be a great stimulus to academic life. One of the earliest results will doubtless be that money will be forthcoming from various sources which was not available either for a college or for a composite University. This result may also be anticipated in Liverpool and in Yorkshire, where Leeds and Sheffield will soon be hard at work on a University of their own.

So far as the Faculty of Medicine here is concerned nothing is needed but a good hospital near the College buildings. It is earnestly hoped that the new board of management of the infirmary will make some arrangement by which their new building and the new Southern Hospital may both be erected on or near the Stanley Grove site. The portion of that site already secured by the authorities of the Southern Hospital forms so important a part of the whole that without some kind of amalgamation scheme the two hospitals could not both be built there. The other alternative is for the authorities of the Southern Hospital to give up their portion of the site in exchange for another equally good one in the immediate vicinity.

About the middle of last century a hospital was founded in North Manchester with the curious name of the "Clinical Hospital" for Women and Children. This name has long been held up to ridicule by medical men, but it is only in this year of grace that the gradual spread of education has advanced sufficiently to lead the committee to change it. It will now be called the "Northern Hospital," and, it is to be hoped, will be more widely known than heretofore. A large amount of most useful work in gynaecology and diseases of children has been done by this institution, but the members of the committee and of the medical staff have been very quiet and retiring. Old subscribers have died, and new ones have not been sought with sufficient energy. The hospital, however, is not yet deeply enough in debt to attract much sympathy, and its authorities will doubtless have to double their number of beds and erect spacious new buildings in order to secure the help of the charitable public.

Very little notice is being taken of the so-called epidemic of small-pox. Some of the public vaccinators have done a great deal of work, to the disgust of their colleagues in private practice. The rush, however, seems to be dying away, and only a stray red band is to be seen in the streets of the city.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

ULSTER MEDICAL SOCIETY.

THE fifth meeting of the Session was held in the Medical Institute, Belfast, on Thursday afternoon, February 10th, Dr. Agnew, of Lurgan (vice-president), in the chair. Dr. McKisack showed a case of spastic paraplegia which seemed to be due to primary lateral sclerosis. Dr. Darling read a paper on an interesting case of "Effusion into the Pericardium," which we hope to publish in our next issue. Dr. McKisack related the latter part of the history of the case, and Drs. McCaw, Dempsey, and Robert Boyd discussed it. Dr. McCaw read notes of a case of paroxysmal hæmoglobinuria in a child, and showed the patient. Dr. Houston showed the head of *Tænia solium* and the body of *T. medio canellata*, the latter 21 feet 6 inches long. Dr.

R. L. Bell, of Hollywood, was elected a Fellow of the Society.

BELFAST MATERNITY HOSPITAL.—The 109th annual meeting of this old-established charity was held on February 17th. The medical report stated that during the year 1902 there were 312 patients in hospital, 271 children born, and only one patient died.

MEDICAL EXPENDITURE IN THE BELFAST UNION INFIRMARY.—This subject, several times referred to in these columns, was up again at a meeting of the guardians on February 17th, when a letter was read from the Local Government Board. "The Board observe with satisfaction," it stated, "that the medical officers fully endorse many of the recommendations contained in Dr. Smyth's report on the late inquiry. The Board learn from Dr. Smyth that during a recent visit to Belfast he was favourably impressed with the spirit shown by the medical staff, and also by the medical committee of the Board of Guardians. He states that he was satisfied that both the medical officers and the committee were earnestly endeavouring in a practical and successful way to carry out the wishes of the Local Government Board."

Correspondence.

THE PROFITS ON THE SALE OF SURGICAL INSTRUMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The absurd prices charged by many, probably most, surgical instrument makers for appliances and instruments really suggest the desirability of a co-operative union of practitioners in order to enable them to satisfy their requirements on reasonable terms.

During the past week I had occasion to negotiate the purchase of various instruments. In the West-end the prices asked varied from 15s. to 30s. for instruments which I subsequently obtained from a City house at a cost from 50 to 70 per cent. cheaper, although, as far as my inspection permitted me to judge, the quality was exactly the same.

To ask 15s. for an article which is sold presumably at a fair profit by another firm for 4s. 6d. savours of extortion, and I daresay many of your readers could parallel this experience.

I am, Sir, yours truly,
AN UNWILLING VICTIM.

STUDENTS AND THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I address you on a matter of grave importance to medical students, especially to those who intend to remain in Ireland and seek positions under the Local Government Board after the completion of their medical curriculum. The subject to which I am about to refer ought, at least, to receive some consideration from the students of our various medical schools. The Poor-law service forms one of the most important departments of the medical profession in Ireland. Why not organise school branches of either the Poor-law Officers' Protection Association or the Irish Medical Association.

These associations, although yet in their infancy, have wrought incalculable benefit to the medical practitioners in whose districts they have been established. The present salaries paid to our dispensary medical officers range from £35 to about £100 per annum; and for this miserable wage they have to be at work probably night and day attending to the poor of a whole countryside.

Dr. Laffan, of Cashel, has calculated that each dispensary officer attends on an average one thousand cases a year, and for this he receives the munificent pay of from fourpence to sixpence for each town case, and an average of about twenty-pence for each country case. His physical labours are of the severest, his anxiety is the keenest, and his outlook the least ambitious of any official in the public service. Every other

day he has some annoyance or other to experience from a troublesome guardian or an ungrateful patient.

When we come to look at the ultimate prospect which remains for him, when sickness or old age overtakes him, he can hardly be congratulated on its brightness. His superannuation entirely depends on the free motion of his former masters, and he is even obliged to resign before he can put their good nature and sense of justice to the test.

However, these associations intend to change all this. They intend to abolish the ridiculously low salaries at present paid to our medical Poor-law officers, and at the same time to seek for liberal superannuation allowances after reasonably long services.

If the Dublin medical schools form branches of either of the above admirable associations, I imagine that their example will be followed by our other Irish schools, so that in the course of a few years, when all the young practitioners are members of an association, when they go forth on the world in an organised form, they can seek and demand justice at the hands of their employers.

I am, Sir, yours truly,

THOMAS J. MADDEN.

Student, Cath. University Medical School.

[Our correspondent's suggestion is an admirable one, and is well worthy of the attention of the medical students of Dublin Branches such as he suggests should be connected with the Irish Medical Association. They would serve the purpose of instructing students in the present condition of affairs, and would be the means of starting them in life with a knowledge of Irish medical matters—a knowledge which it would take them many laborious years to acquire for themselves. Up to the present the system has been alone kept going by the supply of young men who rushed eagerly into it, ignorant of the consequences of their action. Now a fuller knowledge of the situation prevents candidates from applying, and as a means of increasing this knowledge student organisations would be of great value—ED.]

THE TREATMENT OF IDIOPATHIC EPILEPSY BY BROMIDES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read the above paragraph in the MEDICAL PRESS AND CIRCULAR with much interest and instruction. I am sorry I cannot advance much in the control of this dreadful disease, but there is not the least doubt that bromides act much better when given under strict dietetic condition. I believe by practice the best diet is fresh vegetables, ripe fruit, fish, white meat. Red meat, highly seasoned dishes and pickles should be avoided. Regular hours and exercise also aid to prevent the attacks. There is another point I think is very important in the treatment, viz., to keep the bowels regular and the alimentary canal aseptic. Bromide of ammonium has always proved the best preparation of bromine in my hands (if it is fresh and pure) and should the physician be able to calculate the date of a fit, belladonna should be added three days before the anticipated date. I may add in conclusion, I am afraid too many physicians and patients look upon the disease as almost incurable, and do not persevere with the treatment in such a dogged manner as they should do in so obstinate a disease.

I am, Sir, yours truly,

THOMAS DUTTON, M.D., M.R.C.P.Ed.

7 Manchester Square, W., Feb. 18th, 1903.

THE VENTILATION OF TUBE RAILWAYS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am among those who have been latterly compelled to give up the use of the "twopenny tube" in consequence of the foulness of its atmosphere. The ill effects of a daily journey occupying not more than ten minutes have been too palpable to be ignored. The depressing effects can be perceived from the

moment one arrives on the platform—the peculiar odour, the high temperature, and the vitiated air combine to produce a feeling of depression, often continued throughout the day by a kind of malaise never experienced save after exposure to this cause. It would be interesting to learn what has been the effect upon the health of the conductors who spend their days on the platforms of the cars. The men as a rule look pallid, and their languor seems testified to by the perfunctory way in which they perform their duty of crying out the names of the stations. At first this used to be done with vigour; now, if done at all, the tones are mostly inaudible. The tube is of such great convenience to members of our profession that—not to speak of the public health, which is to some extent menaced by the evil—you will do a great service if you having begun to-day, will continue to use your influence in urging the directors to hasten their measures of improvement.

I am, Sir, yours truly,

F.R.C.S.Eng.

Cavendish Square, Feb. 18th, 1903.

Literature.

MUIR AND RITCHIE'S MANUAL OF BACTERIOLOGY. (a)

THIS book, of which the third edition is before us, is one of the several good student's manuals of bacteriology in common use at the present time. This edition has been written up to date, and among other additions it contains a chapter on the bacteriology of soil, air, and water. The book deals only with the bacteria pathogenic for human beings.

So far as its size permits it gives an excellent account of the different organisms and their effects. The usual cultural and microscopic methods are described and the directions are in most cases sufficiently explicit to enable a student to carry them out. In some cases, however, the description is not quite complete. Thus on page 345, in the description of Neisser's method for staining diphtheria bacilli, the fact that the preparation should be washed with water after the Vesuvin stain is not mentioned. Nor is the fact that the Loeffler's serum should be made from ox blood.

The description of Leishman's method of Romanovsky staining for malarial parasites (we allude to method No. 2) is also incomplete.

In the description of the process of embedding in paraffin, the times given for the tissues to remain in the different media are unnecessarily long. Indeed, twenty-four hours in absolute alcohol is, in case of materials (such as the skin) containing much fibrous tissue, absolutely injurious.

In the description of the method of recognising the diphtheria bacilli by culture it is stated that "Circular colonies of diphtheria bacilli are visible in twenty-four hours." It is well known that diphtheria bacilli may be recognised in culture at a much earlier time than this, often in nine or ten hours, and indeed by means of impression preparations from plates of Loeffler's serum in six hours. This latter important method is not mentioned at all.

On page 83, in a footnote, it is stated that cover glasses of greater thickness than .14 m.m. are not suitable for use with a 1-12 inch lens. This is surely an error. Leitz expressly recommends that a cover glass of .17 m.m. thickness should be used with his 1-12 inch oil immersion, and Zeiss lenses are corrected for a medium thickness of cover glass between .15 m.m. and .2 m.m. The lenses of both these makers are much used in these countries.

The chapter on Immunity is as good as its necessary shortness and the complex nature of its subject permits. There are appendices on small-pox and vaccinia, malarial parasites, hydrophobia, and amœbic dysentery.

(a). "Manual of Bacteriology." By Robert Muir, M.A., M.D., F.R.C.P.Ed., Professor of Pathology, University of Glasgow, and James Ritchie, M.A., M.D., B.Sc. Reader in Pathology, University of Oxford. Third Edition, with 150 Illustrations. London: Young J. Pentland.

The illustrations are generally good and both the text and bibliography are commendable.

Laboratory Notes.

MALTOVA.

We have received samples of Maltova, a new food, prepared from extract of malt and the nutrient constituents of eggs. The combination is a happy innovation, in that together they form a highly nutritious and digestive food well adapted for administration to the young whose development lags behind, and in general to those whose recuperative powers are below normal.

The digestive and nutritive properties of a malt extract rich in diastase is well known and need not be dilated upon, but this particular food possesses nutritive qualities quite different and superior to mere extracts of malt for reasons which are obvious.

In virtue of its egg constituent, Maltova contains lecithin, an organic phosphorus compound which enters intimately into the composition of the brain and nervous tissues, and which, moreover, is now largely prescribed on the Continent for its tonic and regenerative effects on the nervous system.

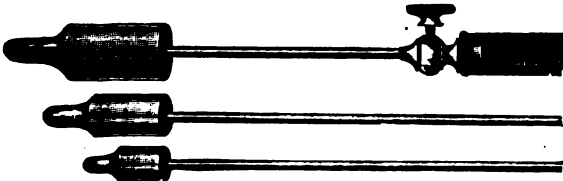
Maltova has an agreeable and delicate flavour, and will be taken with avidity by children.

NEW INVENTIONS.

THE POCKET RESERVOIR CAUTERY.

Suggested by Dr. J. F. RUSSELL.

It is called "reservoir," because on heating, its body acquires sufficient heat to feed its point for a considerable time during use. It cannot get out of order, and it requires no apparatus outside itself except some heating source—a gas jet or a spirit lamp, for example, and its adjustment is so easy that it can be used like a pen, especially to destroy *nævi* with one application, where the use of acid would be dangerous or impossible.



In using the cautery, it is only necessary to extend the rod through its handle to the full length, tighten the screw, and make the cautery red-hot; then loosen the screw, drop the cautery back through its handle to the desired length, re-tighten the screw, and use. It is made by Messrs. Arnold and Sons, West Smithfield, London.

Medical News.

Alleged Assault by a Doctor.

DR. JOHN STAFFORD MELLISH, of Tetbury, had to defend himself last week before a special jury at the Oxford Assizes against a charge of assault, the plaintiff being a farmer whom he had caught, as he alleged, *in flagrante delicto* in his stables with his housemaid. The question turned upon the point whether he had employed more violence than was necessary, and this appears to have been admitted, but the jury, taking a human view of the circumstances, returned a verdict with one farthing damages, with costs against the defendant, so that the latter is probably "sorry he spoke."

A Defective Hot-water Bottle.

A CLAIM for damages caused by the bursting of a rubber hot-water bottle was tried last week at Liverpool. The plaintiff had purchased the rubber bottle, which on analysis proved to consist of a very inferior description of material. For the defence it was stated that a distinct warning was given against using *boiling* water,

and that the bottle was capable of resisting ordinary hot water. In their finding, the jury declined to find evidence of guarantee, or that the defendant was guilty of negligence, though they admitted that the bottle was not fit for use, and judgment was reserved pending a legal argument on the legal effect of these findings.

Notification of Infectious Diseases in France.

ACCORDING to the law just promulgated in France declaration and disinfection are declared compulsory in respect of typhoid fever, typhus, small-pox, chicken-pox, cholera, plague, yellow fever, puerperal infections, ophthalmia in the new-born, and contagious cerebro-spinal meningitis. Declaration is optional in respect of pulmonary tuberculosis, pertussis, pneumonia, erysipelas, and leprosy.

Death under Chloroform.

AN inquest was held last week at Westminster on a man, *æt.* 50, who had died under chloroform at St. George's Hospital while undergoing a second operation for appendicitis. The medical evidence was to the effect that death was due to heart failure of the nature of a coincidence, and a verdict in accordance therewith was returned.

Vital Statistics.

THE deaths registered last week in the eighty great towns of the United Kingdom corresponded to an annual rate of 17.8 per 1,000 of their aggregate population. The highest annual death rates per 1,000 living, as measured by last week's mortality, were:—From all causes, 28.8 in Tynemouth, 25 in Dublin, 21.0 in Wigan, 21.3 in South Shields and in Hastings, 21.4 in Newcastle-on-Tyne, 21.5 in Rochdale, 22.4 in Wallasey, 23.1 in Manchester, 23.2 in Bootle, 24.2 in Huddersfield, 26.4 in Hanley, and 20 in Belfast; from measles 5.9 in Wigan; from diphtheria, 1.2 in Northampton and in Blackburn, 1.5 in Merthyr Tydfil, and 2.5 in Hanley; from whooping-cough, 1.6 in Willesden and in Stockport, 1.8 in Rotherham, 2.0 in Great Yarmouth, 2.4 in Grimsby, and 2.7 in Smethwick; and from diarrhoea, 1.6 in Middlesbrough. Six deaths from small pox were registered in Liverpool, and 1 each in London, Manchester, and Leeds, but not one in any other of the large towns.

Trinity College, Dublin.

THE following passed the final examination in medicine, Hilary term, 1903:—Pringle, Seaton S., Holmes, John M., Sands, Thomas, L., Wilson, Thompson, F., M'Cutcheon, James, Marks, Alexander H., Ringland, William, P. Section B.—Nelson, Henry R., Wade, William M., Otway, Alexander L., Leech, John F. W. May, Harry O'H. H., Berry, Winslow, S. S., Clampett, Reginald W. T., Hallowes, Richard C., Bailey, Robert, Bryan, Rev. Richard, B., Vickery, Samuel, H.

Society of Apothecaries in London.

THE following candidates passed during the February examination:—

Surgery.—Beaumont, E. F. (Section I.), Beverly, E. M. (Sections I. and II.), Campbell, C. A. (Sections I. and II.), Gutermann, O., Nettell, J. P. (Section II.), Riley, S. (Section I.), Shanks, H. P.

Medicine.—Beverly, E. M. (Sections I. and II.), Bird, A. E. (Section II.), Campbell, C. A. (Sections I. and II.), Crockett, G. M. (Section II.), Humphreys, G. J. (Sections I. and II.), Pagonis, P. J., Shoosmith, L. S. (Sections I. and II.).

Forensic Medicine.—Beverly, E. M., Campbell, C. A., Crowe, G. A., Davies, T. S., Humphreys, G. J.

Midwifery.—Betts, K. G., Beverly, E. M., Bush, W. H., Campbell, C. A., Edwards, A. D., Finzi, N. S., Gosse, A. B., Wall, J. M.

The L.S.A. diploma of the society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—E. M. Beverly, C. A. Campbell, G. M. Crockett, T. S. Davies, O. Gutermann, G. J. Humphreys, J. P. Nettell.

Death of a Plague Physician.

THE death is announced of Dr. Yakato, a young practitioner who recently volunteered to attend persons suffering from the plague in Japan. His study of the disease has thus been brought to an abrupt conclusion.

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.

CLINICAL *versus* PATHOLOGICAL DIAGNOSIS.

A CORRESPONDENT criticises the value of expert pathological opinion on the strength of a recent experience of his own which is not without its humorous aspect. A patient brought him, on a piece of paper, a fragment of tissue which, in colour and general appearance, suggested the possibility of its being a segment of *tenia solium*. He therefore prescribed an appropriate vermifuge, but, not feeling sure of the case, he forwarded the fragment in question to the pathological department of a London hospital and, in due course, was informed that it was not a piece of tapeworm but probably a portion of mucous membrane. He immediately wrote to his patient cancelling his prescription, but was informed by return of post that it was too late; that the patient had taken the draught and had passed some twenty feet of tapeworm.

Dr. S. F. S.—The matter is hardly within our province, but we will make enquiries.

THE ODOL TESTIMONIAL QUESTION.

The proprietors of Odol have written us respecting the remarks contained in our issue of January 21st, based on two complaints which we had received in regard to the publication of testimonials, and they have submitted to us the facts bearing on the circumstances, thereby satisfying us that, in the one case, the publication was due to an error on their part, as the particular testimonial should have come under another heading, an error which was promptly remedied by a suitably worded "erratum" contained in the entire issue of the booklet with the exception of the first few copies. The other case referred to, the published expression of opinion, was actually written by the author, and certainly expressed that gentleman's views upon Odol. Under the circumstances it must be conceded that, even in the absence of direct authorisation by the writer, the proprietors of Odol might have felt justified in considering it a *bona fide* and voluntarily given testimonial. We quite believe, therefore, that the proprietors of Odol acted in good faith and in an honourable manner, and that the allegation made as to the publication of "fictitious" testimonials is inappropriate, so far as this firm is concerned, and we withdraw it.

BIRTH IN A THEATRE.

According to *The Era*, last week, immediately after the fall of the curtain, at a London theatre, a lady in the stalls was delivered of a child. Fortunately such dramatic effects are rare in theatres. We trust mother and child are doing well.

Dr. POWER.—The clause in the Local Government Amendment Act is as follows:—In addition to the annual amount which may be contributed by a council of a county, or of a county borough, to a county infirmary or fever hospital under subsection (9) of section fifteen of the principal Act, the council may, if they think fit, contribute in any year the whole or any part of such further amount as may be certified by an auditor of the Local Government Board to be necessary to meet any deficit in the funds of such infirmary or hospital during that year. This provides the means of paying any increase in salary that the committee may be willing to grant, but the sanction of the L. G. B. must also be obtained. If the case is placed clearly before the latter body, such permission may be granted. All the points, however, of which you complain are matters which should have been taken into account when applying for the post. It is difficult to obtain reforms afterwards.

SOUTHWARK.—If possible, in our next.

Dr. O'REILLY.—Your letter affords a typical example of the hardships of the present Poor-law system, and should be an object lesson to all candidates for present appointments. As matters stand at present, you, or anyone in your position, would be most foolish to resign unless you had received a guarantee in writing that the salary would be paid by one specified Union. The question of pensions can only be settled by an Act of Parliament, and this will only be obtained by stopping the supply of candidates, and so making the present system of Poor-law Medical Service impossible. This has succeeded in the case of the A. M. S., and will succeed here, too, if tried steadily and persistently.

MITHRA.—There is no specific remedy for beri-beri. It is practically impossible that a man who is now, and has been for some years, resident in this country should develop the disease, unless he had come into contact with a case of it. The etiology of the disease is unknown. Pekelharig and Winkler found cocci in the blood, and Gerrard also succeeded in growing cultivations from it, but their results have not been generally accepted. See paper by Gerrard in "Trans. Academy of Medicine, Ire," vol. XVIII.

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, FEBRUARY 25TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. J. H. Parsons: Ocular Circulation. (Arris and Gale Lecture.)

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Discussion on the Panama Canal and the Introduction of Yellow Fever into Asia (opened by Dr. P. Manson, C.M.G.).

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—5 p.m. Meeting.

HISTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Mr. C. Lucas: The Symptoms and Diagnosis of Stone in the Kidney.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. R. Harrison: Clinique. (Surgical.) 5.15 p.m. Mr. W. A. Lane: On Certain Abdominal Affections.

THURSDAY, FEBRUARY 26TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Dr. P. Stewart: Postures in Hysterical Paralysis.

NEUROLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Clinical Evening. Case of Myopathic Muscular Atrophy will be shown by Dr. Ascherson, Dr. Beavor, Dr. Buzzard, Dr. M. Clarke, Dr. Collier, Dr. Guthrie, Dr. Hutchinson, Dr. Ormerod, Dr. Pitt, Dr. Russel, and Dr. Taylor.

FRIDAY, FEBRUARY 27TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. J. H. Parsons: Ocular Circulation. (Arris and Gale Lectures.)

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, Cheries Street, W.C.).—4 p.m. Dr. T. Grant: Clinique. (Ear.) 5.15 p.m. Mr. H. L. Barnard: Acute Appendicitis.

Appointments.

CARR-WHITE, Major P., M.B., I.M.S., Clinical Assistant to the Samaritan Free Hospital for Women.

CLAPHAM, Lucy B., M.B.Lond., Assistant Anaesthetist to the New Hospital for Women, London.

DIMORE, Henry Bertram, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Wroughton District by the Swindon Board of Guardians.

JARVIS, John, M.R.C.S., Surgeon to the Western Dispensary, Bath, vice Mr. John Davies.

LYELL, J. H., M.D., C.M.Glasg., Outdoor Surgeon to the Royal Infirmary, Dundee.

PALMER, Harold Lewis, M.R.C.S.Lond., L.S.A.Lond., J.P., Honorary Consulting Surgeon to the Montgomeryshire Infirmary.

PATON, E. L., M.B., C.M.Glasg., Visiting Surgeon to the Royal Infirmary, Dundee.

PEARSE, James, M.D., C.M.Edin., Medical Officer of Health for the Trowbridge (Wilts.) Urban District Council.

SANDALL, T. E., M.B., B.S.Cantab., Certifying Surgeon under the Factory Act for the Alford District of the County of Lincoln.

STIRLING, Robert, M.D.Edin., F.R.C.S.Eng., Visiting Surgeon to the Royal Infirmary, Dundee.

TAYLOR, W., M.D.Edin., Visiting Surgeon to the Royal Infirmary, Dundee.

Vacancies.

Belfast Maternity Hospital.—Matron. Must be a fully-trained and certificated nurse. Salary £60 per annum, with board, residence, &c. (see advt.).

Chesterfield and North Derbyshire Hospital and Dispensary.—Resident House Physician and Surgeon. Salary £120 per annum, with board, apartments, and laundress. Applications to the Secretary.

City of London Asylum.—Second Assistant Medical Officer and Pathologist. Salary £150 per annum, with board (except liquors), furnished apartments, washing, and attendance. Applications to Charles Fitch, Guildhall, E.C.

Durham County Asylum.—Second Assistant Medical Officer. Salary £180 per annum, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent, Winterton, Ferryhill.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Medical Officer. Salary £100 per annum. Applications to Thomas Hayes, Secretary.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E.—Casualty Officer. Salary £80 annum, with lunch in the Hospital. Applications to the Secretary.

Owens College, Manchester.—Junior Demonstrator in Physiology. Salary £100 per annum. Applications to Sydney Chaffers, Registrar.

Rotherham Hospital and Dispensary.—Senior House Surgeon. Salary £110 per annum, with rooms, commons, and washing. Applications to E. S. Baylis, J.P., 19, Moorgate Street, Rotherham.

Stockport Infirmary.—House Surgeon. Salary £100 per annum, with board, washing, and residence. Applications to the Secretary.

Staffordshire General Infirmary, Stafford.—Assistant House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the House Surgeon.

Births.

COOK.—On February 20th, at Mengo, Uganda, the wife of John Howard Cook, M.S., F.R.C.S., of a son.

HUNNARD.—On February 19th, at Nottingham Road, Mansfield, the wife of Arthur Hunnard, M.B., B.S., of a son.

Marriages.

GORDON-SMITH-NEWBERY.—On February 18th, at All Saints', Milton-Ernest, Bedford, Harry Gordon-Smith, M.A., M.B.Cantab., of 17, Dartmouth Park Road, N.W., only son of Percival Gordon-Smith, F.R.I.B.A., of Oakhill Road, Putney, to Amy Eileen, youngest daughter of Frederick Newbery, of Milton-Ernest, Bedford.

HOBART-GUEST-LANE.—On February 19th, at St. Finn Barr's Cathedral, Cork, by the Very Rev. the Dean of Cork, assisted by the Rev. Alan Lucas, Nathaniel Henry Hobart, M.B., 33, South Mall, Cork, to Edith, younger daughter of W. Guest-Lane, Sans Souci, Cork.

Deaths.

LATTEY.—On February 20th, at Dewsbury, Reading, Walter Lattey, M.D., formerly of Southam, Warwickshire, aged 63 years.

PERKINS.—On February 18th, at The Firs, Woking, Thomas Peregrine, M.D., late of Half Moon Street, Mayfair, W., in his 93rd year.

TURNER.—On February 19th, at Courtlands, Shanklin, Isle of Wight, Margaret, widow of S. M. Turner, F.R.C.S., of Newcastle, Staffordshire.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, MARCH 4, 1903.

No. 9.

Original Communications.

THE DIAGNOSIS AND TREATMENT OF TUBERCULOUS DISEASE OF THE MIDDLE EAR AND ITS ACCESSORY CAVITIES. (a)

By WILLIAM MILLIGAN, M.D.,

Hon. Surgeon, Manchester Ear Hospital; Lecturer on Diseases of the Ear, &c., &c.

THE immense importance of an accurate and final diagnosis of tuberculous disease of the middle ear, both from the point of view of prognosis and of treatment, requires no accentuation. In every-day practice difficulties of varying magnitude surround the question of diagnosis, and my object at this moment is to place before you certain points which the experience of various observers has shown to be of value in helping to determine the existence or otherwise of middle-ear tuberculosis. In using the phrase "middle ear and accessory cavities," I include the tympanic cavity with its backward extension, the tympanic antrum, the adjoining mastoid cells developed around the antral cavity, and the whole course of the Eustachian tube from its tympanic to its pharyngeal orifice.

Tuberculous disease of the middle ear and its accessory cavities may be of primary or secondary origin. Up to the present moment most observers regard secondary tuberculosis of the middle ear as of much more frequent occurrence than primary tuberculosis. Secondary tuberculous disease of the middle ear occurs more frequently as a complication of tuberculous disease of the respiratory tract, and especially of the lungs, than as a complication of similar disease affecting bones, glands, abdominal viscera, &c.

From the otological point of view, the existence or otherwise of tuberculous disease of naso-pharyngeal adenoid vegetations is of the first importance. Given the presence of tuberculous adenoids, it is easy to see how readily the middle ear might become similarly infected. The evidence as to the existence of tuberculous adenoids is based upon the observations of comparatively few investigators. In a series of cases which I examined some years ago I found 16 per cent. of naso-pharyngeal adenoid growths of a tuberculous nature. A tuberculous process once started in the succulent adenoid tissue of young children may spread by simple continuity of tissue, and may ultimately locate itself in the mucosa of the tympanic cavity or its adnexa.

If careful histological examination of the parietes of the Eustachian tube be made, the tuberculous process may be seen affecting the mucosa and the submucous adenoid tissue, and extending in a definite line of march from the naso-pharyngeal to the tympanic cavity. More attention paid to this particular point would, I

believe, in all probability elicit the fact that naso-pharyngeal adenoids when tuberculous play an important rôle in subsequent tuberculous infection of the middle-ear cavities.

Nasal tuberculosis, although a distinctly rare condition, must not be ruled out of court in the consideration of this question. Tuberculous middle-ear disease as a complication of pulmonary phthisis may occur at any stage. Primary tuberculosis of the ear is stated by most observers to be of infrequent occurrence. When occurring as a primary affection it may be the result of a blood or of an aerial infection. My own experience has led me to the belief that as a primary infection it is not so uncommon as is usually supposed; that its site of origin is frequently within the cancellous spaces of the pars mastoidea—in fact, an osteomyelitis of the part—and that it is prone to remain as a circumscribed local process until a secondary and a septic contamination of the middle ear takes place.

Predisposing Causes.—The main predisposing causes are infection from association with tuberculous individuals, hereditary tendency to the catarrhal diathesis, improper and insufficient alimentation, unhealthy environment, the existence of any form of wasting disease—e.g., scarlet fever, diphtheria, scarlatinal diphtheria, &c.

Exciting Causes.—The more important exciting causes are the existence of tuberculous disease of some segment of the respiratory tract—e.g., lungs, larynx, or naso-pharynx—previous middle-ear disease, with an open perforation.

Tuberculous disease of the middle ear may run an acute or a chronic course. In the acute variety the deposition of miliary tubercles (occasionally to be observed through an intact membrane) leads to multiple perforations, rapid destruction of soft tissues, and rapid formation of granulomata springing from the mucosa covering the promontory. The very rapidity of the process would appear to give no time for involvement of bone. The process is fulminating and superficial, and rapidly assumes the characteristics of a mixed infection, owing to the invasion by various pathogenic organisms. Tubercle bacilli are at first fairly profuse in the exuded pus. In such cases the organismal warfare is carried on with great vigour. Pathogenic organisms, however, gain the upper hand, and discharge which at first may have been found to show fairly large numbers of bacilli will now be found to swarm with cocci, whilst evidences of distorted, ill-formed, and almost unstainable bacilli will be seen in the miniature panorama of the microscopic field. The chronic and atrophic form of tuberculous disease of the middle ear is, however, the type most frequently met with, and the one to which special attention should be directed. The channels along which bacillary invasion may take place are three in number—vascular, aerial, and mechanical. Vascular invasion may be through the general blood-stream, as in miliary tuberculosis or tuberculosis of bones. Infection along lymphatic radicles and lymph spaces may be demonstrated in cases of naso-pharyngeal origin with subsequent involvement of the mucosa and submucous tissue of the Eustachian tube. Aerial invasion may occur along the

(a) Read before the Otological Society of the United Kingdom

lumen of the Eustachian tube or through an already present perforation of the membrana tympani. Infection through an already existing perforation of the membrana tympani is no doubt possible, but probably is infrequent. Mechanical infection is to my mind also a possibility.

The symptoms of tuberculous middle-ear disease may be grouped under two headings—subjective and objective. The symptoms of acute tuberculous disease of the middle ear are somewhat anomalous. The occurrence of a middle-ear inflammation of medium intensity, and accompanied by considerable impairment of hearing in a subject of delicate constitution, might possibly suggest a diagnosis. It is only, however, by the discovery of multiple perforations or great destruction of the membrane, early and rapid formation of granulation tissue, early enlargement of the periotic ganglia, or early facial paralysis, that suspicion as to the true nature of the disease is usually aroused. The fact that such cases rapidly assume a mixed infective type tends also to mask an accurate diagnosis.

In the chronic and more usual form of the disease the main subjective phenomena are the occurrence of middle-ear inflammatory process with a variable degree of impairment of hearing, with a varying amount of subjective tinnitus, and a varying sense of fullness in the head and affected ear or ears, and an almost complete absence of pain.

The objective indications of the disease are referable to the effects produced by the deposition of bacilli within the mucosa of the tympanic cavity and to the subsequent ulcerative effects which are thereby induced. In certain rare cases miliary tubercles may be seen through a pale and semi-transparent membrane. Being deposited, as they in the first instance are, in the superficial layers of the mucosa, they appear as yellowish areas in a pale pearly gray membrane. Owing to the caseating of their central portions, they readily break down and form superficial ulcers. This ulcerative process extends to the deeper portions of the mucosa and subsequently to the underlying bone. When deposited upon the mucosa of the membrana tympani they tend to produce multiple perforations. These perforations, by their coalescence, produce ultimately great destruction of the membrana tympani. The special characteristics of tuberculous perforations are circular shape, pale, thickened, and indolent-looking edges, and general absence of reparative activity. It is claimed that tuberculous perforations are most frequent in the postero-superior segment of the membrane. Blake and Buch regard the occurrence of a painless perforation in the upper posterior quadrant of the membrane as pathognomonic of a commencing tuberculous process.

The discharge from the middle ear, which in the early stages of a tuberculous infection is thin and scanty, changes its characteristics when infected with mixed organisms, and becomes thick, creamy, and more profuse. In the early stages of the infection, when no bone lesion is present, it is odourless and, as a rule, free from admixture with blood. When succulent granulations appear, and especially when associated with an underlying carious process, blood-stained discharge is common. Granulations growing from a mucous infected with tuberculous elements are pale, flabby, œdematous, and friable. They may grow directly from an area of ulcerated mucous membrane, in which case they often attain considerable size, and fill up in part or in whole the cavity of the tympanum or the tympanic antrum. When originating from an underlying carious focus they must be classed as bone granulations, and are somewhat more friable than when growing from the mucosa itself, more vascular, and more prone to recur after removal. They are more frequently met with in tuberculous cases than in non-tuberculous. In 75 per cent. of my cases of tuberculous disease they have been a prominent feature, and in a certain number caseating areas have been observed on microscopic examination.

An objective indication of much importance is the early and readily detectable presence of bare bone. A distinct feature of tuberculous invasion of the middle

ear is the readiness with which the underlying bone becomes eroded. Not only does this take place at a much earlier stage than is usual in non-tuberculous cases, but it is prone to be more extensive, more rapid in its progress, and more likely to end in the formation of large sequestra. Owing to this early and, at times, extensive destruction of bone, facial paralysis is a symptom of frequent occurrence, and, if malignant—*e.g.*, sarcomatous—disease can be excluded, offers to my mind a very strong argument in favour of the underlying process being of a tuberculous nature. In 45 per cent. of my cases of proved tuberculous disease facial paralysis was present, whereas its frequency in non-tuberculous cases is probably not more than 2 to 5 per cent. In addition, it undoubtedly occurs as a much later symptom in non-tuberculous cases.

The extent to which the temporal bone may be destroyed without any objective evidence of what is actually going on is remarkable. I have on many occasions found practically the entire cancellous tissue of the mastoid process eaten away, leaving only a thin shell of more or less compact bone to preserve the underlying tissues. In one fatal case of double tuberculous otitis the two temporal bones were so eaten out by disease that only a thin shell remained upon which the middle fossæ were poised.

Carious erosion may, and frequently enough does, destroy the stapedio-vestibular articulation, and so opens up the cavity of the internal ear. Either in this way or by direct erosion into the cochlea the internal ear may become infected with progressive destruction of the contents of the labyrinth. Habermann, Schwabach, Gradenigo, and Brieger found in nearly 33 per cent. of the cases of tuberculous disease of the middle ear submitted to a post-mortem examination perforation in one or both of the labyrinthine windows. When this occurs infective processes are prone to attack the pia-arachnoid, bacilli being conveyed along the perivascular sheaths surrounding the terminal filaments of the stylo-mastoid artery to similar sheaths surrounding peripheral filaments of the internal auditory artery—the terminal branch of the basilar.

In my experience erosion of the outer table of the mastoid process is not so frequent in tuberculous cases as in non-tuberculous, and as a corollary from this subperiosteal mastoid abscesses are more frequent in non-tuberculous cases. On the other hand, I have met with quite a number of cases where, on making an incision behind the ear, the cortex was found perforated (although there was no suspicion of this beforehand), and the fistulous opening, sometimes as large as a sixpence, found to be filled up to the surface with a mass of creamy-white material of the consistence and appearance of putty. In fact, in some cases the superimposed periosteum appears to offer a more formidable barrier to the extension of disease than does the bone itself. In only two of my cases have I found a Bezold's perforation. Enlargement of the periotic ganglia is a most important indication. In non-tuberculous otitis media, excluding malignant disease, it is distinctly uncommon, and, when present, as a rule but few glands are affected. Such glands are tender if not actually painful to touch, are prone to vary in size with the virulence of the inflammatory process, and are more prone to induce a periadenitis.

In tuberculous processes early enlargement of glands is the rule. In fact, it is rare to find tuberculous middle-ear disease unaccompanied by enlarged glands. Such enlargement takes place also at an early stage of the disease. The infection spreads to surrounding glands until large masses and chains of glands are formed, often matted together, and exhibiting all stages of degeneration, caseation, suppuration, and calcification. When suppuration has taken place and a fistulous track has formed, the granulations lining it are pale, flabby, and œdematous. If healing takes place the resulting scar is depressed, irregular, and unsightly.

The clinical picture, therefore, presented by a case of suspected tuberculous origin differs materially from that presented by a non-tuberculous case. On the one hand, the process is distinguished by its latency, its asthenic type, its painlessness, its tendency to mul-

multiple perforations, extensive bone lesions, early facial paralysis, and early enlargement of the periotic ganglia; on the other hand, we have an acute sthenic process, accompanied by pain, fever, and reactionary symptoms, with no great tendency—at least, not in its early stages—to bone or glandular involvement or implication of the facial nerve, and with an inherent tendency to resolution and repair.

It must not be assumed that because a suppurative otitis media occurs in a tuberculous subject that therefore the aural infection is tuberculous also. Patients suffering from pulmonary or laryngeal phthisis frequently suffer from pathogenic middle-ear disease, the process often enough, however, running an abnormal course, probably due to the want of tissue vigour induced by the already existing pulmonary affection; nor, on the other hand, must it be assumed that because bacilli are not found in the discharge from the ear or in scrapings of granulation tissue that therefore the process is non-tuberculous. The actual demonstration of the bacillus, to my mind an essential and important factor in the final diagnosis of the case, is admittedly difficult, but, although admittedly difficult, is so important, both from the point of view of prognosis and of treatment, that it should never be neglected.

What, then, are the means by which this confirmatory and final diagnosis may be made? Examination of the discharge from the middle ear is usually unsatisfactory, as bacilli are extremely difficult to find. In cases of acute onset, however, and if examined at a very early stage, bacilli may be found in considerable numbers. In the more chronic form of the disease—the form much more frequently met with in practice—the almost invariably mixed infection which exists tends to destroy any existing bacilli, and at the same time to so distort and alter those which remain that their detection is difficult and uncertain. The removal of small tufts of granulation tissue and their subsequent microscopic examination is more likely to yield positive evidence. Frequently they will be found to contain bacilli, caseating areas, or giant or epithelioid cells. Another method of arriving at an accurate and final diagnosis when enlarged glands are present is to remove a gland, cut sections and examine for bacilli. In this connection it is of great importance that a young and early infected gland be selected. It is of little use examining old and caseating glands, as bacilli are rarely, if ever, found with such a high degree of pathological disintegration. A method which I have, however, tried, and with positive results, has been the aspiration of a glandular abscess with a fine exploring needle and the examination of the pus for bacilli. In the event of bacilli being found, either in sections of glands removed by operation or in pus from glandular abscesses, the inference, of course, is that the exciting cause for the glandular enlargement or abscess is of a tuberculous nature.

In cases of suspected tuberculous origin valuable information may at times be gained from an examination of sections of naso-pharyngeal adenoids.

The employment of tuberculin has not met with much favour in this country. Its indiscriminate employment in unsuitable, and too far advanced cases undoubtedly brought it into disrepute. When judiciously employed—that is, in an early lesion and before a mixed infection masks its true nature—it is useful, both from the point of view of diagnosis and of treatment. Very small doses should be used at first, and where there is a rise of temperature no further injection should be made until the temperature has fallen to normal again.

If such inoculations be conducted with proper antiseptic precautions, the information afforded is reliable. The main objection to the method is the difficulty of securing the necessary license and the interval of time which must elapse before a final decision can be arrived at.

Course of Disease.—In acute infections the disease runs a rapid course and ends fatally. As a rule such acute cases occur among those already debilitated by tuberculous processes elsewhere, and frequently among those in the last stages of pulmonary phthisis. The chronic and more usual types of infection run a slow, painless, and asthenic course. Exacerbations are

usually the result of secondary pathogenic infections. Many patients succumb to the effects of the disease or to complications induced by the disease. In other cases, however, energetic and well-directed surgical measures will undoubtedly succeed in eradicating what has been a localised tuberculous infection.

The complications which result from tuberculous middle-ear disease may for convenience be divided into those attacking intracranial structures and those attacking viscera.

I have already touched upon the danger of tuberculous middle-ear disease infecting the meshes of the pia-arachnoid by bacillary extension along perivascular lymphatic spaces. Other channels of infection are through eroded and ulcerated bone—*e.g.*, tegmen tympani, tegmen antri, groove of lateral sinus, &c.—whilst the tuberculous virus may also be conveyed along the perivascular sheaths of the carotid artery and jugular vein. The occurrence of intracranial abscesses is, in my experience at least, not very frequent in tuberculous cases. This is probably due to one of three causes: either the patients do not survive long enough to admit of the formation of secondary abscesses, or the destruction of bone which takes place so permits of drainage that the risks of secondary infections are minimised, or the fact that the pia-arachnoid membranes are more in the line of direct attack and more vulnerable than contiguous structures. In a certain proportion of cases the meningeal attack which carries off the patient suffering from tuberculous middle-ear disease is of a septic nature and due to a secondary infection by such organisms as streptococci, pneumococci, &c.

Recurrence of Disease.—In my experience fresh foci of bone infection are apt to crop up from time to time even after the case appears to have been cured. This may be due to tubercle lying dormant for a time and becoming lit up as the result of some incidental or accidental cause, or to the incidence of a fresh dose of infection from a primary focus in some other portion of the body.

Prognosis.—The younger the patient the greater the risks. Extensive involvement of bone, marked facial paralysis, copious blood-stained and fetid discharge, and masses of enlarged glands materially diminish the chances of recovery. Advanced pulmonary disease or advanced tuberculous infection of any other organ must necessarily render the prognosis grave quite apart from the aural condition. On the other hand, primary involvement of the ear, although always serious offers a much better hope of recovery provided persistent and painstaking efforts are made to eradicate any focus of infection which crops up. This may mean repeated operative interference, but final success will amply repay the surgeon's toil. At least 40 per cent. of my cases of proved tuberculous infection have succumbed to the disease, some from tuberculous or septic meningitis, others from pulmonary phthisis, intestinal tuberculosis, acute miliary tuberculosis, and general marasmus.

That tuberculous disease of the middle ear is more frequent than is usually supposed will, I believe, some day be fully recognised. Among infants and young children, especially among the poorer children of our large cities, the disease in my experience is painfully common. From 50 to 60 per cent. of my hospital patients below the age of six suffering from suppurative middle-ear disease owe their disease to the ravages of the tubercle bacillus. In adults the disease is undoubtedly much less frequent.

Treatment.—In cases of temporal bone tuberculosis occurring among patients suffering from advanced pulmonary phthisis or advanced tuberculous disease in any other portion of the body, operative interference is contra-indicated. On the other hand, however, retroauricular abscesses should be evacuated, and sequestra which interfere with the maintenance of free drainage removed for the sake of the general well-being of the individual. In cases of comparatively early pulmonary phthisis, where the general condition of the patient is good, much benefit will accrue from operation. Free removal of diseased bone and suppurating granulation

tissue and the provision of efficient drainage will tend not only to materially lessen the patient's discomfort, but also to give him a better chance of successfully combating the ravages of the tubercle bacillus. It is hardly necessary to add that in such cases attention should be paid to clothing, diet, and the provision of an ample supply of fresh air. Change of air, residence at the seaside or in moorland country, and the selection of suitable houses, &c., have all a place in the treatment of tuberculous disease of other regions just as in the treatment of tuberculous disease of the middle ear. In infants and young children, among whom tuberculous middle-ear disease is, unfortunately, frequently fatal, treatment must be conducted upon both general and local lines.

The question of local treatment is of paramount importance. The main indications are the employment of antiseptic treatment, the removal of diseased bone, the provision of free retro-auricular drainage, the removal of infected glands, and the treatment of concomitant nasal or naso-pharyngeal disease. Certain cases will, however, at once appeal to the surgeon as inoperable—viz., cases occurring among infants and young children suffering from marked debility, advanced facial paralysis, extensive bone disease, masses of enlarged glands, and copious foetid and blood-stained discharge. On the other hand, where the general condition of the patient is good, even although locally there may be extensive disease, operation is indicated. A point of importance in such cases is the advisability of dividing the operation into stages. For some time past I have been in the habit of dividing such operations into two and sometimes into three stages, upon the first occasion opening only a post-auricular abscess or suppurating mass of glands, on another securing free retro-auricular drainage, and on a third making a serious effort to eradicate the disease.

Where the facial nerve is completely paralysed, and where, in addition, the labyrinth is affected, my feeling is that the best line of treatment is to regard the condition as a tuberculous bone-abscess, and to clear out everything, even opening up the labyrinth very freely, regardless of the fact that it is an organ of special sense upon which the operator is working. The risks to the life of the patient when the labyrinth has become opened up are immensely increased, the infective process being prone to advance along the perinaural or perivascular sheaths to the pia-arachnoid membranes. In such cases the lesser of two evils should be chosen—the sense organ should be sacrificed in the hope that the life of the individual may be spared. Where 10 per cent. of the hearing-power remains, an attempt should be made to preserve it. In such cases the ordinary radical mastoid operation may be performed, and should the operator be successful in eradicating the whole of the tuberculous disease, a subsequent attempt may be made to graft the antrotympanic cavity.

Treatment of Enlarged Periotic Ganglia.—Infected glands should be removed, otherwise, even in the event of being successful in the eradication of the existing aural disease, the patient will still be liable to general tuberculous infection. Sinuses leading to infected and suppurating glands should be thoroughly scraped and swabbed with pure carbolic acid, lactic acid, or turpentine.

Treatment of an Existing Facial Paralysis.—The extreme unsightliness of the unfortunate possessor of a paralysed facial nerve makes it incumbent to attempt to remedy the defect so far as is possible. When severe the distal portion of the facial nerve may be united to the trunk of the spinal accessory as suggested by our distinguished member, C. E. Ballance, who has successfully accomplished it, the one disadvantage being that the patient, in order to smile upon the affected side of the face, has at the same time to shrug the corresponding shoulder. More recently Mr. Ballance has advocated the union of the facial to the hypoglossal nerve. The fact that the cortical centres of these two nerves are nearer to one another than are those of the facial and spinal accessory may possibly admit of a more ready and efficient response through their existing association fibres.

LUNACY AND THE LAW. (a)

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MR. PRESIDENT AND GENTLEMEN,—It augurs well for the success of the action taken by the Conjoint Committee of the British Medical Association and this Association with regard to the amendment of the Lunacy Law, to enable cases of recent (incipient) insanity to be legally treated in private care without being certified as lunatics, that the Lord Chancellor inserted into his proposed Lunacy Bill a clause to meet our requirements, in the very terms I advocated at the annual meeting of the British Medical Association in 1896.

The importance of the subject must be my justification for bringing before this Association some features in connection with it, from a practical point of view.

I look upon the question for my present purpose as being divided into two sections only, for I intentionally leave the rate-aided class to be dealt with elsewhere.

Section I.—The proposal to extend the provisions of the present law, so that incipient cases of mental disorder may legally, and without delay, be brought under care and treatment without certification; and

Section II.—The suggestion that cases admittedly certifiable or even already certified, may be placed in single care, without the so-called stigma of certificates; or if already admitted into an asylum, they may be taken out and placed in the house of some relative or impecunious person, and kept there for profit, and not necessarily for cure, for it is not suggested that these patients may be curable.

Now, Sir, with regard to the first section, which deals with cases of recent (*i.e.*, incipient) insanity, I would divide them into two classes: (A) those who are amenable to reason and advice, who are absolutely uncertifiable, and who can to a great extent take care of themselves; and (B) those recent cases of a mild type in which the mental warp is more pronounced, who may require removal from home, who are almost certifiable, or who may even have harmless delusions, who require a certain amount of moral restraint, and who may object to the control necessary for their proper treatment. With regard to Class A, no alteration of the law is necessary; these patients are as capable of treatment outside the Lunacy Law as any ordinary medical case. I have to deal with a large number of them as out-patients at the hospital, and I have no difficulty whatever with them.

It is with regard to Class B that the law requires amendment, to enable us to obtain the legal control of the patient; and a system of notification seems to me the best to meet the requirements of such cases. This, however, is no new idea. I have for years advocated a relaxation of the present law in order that incipient, doubtful, or undeveloped cases might, under suitable conditions, and at the earliest moment be brought under that expert care and treatment which experienced alienist physicians know to be so necessary for the arrest of the disorder and the cure of the patient. Upon this point I am glad to think we are all agreed. It is the adoption of a principle that has worked well in Scotland for many years, and I know of no reason why, under proper conditions and with the necessary safeguards of skilled supervision, it should not work equally well in England and Wales, the order of a magistrate on this side of the border taking the place of the order of the sheriff, as in Scotland, for the legal detention of the patient for a definite period. There is, however, one point upon which we must insist, and it is that, wherever these cases are so placed, whether it be in a doctor's house or not, they shall be at once notified to the Commissioners and be placed under their official supervision as well as that of some skilled and independent local authority, appointed by the Board. Above all,

(a) Read at the General Meeting of the Medico-Psychological Association held at the County Asylum, Mickleover, near Derby, February 12th, 1903.

we must be certain that it shall not be merely a matter of boarding them out in so-called medical homes or private houses, kept by unqualified, inexperienced, and untrained persons, but that we shall have some guarantee that they will be cared for, and looked after, by those who have been trained in some recognised institution for the insane, or whose competence is assured by long experience, and who shall be approved of by the Commissioners; and, further, that they shall be nursed and attended not by hospital nurses who have had no asylum training, but that their nurses shall be asylum-trained, and, preferably, that they shall hold the certificate of the Medico-Psychological Association for proficiency in nursing and caring for those of unsound mind.

It is absurd to imagine for one moment that such cases as these can be properly treated by persons with no special knowledge of, or experience in, all the details of the moral control these persons require, and we must speak out with no uncertain voice in our condemnation of any attempt to minimise this, the most vital part of their treatment. The periodic visits of a consultant are practically useless as regards the supervision of these details which are of daily, even hourly, importance for the cure of the patient. This, of course, we cannot expect physicians, however eminent, to appreciate who have not made a special study of the care and treatment of mental disorders. It is the absence of this special knowledge on the part of the hospital physician which will permit him, on the one hand, to give these, the most difficult of all cases to manage, into the care of inexperienced people of limited means, or hospital nurses with no asylum training, who do not know what to do with them, who cannot understand the constant supervision and the unceasing vigilance they require, who are unable to anticipate a suicidal impulse or an outbreak of homicidal violence, and who will either rush in terror from the room at an outburst of excitement or will resort to the injudicious and unnecessary use of mechanical restraint; or, on the other hand, to give them up to the tender mercies of the keeper of some medical home or nursing institution who has never seen the inside of an asylum, who does not hesitate to send out hospital-trained nurses to acute mental cases, and untrained domestic servants as trained mental nurses! Gentlemen, I am speaking of things of which I have personal knowledge, and in my opinion, instead of the law being made more elastic with regard to these transparent frauds, it should step in and compel every nursing home or institution receiving such cases as these to be placed under some official supervision. If this were done we should hear less of the fatalities which are of such frequent occurrence, and which help to fill the columns of the daily Press.

While, therefore, we advocate the early treatment of cases of incipient insanity without certificates, let us endeavour to make sure it will be carried out in such an efficient manner that there shall be no excuse in future for the smuggling away of what are termed "borderland" case, or those deliberate evasions of the law which have been alluded to, and even boasted of, before the members of this law-abiding association, and which have in so many instances been followed by fatal results.

I will now turn to the second section of the subject, I mean the suggested extension of this system of notification for incipient cases, so as to make it applicable to chronic, certifiable cases of insanity, and to those already certified and living in institutions for the insane. This, in my opinion, would be a dangerous innovation. It is sad to reflect that at this time of day we are compelled to reiterate the arguments of our predecessors in this association against the un wisdom of such a retrograde step, and that the cruelty of mechanical restraint must again be brought forward to steady the minds of well-meaning but ill-informed philanthropists, and bring into bold relief the danger of giving a free hand to those impecunious persons who bombard us with applications for the care of this class of patient. One of these individuals who was anxious to obtain the care of such an one endeavoured to impress upon me the blindness and being crippled would not matter. I

presume if the unfortunate patient were blind, he could not see and criticise his food and surroundings, and if crippled, he could not escape, and would require less expensive supervision.

It has been suggested that the relatives of many certified patients should take them out of asylums because they are not dangerous to themselves or others and that they could undertake the care of such cases as well or even better than they could be cared for in an asylum without the stigma attaching to them of being certified lunatics. This, to my mind, is mere sentiment; nothing can alter the fact that the patients are insane, whether they are certified or notified, and whether the fastidious friends like it or not, the fact remains. My experience through a long series of years spent among the insane is, that more downright cruelty and neglect are often inflicted upon such patients by friends and relations owing to their ignorance and incompetence and through judgment giving way to feeling, than is possible under the splendidly humane treatment of such cases in our institutions for the insane, private as well as public, which are a credit and an honour to our country.

In support of this statement permit me to give you an account of a case which came under my notice a short time ago. A refined young lady of some twenty years of age, to save the stigma of certificates, was placed in charge of a hospital nurse in a so-called medical home, and because she was anxious to leave her room had an ingenious waistband buckled round her, to which was attached a half-inch rope sufficiently long to allow her to attend to the calls of Nature. This rope was firmly fastened to the bedstead. The nurse explained to me that but for this contrivance she would not have been able to leave the patient alone. Comment upon this case, which was one of certifiable insanity (and I certified her), but not dangerous to herself or others, is needless to members of this association. Take another case, which I also certified and sent to an asylum. A young lady, *æ*t. 22, was kept in a private house to save certification, in charge of a hospital trained nurse. She was in a state of acute mania, she had bitten the hand of the untrained lady in whose home she was detained, because she endeavoured to hold her down by force. This hospital nurse had an untrained young woman as an assistant. The patient was curled up in bed, jabbering incoherent nonsense, her hair unkempt, and she was unwashed and dirty, the room was barely furnished and most uncomfortable, and the window was strongly barred. As I was leaving the apartment I found each panel of the door excepting the one below the lock, was protected by a stout half-inch deal screwed securely over it, and the door showed evidence of violence. On examining the door from the outside, I found the panel under the lock was made to slide in a groove, with a knob on the outside, to draw it backward and forward, and over the space left when the panel was withdrawn were three strong iron bars. On inquiring of the nurse the use of this ingenious device, she informed me that it was to enable anyone sitting outside the room to see what the patient was doing inside! A convincing confession of incompetence! I confess to being somewhat shocked at such a condition of things occurring in the closing months of 1902. But, gentlemen, these are the evasions of the law we must expect to increase and multiply if the law is made "more elastic," with regard to cases of certifiable insanity, without adequate official supervision.

I do not wish to weary you with a recapitulation of further instances of the inhumanity of ignorance which are only too well known to us; but I venture to say that if the supervision of the certifiable insane in single care by the Commissioners is in any way relaxed, we shall soon have a recrudescence of those scandals which brought on to the Statute Book the Lunacy Law as it now stands. No perfunctory visitations of the physician can prevent them. Only within the last month I had three applicants for the post of nurse to a mental case, and in view of the question have raised of asylum-trained nurses being so necessary for the care of mental cases, permit me to de-

scribe to you the kind of persons these three applicants were.

No. 1.—A lady, quite untrained, but with some years' experience in private cases, wonderfully self-confident, and largely possessed of the audacity of ignorance. When I asked her if she were trained, she said "Oh, no! she didn't believe in trained mental nurses; they only irritated the patients." When I asked her what she would do if the patient happened to become violent, she said, "I would look at her; that would be quite enough"!

No. 2.—Another lady, untrained, who, when I asked her what she would do if the patient became violent, said "I would pull her arms back and tie them with a towel." I mildly suggested that that might not be enough, then said this untrained lady with a knowing look, "I would get a strap with hooks on it and hook them back"!

No. 3.—A tall, strongly-built lady, very much satisfied with herself and her powers, who would take any case, male or female. She was a trained hospital nurse whose only knowledge of mental training was gained by three months in a county asylum some years ago, and a few months in the insane ward of a workhouse. When I asked her what she would do if the patient became violent she said very decidedly, "I am quite competent to do some 'policemaning' if necessary"!

I thank that lady for the word "policemaning" it is so suggestive of truncheons and handcuffs and such like trifles! It is these and such as these gentle, untrained, impecunious ladies into whose care the friends of patients are asked to deliver them, *yet they all had testimonials from the friends and relations of former patients!* Then there is a further view of the subject which the following incident illustrates, and it is a pretty example of another method of evading the law. A friend of mine, at the request of his patient's relatives, called a physician in consultation upon a mental case which required certification to legalise the necessary control. "Oh, you must not certify it," said the physician; "call it hysteria, and you can do what you like with it." "That is all very fine," said my friend indignantly, "but the woman is a lunatic and ought to be certified." "Call it hysteria," reiterated the physician, and away he went, leaving my friend to treat a case of acute mania as hysteria! But very soon the crockery began to fly about, and the "hysterical" patient had to be promptly certified, and sent to an asylum. "Call it hysteria," indeed! We have arrived at a serious state of things if consultants, either unable or unwilling to recognise a case of acute mania, can bring themselves to call it "hysteria" in order that they may pander to the pride and prejudice of fastidious relatives who look upon this, one of the most affecting disorders that can afflict a fellow-creature, as a crime, or something to be ashamed of. Was it not rather the duty of a consultant to support the medical practitioner in his endeavour to induce the relatives of the sufferer to take a sane view of her malady, and do their best for her, rather than hand her to such untrained persons to be "policemaned" as a case of "hysteria"?

They who have spent their lives in endeavouring to ameliorate the condition of the insane must not stand by without protest and allow a reversion to those methods of barbarism which would be bound to follow any relaxation of the law without something more to protect the unfortunate patients than the mere visits of a physician, who may have no special knowledge of the care and treatment they require. Above all, we must be satisfied that those who are allowed to take charge of insane patients are properly trained and competent to do justice to their charge.

The point upon which the whole question hangs is that of adequate supervision. It is a very simple one. The Commissioners in Lunacy have all the facts in their possession. There is no need for any Commission of Inquiry about the Lunacy Laws. We know quite enough about them already. The appointment of deputy commissioners, together with local expert representatives of the Board in centres of the population, will, in my opinion, meet every requirement. By these means the vagaries of those who take charge of

cases of doubtful or confirmed insanity will be held in check, and the friends and relatives will be controlled and guided by the firm but kindly supervision of trained experts, who are qualified by long experience to guide and direct them in the right way.

NOTES OF A

CASE OF PERICARDITIS WITH EFFUSION ASPIRATED FOUR TIMES. (a)

By J. SINGLETON DARLING, M.B. Dub. Univ.,
Of Lurgan.

J. C., a gentleman, æt. about 30, was first seen on July 11th, 1900, in consultation with Dr. Moore, of Bangor. I learned that without being very robust he had always had fair health, and had been regular at his duties in one of the offices under the Corporation. His family history was good, but somewhat neurotic. Some months before he had been greatly disappointed at not getting some promotion he had set his heart on, and he had become depressed, eating and sleeping badly, and was noticed to be failing in health. He consulted no doctor till four weeks before I saw him, when he visited a consultant, who prescribed for him, and on the second occasion advised him to go to Bangor to get his strength up. His mother at once took a house there, and they went at the beginning of the month. Though breathless and weak, he went about until a few days before July 11th, when he was found fainting in the hall. Dr. Moore saw him, and found him alarmingly ill. When I saw him he was sitting up in bed, his face bedewed with sweat; he was gasping for breath, and could scarcely speak; his pulse was uncountable, and barely perceptible; in fact, he seemed to be dying, and it was with difficulty an examination of his chest could be made. There was dulness extending from the pericardium round the left side. No sounds could be heard over the cardiac region, nor could the heart sounds be heard in any other place. Dr. Moore concurring in the diagnosis of pericardial effusion, it was evident if the patient was to have any chance he must be relieved at once. An exploring needle was the only instrument available; we boiled it and cleansed the præcordia, and I plunged it into the fifth interspace one and a quarter inches outside the nipple line. We were rewarded by a jet of straw-coloured clear fluid. I carefully watched the flow lest air should be sucked in, and though there was evidently more there, when about thirty ounces had come I judged it prudent to withdraw the needle. The immediate effect was most gratifying; the pulse became fair, the dyspnoea became much less, and in a short time it became possible to examine the patient. He was anasarcaous, there was a good deal of fluid in the peritoneal cavity, the liver reached almost to the level of the umbilicus, and seemed to fill the upper part of the abdomen. It was ascertained that he was passing less than twenty ounces of urine in twenty-four hours; this was free from albumin. He was taking very little food, and as he was a vegetarian and full of fads the problem was not easy. We put our feet down about the vegetarianism, and laid out a dietary plan which was tolerably well adhered to. It would be tedious to mention the changes of medicine; suffice it to say that in the course of the treatment every cardiac and general tonic, every stimulant, and every diuretic in or out of the "Pharmacopœia" that seemed likely to be of any use was tried, and with this I shall dismiss this part of the subject, as none of them seemed to exercise much influence on the disease.

On the 17th I saw him again, and Dr. Moore informed me that the day after the tapping a mitral murmur could be heard, and that the heart sounds were fairly distinct. The daily urine had considerably increased, the anasarca and ascites were less, the liver had appre-

(a) Read before the Ulster Medical Society, January 19th, 1903.

ciably diminished, but gradually the heart sounds had disappeared and now again all was silent. I aspirated through the same space as before, and withdrew 62 ozs. (measured) of fluid. As the cavity emptied the heart could be felt pulsating against the blunt end of the cannula and the movement of the protruding end noticed. When the sac was emptied the murmur was audible, but the sounds were distant and indistinct. The pulse dropped under 120, and was of fair tension. On the 24th I aspirated 35 ozs., and on August 2nd 26 ozs. During these three weeks the patient made fair progress; the ascites almost disappeared, there was but little anasarca, and the kidneys continued to act fairly; but the liver still remained large. On August 8th there was manifestly fluid in the left pleura with resonance in places as if the lung were adherent there. I aspirated 80 ozs. of sero-purulent fluid, introducing the trocar at the angle of the scapula, and on the 17th I aspirated 93 ozs. from the same pleural cavity. About this time progress was interrupted by a severe attack of diarrhoea, and after this there was a tendency for the anasarca to increase, and there was again more fluid in the peritoneal cavity. The heart sounds remained distant, but there was no evidence of fluid in the pericardium. There was not much re-accumulation in the pleura. He very gradually got a little strength; the dropsy fluctuated, but did not go away, nor did the liver margin go higher than two inches above the umbilicus. On October 13th he was taken home to Belfast in a carriage, and Dr. McKisack took charge of him. I saw the patient several times afterwards with him, and later on with Dr. Robert Boyd. He slowly sank and died without any new symptoms developing.

Clinical Records.

CASE OF ACUTE LYMPHATIC LEUKÆMIA. (a)

By W. L. ASCHERSON, M.B., and H. D. ROLLESTON, M.D.

LUCY O., æt. 7, was admitted on February 17th, 1903, suffering from debility, pallor, and shortness of breath.

Family.—Is one of five healthy children. Father and mother healthy, but the latter had had several miscarriages. None of the children are prone to epistaxis. None of the family have been abroad. A full term child, breast-fed, always healthy until the present illness. Never known previously to bleed from the nose or to bruise readily, or to be pale.

Present attack.—On waking one morning the mouth was seen to be drawn up to the left side, and opening the mouth was difficult. Fluid food introduced into the mouth dribbled away, and the child seemed ill, dull, and apathetic. Next day, while playing, she fell from a toy horse and hurt her shins, and her mother said she was surprised at the rapidity and extent of the bruising. The child continued to be apathetic, and grew increasingly pale and weak. The facial symptoms disappeared twenty-four hours after they were first noticed. The day before admission she was seen in the out-patient department, when her temperature was 102.8°. The right side of the neck was painful, but there were no lumps in the neck. The spleen was enlarged. No facial palsy was observed. The child returned home to come up for admission the following day. That evening she had violent epistaxis and bleeding (it was reported) from the throat; bleeding continued all night through.

State on admission.—The child was fairly nourished, tired and apathetic-looking, and distinctly anæmic. There were some bruises on the shins, the result of trauma, and one on the left arm unaccounted for. No purpuric spots of any kind. Slight bleeding (oozing) still from the gums. No sign of epistaxis. A small conjunctival hæmorrhage was noticed in the right eye. Tongue was clean. Teeth defective, but not carious. The breath was foul, and had the characteristic smell

observed in these patients of decomposing blood. The tonsils were much enlarged, and the right showed evidence of a morrhage. There were enlarged glands on both sides of the neck (anterior and posterior triangles) and in the left axilla. The enlargement was only moderate, and the glands were freely movable. The glands in the groins were abnormally palpable. There was no manubrial dulness or evidence of enlargement of the thymus. The lungs were abnormal, but the heart showed evidence of moderate dilatation.

Abdomen.—Showed moderate enlargement of the spleen; the organ was felt three inches below the costal margin on inspiration; the edge was soft and rounded; notch not felt; the organ seemed of fairly soft consistence. Otherwise the abdomen seemed normal. No friction could be heard over spleen. There was no evidence of tenderness anywhere on pressure over the bones, and the special senses were intact. The urine contained a large deposit of unpigmented lithates, and was very pale in colour; otherwise normal.

Blood: Red blood-corpuscles.—Per cmm. 2,320,000; some poikilocytosis and irregularity in size of the individual corpuscles. One normoblast seen in a stained film. **Hæmoglobin.**—30 per cent. **Leucocytes.**—Total per cmm. 60,000, of which polymorphonuclear numbered 3.3 per cent., hyaline leucocytes 1.8 per cent., lymphocytes 95 per cent. No other forms were detected. The lymphocytes were for the most part large and showed characteristic fraying of the edges. In some cases budding and great irregularity in shape. Many particles of lymphocytic protoplasm were seen free in the blood.

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

CASES FROM THE DERMATOLOGICAL CLINIC.

UNDER THE CARE OF G. NORMAN MEACHEN, M.D.
M.R.C.P. LOND. AND EDIN.

1. *Aberrant form of Psoriasis, simulating a Syphilitide.*—A married woman, æt. 42, came with an eruption upon the dorsum of the right hand and the outer aspect of the right knee, which had been present for six months. Two years ago she had a similar "breaking out" in the same situation, when she was treated at another hospital. Itching was very distressing. She had not had any previous illnesses or worry of any kind. The lesion on the hand consisted of dark red patches, somewhat coalescent, slightly scaly and not infiltrated. The single lesion over the external tuberosity of the right tibia was circinate in outline, of a brighter red than that on the back of the hand, and covered with whitish scales, which, on picking off, left a raw surface upon which were seen minute hæmorrhagic points. No other lesions were present anywhere else. The tongue was pale and flabby, and the fauces normal. The patient gave no history of rheumatism or syphilis. She had had thirteen children and two miscarriages. Dr. Meachen remarked that the patches on the hand could not be distinguished at sight from a tertiary eruption, but when one came to feel it, the absence of anything like infiltration was very striking. On the other hand, the patch on the leg was typical of psoriasis, although external to its usual site, *viz.*, over the ligamentum patellæ and tubercle of the tibia. It was very necessary, however, to be on one's guard against supposing that because a scaly eruption appeared upon situations other than the front of the knees and backs of the elbows, the favourite localities for psoriasis, therefore it could not be ascribed to that disease. The patch on the leg might be mistaken for a seborrhœic dermatitis, but it was of a deeper tint. As against the diagnosis of syphilis was the very important objective sign of absence of infiltration, and the subjective symptom of intense itching, which was rarely associated with specific eruptions. Lichen planus was also negated by the scalliness, the absence of outlying lichen papules in the neighbourhood of the main patches or in other

(a) Case shown at the Clinical Society, February 27th, 1903.

tuations commonly chosen by that disease, such as the flexor surfaces of the wrist, or about the knees or shoulders, and the colour, which in lichen was generally darker, duller, and more violaceous.

Under the application of a weak creolin lotion and a salicylic acid ointment of 20 grains to the ounce, the lesions gradually faded away, but, as if in confirmation of the diagnosis, others of a nummular character quite typical of ordinary psoriasis made their appearance upon the limbs and trunk. The patient was also given the *mist. ferri aperiens* three times a day.

2. *Pruritus Hiemalis with Xeroderma*.—A dairyman, married, *æt.* 45, complained of itching of the skin all over, worse in cold weather and especially on undressing before going to bed. The irritation had lasted for six years, and quite disappeared in the summer. His general health was good. On examination, the skin of the trunk was seen to be dry, harsh, and absolutely devoid of moisture. The normal lines of the skin were intensified. There was a slight degree of erythematous eczema on the forearms, where the roughness was also most marked. The urine was phosphatic, sp. gr. 1028; albumin and sugar were absent.

Dr. Meachen pointed out the very close association of the morbid conditions present in this man. What might be called "tendencies to eczema" were here latent, such as dry skin, erythematous reaction to cold air, only waiting for a suitable provocation to develop into the disease proper. In chronological order, there was first the mild degree of congenital xeroderma, next the pruritus owing to the loss of vaso-motor control, and to defective nutrition and lubrication of the skin resulting in a slight eczematous outbreak. To relieve the itching, a weak alkaline and creolin bath was ordered together with the *ung. zinci cum plumbo*, and to restore vaso-motor tone, *mist. ferri et quin.* For the forearms, gr. v. of ammoniated mercury were added to the ointment. Dr. Meachen said that there were two points of great importance to be observed in the general treatment of *pruritus hiemalis*, *viz.*, inspection of the under-linen worn, with advice as to its change, if necessary, and the careful selection of a suitable soap. This patient was wearing woollen clothing next his skin, and had been using a patent coal-tar soap. He, also had recourse, upon one occasion, to one of the largely-puffed varieties of soap which profess to "cure all skin diseases." He was advised to wear thin cotton material with flannel or wool over it, and to use fine oatmeal in tepid water for his forearms together with a superfatted menthol soap for the rest of the body.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD FRIDAY, FEBRUARY 27TH, 1903.

Mr. HOWARD MARSH, F.R.C.S., President, in the Chair.

DR. LEONARD S. DUDGEON showed

THREE CASES OF VOLKMANN'S CONTRACTURE.

Case 1.—Child, *æt.* 5. Fracture of right upper arm near the elbow-joint in December, 1900. Treatment.—Plaster splints with the arm in flexed position. Within twenty-four hours fingers were swollen, cyanosed, and cold. Splints were not removed for four days, possibly owing to the absence of pain. Large pressure sore on flexor aspect of forearm. Hand and fingers in the typical position. Sensation normal. Electrical reactions practically normal. January, 1903.—Shortened forearm, which is strongly pronated. The position of the hand and fingers is still quite typical. Movement has improved. Treatment for two years.—Passive movements and massage daily. Faradism three times weekly. Result.—Very slight improvement. *Case 2*.—Boy, *æt.* 9. Injury to the left forearm two and a half years ago. Anterior and posterior splints for three weeks. No pain. Arm and hand

were cold and cyanosed, fingers in typical position, pressure sore. Several operations with no result. March, 1901.—Patient was brought to St. Thomas's Hospital. Electrical reactions showed partial R.D. in the ulnar nerve and muscles, and also in the posterior interosseous group. Partial motor and sensory paralysis in these regions. Treatment.—Massage daily. February, 1902.—Electrical reactions normal. Fingers and hand as before, but no ulnar or musculo-spiral paralysis. Operation by Mr. Clutton.—Resection of half to three-quarters of an inch of both radius and ulna from the posterior aspect of the middle of each shaft. Both wired. March 25th.—Bones united. Massage daily. Result.—Great improvement. *Case 3*.—Boy, *æt.* 8. Injury to the left forearm in December, 1901. Anterior and posterior splints for five weeks. No pain when splints were removed. Arm was shrunken, fingers contracted, and sloughing sore on forearm. September, 1902.—Child was brought to St. Thomas's Hospital. Hand and fingers in typical position. Electrical reactions normal. Scar on forearm. Skiagram showed no sign of an old fracture. October, 1902.—Mr. Clutton excised three-quarters of an inch from radius and ulna, wired ends. November 1st.—Good union. Massage daily. Result.—Great improvement.

DISLOCATION OF THE LONG TENDON OF THE BICEPS.

Mr. H. BETHAM ROBINSON showed a patient, *æt.* 27, who had the head of the left humerus excised in St. Thomas's Hospital on September 19th, 1900, by the late Mr. Anderson for recurrent dislocation. This had occurred nine times in the preceding three years. The result had proved most satisfactory. He came under my care at the same hospital at the beginning of this month, and gave the following account:—Six months ago he fractured the right clavicle, which united rapidly. On January 3rd last he fell off his van, hitting the front of his shoulder against a sharp corner. He then noticed the arm could not be brought properly to the side, and was in the position it has assumed several times since. The condition has varied since the accident, being sometimes better and sometimes worse. The patient, however, himself speaks of it being dislocated like the other one was. The position the arm takes is characteristic. The humerus is abducted and inwardly rotated to a slight extent; the shoulder-joint being then fixed, attempted movement is attended by rotation of the scapula. The head of the humerus can be distinctly felt in the axilla, and seemingly more prominent against the front of the capsule than normally. When it is "out" there is complaint of some tingling in the fingers generally. The malposition can be easily rectified by, after fixing the scapula, bringing the elbow forward, thus relaxing the biceps, and then rotating outwards. The condition is apparently associated with an abnormal laxity of the joint capsule, and an increased play of the tendon in its groove. In abduction with inward rotation the tendon slips over the great tuberosity, and at the same time the head of the bone is brought up against the front of the capsule at the anterior margin of the glenoid cavity.

Mr. GOULD suggested that the abnormality might be due to a hypertrophied synovial fringe.

The PRESIDENT was not convinced that it was dislocation of the long tendon of the biceps which generally took place inwards and not outwards. The case, he urged, should be thoroughly investigated.

Mr. BETHAM ROBINSON, in reply, thought the joint might be explored, but asked what ought to be done if it proved to be a dislocation of the tendon. He did not think it was indispensable to remove the head of the bone as on the other side.

VARICOSE INTERNAL SAPHENA VEIN IN A CHILD.

Mr. THOS. H. KELLOCK showed a girl, *æt.* 7, in whom there is considerable enlargement of the right internal saphena vein at the upper part, first noticed accidentally about a year ago; the course of the vein seems to be slightly abnormal, passing rather far towards the inner side of the thigh. Varicosity is also noticeable at the inner side and front of the patella, behind the internal malleolus, and over the inner side of the foot. No cause could be discovered.

Mr. GOULD said he had never seen varicosity in so young a female patient, though varicocele was met with in male children. He thought this condition supported the view that varicosity was not due solely, or even chiefly, to increase in venous pressure, but rather to over-development of the venous tissue akin to venous nævus.

Mr. HARRISON CRIPPS recalled the case of a girl, æt. 15, who had enlargement of the whole limb, but in her case there was also involvement of the lymphatics. In the author's case he remarked that the limb was slightly longer and the foot somewhat bigger than on the other side; in fact, he looked upon it as a case of incipient gigantism.

Mr. KELLOCK, in reply, admitted that the limb was about a quarter of an inch longer than the other, but there was no indication of the lymphatics being involved. He proposed to remove a piece of the vein above.

Drs. W. L. ASCHERSON and H. ROLLESTON showed a case of "Acute Lymphatic Leukæmia" which will be found on page 215.

Dr. ROSE BRADFORD questioned whether the case was really acute and suggested that it might be a case of some standing in which the symptoms had suddenly become more prominent.

Dr. ROLLESTON pointed out that the patient had markedly improved under treatment.

SYRINGOMYELIA WITH DISSOCIATIVE ANÆSTHESIA, ATROPHIC JOINTS, MUSCULAR ATROPHY, AND EXAGGERATED KNEE-JERKS.

Dr. A. E. RUSSELL showed a man, æt. 50, with well-marked atrophic arthropathy of the left wrist and carpal joints. Both shoulders creak on movement, and the left is apt to swell on attempting to work. The dissociative anæsthesia is distributed over both hands and arms, neck, scalp, and trunk down to the level of the fifth thoracic segment. There is considerable muscular atrophy of some of the intrinsic muscles of the right hand, especially of the abductor indicis. The knee-jerks are greatly exaggerated, but his gait is not spastic.

Mr. BOWLBY recalled a case in which the patient complained of pain &c., in the shoulder, associated with characteristic destruction of bone, but this destruction bore more on the parts external to the joint. He suggested the desirability of obtaining a radiogram of the joint.

Dr. RUSSELL, in reply, said the rays showed considerable bony changes.

CEREBRO-SPINAL MENINGITIS WITH OPTIC NEURITIS.

Dr. W. PASTEUR showed a female patient, æt. 22, of good family history. Her previous health good; no evidence of syphilis. Chlorosis lasting nine weeks early in 1902. Her present illness began with severe occipital headache, radiating forward to temples and down the neck. On September 17th severe pain in small of back, unable to move in bed; vomited on 18th and 19th, and on two occasions after admission. Shooting pains of varying intensity in arms and legs since onset of illness. Squint in left eye and prominence of both eyes on September 23rd. Sleeplessness from the beginning, numbness and tingling in fingers since middle of September. On admission, October, 1st, 1902.—Marked paresis of arms and legs (electrical reactions normal). Rigidity of neck muscles; no retraction. Gait very unsteady and feeble, but not staggering. Knee-jerk absent on right, just perceptible on left side. Plantar reflex normal. Kernig's sign present (October 10th). Babinski's sign: flexor response (?). Sphincters unaffected. Troublesome constipation throughout illness. Much tenderness and pain over cervical spine and upper dorsal vertebræ. Headache constant but slight, worse at night. Head always bent forwards on chest. She began to improve after October 22nd. Sight totally lost at this time. Optic neuritis beginning to subside on November 4th with slight recovery of vision. On December 1st, pupils

reacted slightly to bright light, but she cannot tell light from dark, and does not see an electric light when held up close to her face; is able, however, to distinguish a hand or book, especially if moved to and fro. January 19th.—Marked atrophy of both discs. Can find her way readily about the ward, and recognises the shape of objects without much difficulty—better against a dark background than against the light; is still unable to see the electric light held before her face, or to be sure of the position of the windows. Has almost completely recovered muscular power, and is practically restored to health. February 22nd.—On her return from the convalescent home vision has improved slightly. Can locate the ward windows correctly, and sees the electric light as readily as a more feebly illumined object, but the perception is only momentary, and immediately lost unless the light is moved, whereas the perception of the hand gains in distinctness as she continues to look at it. Both knee-jerks are still absent, otherwise she is in good health.

CASE OF WEBBED ARM.

Mr. RAYMOND JOHNSON showed a lad, æt. 6. The anterior fold of the right axilla is prolonged downwards in the form of a web which passes upwards from the inner side of the elbow to the chest at the level of the third costal cartilage, 2 cm. above the nipple. The pectoralis major is either absent or represented merely by a few fasciculi of the clavicular portion. In the free border of the web can be felt a slender fibrous cord ending below at the internal condyle of the humerus, and at its other extremity terminating in a muscular fasciculus attached apparently to the second costal cartilage (chondro-epitrochlearis muscle). There is impaired development of the whole upper extremity, and the four inner digits are webbed. The right scapula is smaller, and lies at a higher level than the left.

Dr. ROSE BRADFORD referred to a patient of Mr. Tweedy's who could not distinguish between light and dark, though he could distinguish form. He thought this curious condition had been described by certain German observers.

GRAVES' DISEASE IN FATHER AND SON.

Dr. H. BATTY SHAW showed a railway inspector, æt. 46, has been suffering from weakness for the last four years. Exophthalmos of slight degree was noticed a little over two years ago, and a month or two later the neck was found to be swollen. He is a very nervous subject, and is frequently troubled with palpitation. There is tachycardia (pulse rate 100 to 112), tremor of the hands, retraction of the upper eyelids, and von Graefe's sign is well marked; flushing of the face is common, and the skin generally is moist. The enlargement of the thyroid gland is larger on the right side than on the left. His son, æt. 21, has always been rather nervous, and there appears to have been for several years some prominence of the eyeballs. Nearly two years ago he met with a rather severe bicycle accident, and since then has noticed marked palpitation, and he says the eyes have been more prominent since the accident. The pulse rate is about 120 to the minute, there is marked tremor of the hands, especially the right. The eyes are prominent and equally so. There is enlargement of the thyroid gland; von Graefe's sign is absent. The skin is moist, and the apex-beat of the heart is diffuse. The urine is clear as a rule, but occasionally urates have been found in abundance. Specific gravity 1017—1026; acid; no sugar. Albumen is present, sometimes as a mere trace; sometimes a well-marked cloud is present. No other proteid fat can be demonstrated. He passes water three or four times at night.

Dr. SIDNEY PHILLIPS said he had met with the disease in mother and daughter. He had seen the case of chyluria before, the chyluria having ceased in 1901.

Sir HUGH BEEVOR showed skiagrams of a case of pneumothorax which showed the condition of the parts very clearly.

HARVEIAN SOCIETY OF LONDON.

CLINICAL MEETING HELD FEBRUARY 19TH.

Dr. W. WINSLOW HALL, President, in the Chair.

Mr. T. CRISP ENGLISH showed a case of "Paget's disease" of the left nipple in a woman, *æt.* 56. The patient was under the care of Mr. Dent, at St. George's Hospital. The disease started eighteen months ago as a red spot just above the nipple, and now shows an oval red patch surrounding the nipple, $1\frac{1}{2}$ in. by 1 in. in diameter. The margin was well defined, and the surface covered with fine scales. There was distinct induration, but no enlarged glands in the axilla.

Mr. ROUGHTON said that Paget's disease is so frequently a precursor of carcinoma of the breast, that he considered it the duty of the surgeon to remove the breast with a wide area of skin, and to clear out the axillary contents.

Dr. HENRY DUTCH suggested treatment by the X-rays, with free removal of any enlarged glands in the axilla.

Mr. JAFFREY said he agreed with the diagnosis, but that he felt some thickening in the axilla, which he thought due to enlarged glands. He recommended free removal of the breast, and of the contents of the axilla.

Mr. CAMPBELL WILLIAMS also agreed with the diagnosis, and recommended radical treatment, particularly as the disease had already existed eighteen months.

Dr. E. CAUTLEY showed a man, *æt.* 28, with "hypertrophic paralysis." Apparently no symptoms were noted until he went into the Russian army seven years ago. He was thought to be malingering, but as "kicking" did not prove curative, he was given six months leave. He did not improve, and was finally discharged. He complained of inability to do his work on account of weakness. He stumbled a little, and had difficulty in getting upstairs. The calves measured $17\frac{1}{2}$ ins. in diameter, and were very hard. Knee-jerks were absent. The vasti were a little wasted, but no other muscles were involved. The case was interesting on account of the age of the patient, the limitation of the disease, and the comparatively slow progress.

Dr. JAMES TAYLOR remarked that the case was very interesting as forming a link in a chain. He himself had known one case in which the signs and symptoms had only developed at the age of eighteen. Previous to this the patient had not only been able to walk, but had actually been an athlete, and had won prizes for running. Another case he had seen at the age of forty-three, and the patient had never been able to run. He remained practically unchanged, a typical case of pseudo-hypertrophic paralysis, until his death from pneumonia at the age of fifty. These cases seemed to illustrate a condition in which there was probably an inherited weakness or defect in the muscular tissue, which might become obvious at any age, and progress with varying rapidity.

Mr. JAFFREY showed a man, *æt.* 56, with an injury to the elbow of long standing with great deformity but with good movement. He was able to carry on his work without difficulty as a Covent Garden porter.

Mr. P. LOCKHART MUMMERY thought the case interesting, as showing how complete the recovery might be as regards movement and utility after injuries of joints in which mal-union has occurred. He also drew attention to the treatment of fractures of this nature near the elbow-joint, by full flexion with fixation in that position with or without splints.

Mr. ROUGHTON showed a youth with dislocation of the right shoulder and right hip, and with deformities of many bones, including the lower jaw. There were scars in the region of all the bones affected, and the condition was probably due to chronic septic infection as an infant.

The case was discussed by the President.

Mr. JAFFREY showed a specimen of a testicle, which before removal had been diagnosed by every one who saw the patient as one of tuberculous epididymitis, but which proved on removal to be rapidly growing sarcoma. A secondary deposit in the lumbar glands

was recognised within a fortnight of removal of the organ.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF STATE MEDICINE.

MEETING HELD FRIDAY, FEBRUARY 20TH.

The President, Dr. NINIAN FALKINER in the Chair.

In a brief address the PRESIDENT reviewed the "Nomenclature of Diseases and Causes of Death," from the period of William Cullen, of Edinburgh, up to the year 1901, when Dr. Tatham's modification of the nomenclature of diseases (1896) was adopted for the official reports on vital statistics for these countries. In the course of the address, he appealed to the medical profession to consider the importance of giving a well-defined and accurate "cause of death" when framing the certificate, as it was on this testimony, and this testimony alone, that the value of the medical statistics of the nation depended.

After the conclusion of the address, the following resolution was proposed by Dr. BEWLEY, seconded by Dr. PARSONS, and passed unanimously:—"That in the opinion of the Section of State Medicine of the Royal Academy of Medicine in Ireland, it is advisable that the department of the Registrar-General of Ireland should be represented on the Nomenclature of Diseases Committee at present sitting in London."

Dr. MARTLEY exhibited a specimen of soup made in a tin-lined copper boiler, which, owing to the tin having worn away in places, was largely contaminated with copper. There was a thick black precipitate in which alone the copper was found, the clear fluid above being quite free from it.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING AT THE MEDICAL INSTITUTION, LIVERPOOL,
FRIDAY, FEBRUARY 20TH.

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

The following card specimens were shown:—

Dr. W. E. FOTHERGILL.—Hyperplasia of thyroid gland from fœtus in a case of eclampsia. Broad ligament cyst.

Dr. T. ARTHUR HELME.—Uterus showing "cystic degeneration" of cervix.

Dr. E. T. DAVIES.—A series of fibro-myomata of uterus.

Professor A. M. PATERSON.—Uterus from a dissecting room subject, showing a utero-vaginal septum.

Dr. LLOYD ROBERTS (Manchester) showed an ovarian tumour which, with its contents, weighed 30 lbs. It was removed from a woman, *æt.* 60, who fifteen years previously had suffered from a fibroid polypus. After the removal of the latter menorrhagia had persisted for some years. Clinically, there appeared to be both a uterine fibroid and an ovarian cyst. Operation revealed a large ovarian tumour containing sixteen pints of brownish grumous fluid. The more solid part of the tumour was simply a thickened part of the fibrous cyst wall.

The PRESIDENT inquired whether any ascites was present?

Dr. E. T. DAVIES (Liverpool) remarked that the case resembled that of a patient whose tumour was shown on the table.

Dr. LLOYD ROBERTS, in reply, said that no ascites was present.

Dr. W. E. FOTHERGILL (Manchester) recorded a case of hyperpyrexia associated with thrombosis of the vena cava inferior. The patient was delivered by a midwife on March 21st, 1902. Fever set in and intensified until removal to hospital on the fifth day. Improvement followed intra-uterine douching at first, but a relapse occurred on the 31st, so the uterus was curetted, several pieces of placenta being removed.

On April 6th the temperature reached 111.2° , but was reduced to 107° by hot sponging. Thrombosis of the right femoral vein was quickly followed by involvement of the left, and from this time onwards till death on May 14th, there were no symptoms except increasing weakness, though the temperature continued high and remittent, with repeated rigors. There was no sign of suppuration or embolus in any other organ. The immediate cause of death was œdema of the lungs. Post-mortem examination: Uterus and other pelvic organs normal; no sign of general or pelvic peritonitis; inferior vena cava and its tributaries filled with ante-mortem clot from the heart downwards.

The PRESIDENT inquired how long the temperature remained at 111.2° , and whether there was any œdema of the lower extremities?

Dr. RABAGLIATI (Bradford) referred to cases in which temperatures of as much as 120° had been recorded, and held that mere elevation was not so important as variability of temperature. He suggested that the thrombosis might have been due to some general condition, e.g., hyperinosis of blood. The tendency at the present time was to lose sight of general principles.

Dr. GLYNN WHITTLE (Liverpool) asked if there was any spasm of the uterine muscle?

Dr. E. T. DAVIES (Liverpool) denounced the use of all curettes, and of sharp ones in particular, in puerperal conditions.

Dr. LLOYD ROBERTS (Manchester) considered the intra-uterine conditions responsible for all the trouble.

Dr. FOTHERGILL, in reply, said that œdema was absent, and the only symptom that might have indicated thrombosis was violent lumbar pain. The finger had been employed before the use of the curette, and no spasm was found. He was inclined to regard the curetting as the cause of the thrombosis.

Dr. J. B. HELLIER (Leeds) read a case of double pregnancy in a double uterus. The patient, æt. 34, had had three normal labours previously. During the fourth pregnancy the uterus was larger than usual. After a normal labour a female child was born, head first, its placenta following. The presence of a second child was discovered, but the medical attendant on introducing his hand found the uterus empty. Dr. Hellier found a second os lying high up, in front of and to the left of the other, and delivered a male child by podalic version. The uterus was bicornuate, a fairly thick septum dividing the two cavities, and there were two separate ora opening into a single vagina.

Dr. BRIGGS (Liverpool) had seen three cases of the kind, and he confirmed Dr. Hellier's account of the relative positions of the two ora. The condition should be thoroughly investigated under anaesthesia.

Dr. Lloyd Roberts also spoke, and Dr. HELLIER replied.

Dr. T. ARTHUR HELME (Manchester) read a short communication on dilatation of the cervix uteri in eclampsia of pregnancy by means of Bossi's dilator. Dr. Helme found that this dilator could effect full dilatation in twenty minutes, another ten being required for complete delivery with forceps. He had been surprised by the ease and comfort with which the instrument could be used without any laceration of the cervix, and thought this means afforded a marked contrast to manual dilatation with its frequently accompanying discomfort and cramp. He propounded two questions for consideration:—(1) The advisability of ending pregnancy when once convulsions have occurred; if the existence of pregnancy is a vital factor in the production of the eclamptic state, is not the termination of that pregnancy a vital factor in treatment? (2) The wisdom of administering large doses of morphia by the hypodermic method. The drug is given in acute and recent forms of nephritis, and withheld in more chronic forms; does not the same apply to eclampsia? In conclusion the author referred to the collective investigation just commenced by the Clinical Society of Manchester on the subject of eclampsia.

The PRESIDENT held that there was undoubted shock associated with eclampsia, and asked whether there was not much more shock when the cervix was dilated rapidly?

Dr. RUMBOLL (Leeds) had used Bossi's dilator in a case at the sixth month, and he preferred it to fingers and Barnes' bags. It was easily used and did not tear the cervix.

Drs. A. Stookes and Glynn Whittle (Liverpool) also spoke, and Dr. HELME replied.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 21st, 1903.

MORBUS BASIDOWII AFTER RIFLE FIRE.

The *Deutsch Militär-ärztl. Zeitsch.*, 10-1902, contains an account of the following rather curious case:—A recruit who had fired for the first time with blank cartridge was highly excited at the report and recoil of the explosion, and at once was attacked with palpitation, trembling in his limbs, insomnia, and giddiness. These troubles increased during the next few days, so that he had to be admitted into hospital. The recruit was of a family in which several cases of heart trouble had occurred, he had also himself suffered previously from palpitation, but was healthy when he joined the forces. On admission the man was found to be of average power, the thyroid was somewhat enlarged, cardiac dulness reached from the mid-sternal to the line of the left nipple and upwards to the upper border of the fourth rib. The first sound at the apex and base not clear, second sound at base accentuated. Pulse of moderate strength 88, pulse at work 154, irregular; moderate trembling of the hands. In the further course under rest in bed, ice bags, digitalis and strophanthus, the cardiac symptoms increased in intensity; pulse 160, sinking to below 100 at night; in the morning sometimes over 200; strong labouring of the cardiac region, the apex being pushed beyond the line of the left nipple in the 6th intercostal space. Cardiac sounds variable, sometimes clear, sometimes a systolic murmur at all openings. Often there was fleeting redness of the skin, but no capillary pulse. There were systolic murmurs over the large vessels. Later on, about six weeks after admission, a varying increase in the swelling of the thyroid took place, then exophthalmos of both sides, and Gräfes' symptom now developed. Besides these there were psychical symptoms, excitability, anxiety, sleeplessness, trembling of the hands, hypersensibility, exaggerated reflexes, excessive sweating and epistaxis. Twice rheumatic joint affections appeared with fever, otherwise the temperature was always normal. After about four months' treatment the man was discharged invalided, as no essential improvement took place.

As regarded etiology, a delicate constitution played a part. There were also hereditary tendencies and a mental shock, factors which, in combination, sufficed to overturn the mental balance.

At the Medical Society a discussion on

"FOOD" TUBERCULOSIS

was resumed from the meeting of the 11th inst.

Hr. Benda observed that he had pointed out the importance of predisposition in previous publications, thus accounting for perfect freedom of some parts of the intestinal tract from the disease. Further, all primary tuberculosis of the intestines must not be looked upon as "feeding" tuberculosis, and still less must all "feeding" tuberculosis have their origins in tuberculous cattle. The bacilli could enter in other ways than by the mouth, by breathing, kissing, some trade occupations such as glass blowing, etc.

The "Kasmistik" was not decisive one way or the other, either for or against Koch's views. Statistics

might be of value from countries where much raw meat and milk were consumed, which might show whether tuberculosis was more common there than elsewhere. But here came a difficulty, the conception of tuberculosis was not the same in all countries. In any case, infection from animals suffering from *Perlsucht* was practically of but little importance.

Hr. Cornel believed that he had shown in his earlier experiments that tubercle bacilli could pass through an injured mucous membrane, and defended the bacteriologists from the charge that they had undervalued the importance of disposition.

Hr. Ritta pointed out the great importance of the subject of the identity of the two diseases as regarded the feeding of infants, and recalled the endeavours to obtain the milk free from germs; not by subsequent boiling, as that would alter the chemical composition of the milk. He called to mind a country experience where a large number of infants were fed with the milk from a tuberculous cow, and not one of them took intestinal tuberculosis. He himself had only two cases of intestinal tuberculosis in his own practice, one a child of seven, and the other of eight. In younger children he had never seen it.

The *Deutsch Med. Zeit.* No. 14, 1903, contains an interesting case of

APPENDICITIS,

related by Prof. Roux. A young man, *æt.* 21, had an attack of appendicitis in December, 1901, was advised by his medical attendant to submit to an operation when the attack had subsided. When he got better, however, the advice was disregarded. On June 3rd he had worked all day, had gone to bed in perfect health, and had slept soundly until early morning, when he was awakened with great pain in the right iliac region, which compelled him to see a surgeon. At half-past nine in the morning, four and a half hours after the commencement of the new attack, he was admitted into hospital. Here, in the assumption that a newly beginning appendicitis would be found, an operation was begun. Behind the cæcum, with which a loop of small intestine was adherent, the appendix was met with. It was tense and full, kinked and perforated, and it formed, along with the iliac fossa and the cæcum, the walls of an abscess the size of half a nut, within which lay a fairly large faecal concretion. The case shows, as the writer says, that even when excision of the appendix is undertaken in a free interval surprise may be looked for. The abscess, the perforation, and the calculus were together present in such a way as to set up the threatening symptoms that led to the operation.

The case was shown to the meeting.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 28th, 1903

MELANOTIC SARCOMA OF CHOROID.

AT the *Gesellschaft Sachs* showed a man with melanotic sarcoma on the lower internal quadrant of the eye. The diagnosis was made by means of Gartner and Reuss's lamp, which Sachs himself has much improved. The lamp is from sixteen to twenty-five candle-power, and is contained in a capsule of lead ten cm. in diameter. The light is conducted through a conical tube of glass six cm. in diameter, the end whereof tapers off to three millimetres in diameter. The small end is applied to the convex surface of the eye. When this point of concentrated light from the incandescent lamp is directed to the external surface of the sclera the internal cavity of the eyeball is entirely illuminated, so that the fundus and internal

surface thereof can be easily explored. The wall itself, from its thickness, will interfere with the transmission of light and thus allow the diagnosis of a tumour on the wall without difficulty. An elevation of the retina on the internal surface may often be observed without any tumour or may be due to a collection of fluid, but the non-penetration of light is diagnostic of its solidity.

ECTOPIA VESICÆ OF THE BLADDER.

Clairmont showed two patients who had been operated upon by different methods for ectopia of the bladder. The first case was a lad, *æt.* 17, on whom he had operated by Trendelenberg's method, *i.e.*, by an incision over the sacro-iliac synchondrosis, taking up the edges of the mucous membrane, and suturing them together, but the success was not what he had expected. A second plastic operation combined with direct suture of the flaps was likewise unsuccessful, although it has so improved the conditions that an anatomical cavity was formed leaving a fistula on the dorsum of the penis which functionally was practically non-existent. After two further attempts the fistula was closed by plastic operation and the penis so compressed against the margin of the pubic bone that the patient could retain his urine for an hour and a half by the simple device of pressure.

The urine secreted is cloudy, ammoniacal, and contains one per cent. of albumin.

The second case was that of a child, *æt.* 3½ years, with a similar malformation, but the operation selected was Maydl's, in which the ureters are transplanted to the rectum. The child is now well, and is able to contain its urine for five hours at a time. He therefore concludes that functionally the latter operation is preferable, and has moreover many advantages over the former. The plastic operation often interferes with the function of the kidneys, thereby producing calculi, with dangerous results; he therefore recommends Maydl's operation on the grounds of ease and safety.

CARCINOMA OF THE STOMACH.

Kristinus next brought forward a patient on whom he had operated for carcinoma of the stomach by Kocher's method. This may be described as a gastroduodenotomy, whereby the diseased tissues are removed from the stomach and the stump of the duodenum brought up and united to the remnant of the stomach. Eiselburg said that he had twice operated by Kocher's method, but he thought such an operation could only be justified under special circumstances, as he considered Billroth's method to be much superior.

TOTAL PROSTATECTOMY.

Zuckerkindl showed a man, *æt.* 75, who had suffered for many years from chronic incomplete retention of urine due to hypertrophy of the prostate gland. The conditions having become serious to health, he resolved to remove the gland by opening the perinæum and enucleating it in its entirety. The success was perfect, for within three weeks the patient was able to expel every drop of the residual urine.

Frisch agreed that total prostatectomy by the perinæum was superior to all other methods, and more particularly to Bottini's method, which he thought impracticable, though he admitted that French surgeons contested this superiority. As a proof of its success he mentioned that at the Urological Congress held in Paris last year eighty-two cases were recorded, of which Albarn himself performed forty-two with only one death. It may be remarked that a gland weighing less than from ten to fifteen grammes could hardly be said to be hypertrophied and did not necessarily call for operation. In connection with this operation it must not be forgotten that Reynes, of Marseilles, has three times met with psychical disturbances after total prostatectomy.

Zuckerkindl said that he thought the indications for this operation were complete retention of the urine, difficulty in introducing a catheter, and other complications asso-

ciated with hypertrophy of the prostate such as stone hæmorrhage, &c. All other cases, he thought, might be treated more successfully by palliative measures.

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

OPERATION FOR FEMORAL HERNIA.—NEW METHOD OF DRESSING THE WOUND.—Mr. PEYTON BEALE operated on a man, æt. about 35, who had been admitted with a femoral hernia which had lately become irreducible. The hernia had been present, but easily reducible, for about three years. The operation was undertaken as the patient was seeking promotion in the postal service. An incision was made as far outwards as possible; the sac when exposed was seen to be very thick; when it was opened it was found to contain large intestine with very numerous and large appendices epiploicæ, one of which was adherent to the sac; this was divided between ligatures, and the intestine returned without difficulty. The sac was then stitched down to the fascia around the saphenous opening, having been first drawn together with a purse-string suture. The wound was closed in the ordinary way, and a film dressing applied as follows: the skin all round the wound for one inch in every direction was swabbed with acetone in order to remove all moisture, then a piece of velvrl film large enough to overlap the wound by about an inch was cut ready for application; this had been previously sterilised by immersion in boiling water; the wound and the skin round it were then painted with a velvrl solution, *i.e.*, velvrl dissolved in acetone; the piece of film was next placed upon it, and was covered with a large pad of sterile wool, over which a bandage was firmly applied. Mr. Beale said that he had been using this method of dressing wounds of all kinds for about a year and a half; the velvrl film was a cellulose preparation, elastic, transparent, very tough, and practically insoluble in everything but acetone; it could be sterilised either by immersion in boiling water or by the use of antiseptics, and when applied to a wound in the manner described formed an absolutely gas and water-proof dressing. The film was about the thickness of writing paper; he had used it, he remarked, even in wounds which were still oozing, for, even if a little blood did escape beneath it, it was easy to apply sufficient pressure by means of wool and a bandage to check it; even under such circumstances, the film was found to adhere quite firmly, and to prevent the entrance of air into the wound. He had also used it in wounds which were suppurating, and had observed that under these circumstances the pus became absorbed without giving rise to any constitutional disturbance. He pointed out that making use of this dressing in aseptic wounds, it was of course, essential that the usual precautions taken to cleanse the skin prior to operation should not be in any way relaxed. He had had two cases in which suppuration occurred under the dressing, these were both strangulated herniæ in which, as was well known, the fluid in the sac is highly septic, but the suppuration was modified and was of a much milder form than that which occurs in such cases beneath an ordinary gauze dressing, nor was there any elevation of temperature as is usually seen. In an ordinary aseptic case, he said, when the film is moistened and stripped off on the fifth day, the wound is found perfectly healed; when the stitches are removed each stitch hole should be painted over with a drop of the solution.

ST. PETER'S HOSPITAL.

EXTIRPATION OF KIDNEY FOLLOWING NEPHRO-LITHOTOMY.—Mr. SWINFORD EDWARDS operated on a man, æt. about 40, on whom a month previously he had performed nephro-lithotomy on the right side. On that occasion the kidney was found to be small, containing in its pelvis

a somewhat soft and mixed stone; the calculus smashed up during extraction, and so the pelvis had to be flushed out; the wound in the cortex through which the stone had been extracted was carefully closed with deep-lying sutures. The kidney was replaced, and all bleeding having stopped a large drain was inserted down to the kidney, and the wound closed in the ordinary way. This operation was followed by considerable bleeding into the bladder, lasting three days, but this was arrested eventually by the internal administration of such remedies as adrenaline, ergotin, and hazeline. The next thing that had to be contended with was partial suppression, for which hot air baths were employed and digitalis used as a diuretic. The patient was naturally much prostrated by these complications, but in spite of this it was hoped he would now do well, but after the lapse of a day or two his temperature began to go up; every morning it was about 100°, and in the evening 101°, sometimes even higher, clearly pointing to some septicity. In addition to this the man began to suffer from a septic rash. Looking to the case as being one of possibly streptococcus infection, the patient was treated by injections of anti-streptococcic serum which at first seemed beneficial; they, however, soon lost their salutary effect, so Mr. Edwards concluded there was nothing for it but to remove the kidney. The patient having been anaesthetised, was placed on his side with a good-sized sand bag under the left loin. The old scar was excised and the kidney exposed after cutting through a considerable amount of dense fibrous tissue. The organ was not found to be inordinately bound down, and therefore its extirpation was attended with less difficulty than might have been anticipated. The ureter was first isolated and separately ligatured after Mr. Edwards had ascertained that it contained no calculous debris. On the removal of the kidney the organ was found to contain a purulent fluid and but a thin layer of cortical substance was left. The wound was next lightly packed with iodoform gauze, drained and closed by buried and superficial sutures. Mr. Edwards said that he could find no special cause for the hæmorrhage which succeeded the nephro-lithotomy; such a complication, he remarked gives rise to considerable anxiety, but although he had met with it on two previous occasions, the cases eventually did well without further operative interference. He pointed out that in the present case toxic symptoms had supervened owing to the pyelitic condition found at the time of the first operation; moreover, it had then been a matter of some difficulty to wash out the debris of the stone from the various calices. The failure of the treatment by antistreptococcic injections he thought was without doubt due to the fact that suppuration was going on in the kidney which the treatment was not capable of arresting.

A fortnight after the last operation the patient was much improved, and Mr. Edwards has every hope of the man's ultimate recovery.

A PRESCRIBING CHEMIST IN TROUBLE.

AT the last Lincolnshire Assizes a retail chemist of Spalding was convicted of manslaughter and sentenced to fourteen days imprisonment. It appeared that in making up a cough mixture for a farmer customer he dispensed the strong solution of ammonia, thus causing the man's death. When the bottle was brought back to him for an explanation he threw the contents away and added "in water" after the directions. In view of the collateral consequences to the accused the judge took a merciful view of the case, but declined to pass over the offence altogether.

THE COST OF THE SMALL-POX EPIDEMIC IN LONDON.

THE total cost of the recent epidemic of small-pox in the Metropolis up to date amounts to close upon half-a-million sterling.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 4, 1903.

ALCOHOL AND INSANITY.

THE fact that a very large proportion of the persons who find their way into our lunatic asylums have been addicted to the abuse of alcoholic beverages is not of itself conclusive proof that alcoholism is an etiological factor of overweening importance in determining the loss of mental equilibrium. The more closely we study the personal and family history of the chronic inebriate the more apparent does it become that the habit is the consequence, rather than the cause, of the mental weakness, a view which has not been without influence in recent legislation. This displacement of the popular relationship of cause and effect is even more marked when the history of the alcoholic insane is inquired into. A very large proportion of the victims come of a neurotic stock, many of them live, so to speak, in an atmosphere of physiological misery, and life is more or less a burden to them; hence the willingness with which they fly to alcohol. For a brief period the stimulating action of the alcohol restores the balance of the cerebral circulation, and remedies the cerebral anæmia which renders the conditions of life insupportable. The normal man, under the empire of a fit of despondency due to overwork, misfortune or unrequited love, may go and get drunk, but resumes command of himself so soon as the external depressing influence has been withdrawn. The abnormal individual lives his whole life under these depressing conditions, and the resumption of consciousness coincides with a return of his morbid unhappiness. No doubt indulgence in alcohol accentuates the pre-existing mental weakness and precipitates the ultimate decadence, but in the cases under consideration it is merely an accidental, and not an essential factor the which

is to be found in heredity and unfavourable social conditions. It is important that the precise bearing of alcoholic indulgence on the production of insanity should be determined, if only to emphasise the fact—for it may be justly so described—that inebriety is a disease and not merely a habit. The strain imposed on the nervous system by the conditions of civilised existence in large towns tends to the production of symptoms of depression consequent upon the exhaustion which, *en bloc*, are comprised under the term neurasthenia, and a craving for stimulants is one of the most constant manifestations of the victims of nervous exhaustion. Much the same condition of things may be brought about by the extreme monotony, the mind becoming atrophied, so to speak, a state of things by no means limited to those who dwell in the country far from any source of amusement or intellectual occupation. Excessive mental stimulation and inadequate mental excitement both tend to bring about a condition favourable to habitual recourse to intoxicants. The special point to which we desire to direct attention is that alcoholism but rarely determines insanity in the absence of a neurotic predisposition. The presence of a certain proportion of alcoholics among the insane might just as well be taken to show that people predisposed to insanity are specially addicted to intemperance. After all, only about thirty per cent. of the admissions are directly ascribed to this cause, and when we bear in mind the peculiar mental instability of the patients included in this percentage, one can hardly experience surprise at a habit which may fairly be classed as a symptom rather than a cause of mental breakdown.

THE ETIOLOGY AND TREATMENT OF ECLAMPSIA.

THE Clinical Society of Manchester have undertaken a troublesome task, for which, if they succeed in obtaining any practical result, they will well deserve the thanks of both the medical profession and the public. For a long time, eclampsia has been the opprobrium of the medical practitioner. Its pathology is unknown, its treatment is unsatisfactory, and its prognosis both for mother and infant is bad. We therefore learn with great pleasure that the Clinical Society have undertaken to institute a collective investigation of this disease, and that with this object in view they are sending out circulars to practitioners in the British Isles to invite them to report cases which occur in their practice, especially noting the treatment adopted and its results. A form has been drawn up with the object of guiding the practitioner as to the important facts which the society require, and these forms will be sent to any medical man who applies to Dr. J. Price Williams, Swinton, near Manchester, who is the honorary secretary. The Clinical Society of Manchester deserve the support of the members of the profession in the arduous task they have undertaken, but we fear that there are many inherent difficulties which will obstruct the due discharge of it. The diagnosis of eclampsia is a matter of some difficulty, the making of

which often tests to the full the skill of a specialist. It will be extremely difficult to exclude from the cases reported to the Society cases of epilepsy, true uræmic convulsions, hysteria, and delirium tremens. Further, the difficulty of establishing a definite fixed line of treatment will be very great. Eclampsia is essentially a disease due to neglect or failure of the eliminatory functions of the body, and any treatment other than prophylactic will always be unsatisfactory. When a patient suffering from albuminuria has been on milk diet for a week, says Tarnier, she to a certainty escapes eclampsia. Eclampsia, says another French author (Ribemont-Dessaignes), occurs almost exclusively in women whose urine has not been examined during pregnancy. When eclampsia does occur it is the symptom of a failure of the eliminatory functions of the body to a degree which probably varies with the nerve excitability of the patient. In other words, it is probable that a woman who is easily thrown off her nerve equilibrium will develop eclamptic convulsions at an earlier period in the course of a progressive intoxication than will a woman whose nervous equilibrium is more stable. All this makes the treatment more complex, and renders it almost impossible to determine, or even to hope to determine, any one line of treatment which will give satisfactory results in every case. If the eliminatory functions of the body are destroyed, even temporarily, it is obvious that the possibility of restoring them within a certain time depends upon the condition of the patient, and that in many cases the latter must come under treatment after all hope of their restoration is gone. We do not wish in any way to discourage the Society or to decry the importance of their task, but only desire to call attention to the impossibility of establishing any one line of treatment as *the* line of treatment. Previous results have already shown the impossibility of this, for in no disease so much as in eclampsia is the treatment adopted by one school so truly the treatment condemned by the other. Morphia and chloroform have their strong supporters and equally strong condemners. The induction of labour affords the only hope according to some, and is certain death according to others. The truth is, that the most successful obstetrician so far as eclampsia is concerned is he who avoids a rigid line of treatment and adopts such measures as seem to be most suitable to each particular case. General principles may govern our treatment, but rigid rules ought not to be allowed to do so. Check the convulsions, restore the eliminatory functions, and empty the uterus as soon as possible are the guiding principles, and in each case the manner of carrying them into effect will probably differ. The proposed inquiry of the Clinical Society may help to determine what methods of carrying them out are best under certain circumstances, and, if it does this, it will have accomplished an important task. The Society cannot hope to establish a universal treatment.

THE MYSTERY OF SLEEP.

SLEEP, although an integral factor in our mun-

dane existence, still remains wrapt in the mystery of the unknown. We know but little regarding its physiology, and less as to its pathology. Every physician accepts it as affording the most important of agencies making for recreation, physical recuperation, and mental restoration. Loss and derangement of sleep stand foremost among conditions threatening individual welfare. It is an essential to life, or, rather, it is the most important of the alleviating phases of personality. Its serious study has been much neglected, and even still the greater part of the literature concerned with the state of sleep is little better than an unregenerated and disordered collection of curious and often altogether unreliable impressions which, while highly interesting to speculative minds, afford but little that can be considered of practical service. Among recent contributions worthy of careful study mention must be made of the serious and very valuable essay appearing in that fascinating work of the late Professor Frederic W. H. Myers, recently issued "Human Personality." In it the author shows that no satisfactory physiological definition of sleep has yet been attained; and, indeed, such is being rendered increasingly difficult by what we now know of hypnotic sleep, which would seem to be induced in apparent independence of the supposed physiological requisites of slumber. It is necessary to view sleep in its positive characteristics, and regarded as a secondary personality in which the abeyance of the supraliminal life may be the liberation of the subliminal. Sleep, although it habitually suspends conscious powers, yet undoubtedly sometimes enhances the power of visualisation, and may even increase muscular control, as is seen, for instance, in somnambulism. Every medical man must have met with patients who complain of the prolongation of dream images into waking life—hypnopic pictures, as Mr. Myers terms them—and not a few persons are conscious that there is a heightening of the power of visualisation in *illusions hypnagogiques*, when the inward vision is on the verge of sleep. It is well known that Robert Louis Stevenson utilised such impressions to secure visual and dramatic interest for imagined scenes. All interested in the morbid manifestations of sleep should consult the remarkable series of examples collected and analysed in "Human Personality." The subject, viewed either from the physiological, psychological or medical standpoint is one of exceptional attractiveness, and we trust medical men, who, above most, have exceptional opportunities for investigating this subject, will take their part in the unravelling of the intricacies of the tangle which at present renders the land of sleep a terra incognita.

UNDER the will of Mr. Mellin (the originator of Mellin's Food) King Edward's Hospital Fund receives the munificent benefaction of £50,000.

DR. EDWARD MALINS, of Birmingham, has been elected President of the Obstetrical Society of London for the year ensuing

Notes on Current Topics.

General Medical Council.

A MEETING of the Executive Committee of the General Medical Council was held on Monday of last week, at which sundry matters of current interest were considered. The proof sheets of the Register were laid on the table, and a vote of thanks was accorded the Registrar for his efforts to accelerate the publication thereof. The request of the Medical Defence Union that the fine imposed on an unqualified practitioner whom they had successfully prosecuted should be returned to them in aid of the expenses incurred therein was acceded to. A communication from the Matrons' Council of Great Britain and Ireland, calling the attention of the Council to the assumption of the title of nurse by undesirable persons, with the object of enlisting the support of the Council in preventing this abuse, elicited the reply that the matter was not one that came within the statutory duties of the Council. The question of the performance of the ritual operation of circumcision by unskilled persons was brought up by two communications addressed to the Council, but it is obvious that the Council has no jurisdiction over such unskilled persons, and although it would view unfavourably any "covering" relationship between such unskilled person and a registered practitioner no objection could be taken to the attendance of a practitioner on a patient who had been unskilfully treated, "but his action must be entirely dissociated from that of the unqualified practitioner." The most remarkable question submitted to the Committee was that raised in a communication from the honorary secretary of the Liverpool Throat Hospital, from which we gather that a firm of chemists manufacture a pastille from the formula of the hospital, and have contracted with the Attorney-General to pay a yearly sum to the institution so long as they continue sole manufacturers thereof. The hospital staff do not object to the payment of the annual sum, but they resent the bond of secrecy which the Attorney-General is seeking to put upon them. The Committee replied that it was "extremely undesirable for professional men to pledge themselves to secrecy in regard to the composition of any remedy which they may use or authorise in the treatment of patients." A request for an "authoritative ruling" in respect of the desirability of requiring payment for school board certificates was met with a firm *non possumus*. The Committee discussed the revision of the Standing Orders in respect of the prevention of personation. The last item was a vote of condolence to the widow of the late Mr. Miller, who so long discharged the responsible duties of Registrar to the Council.

Dr. Freyberger and the Post-Mortem by Deputy.

IN our last issue we dealt briefly with the ungracious campaign against the medical profession in which Mr. Troutbeck, the coroner for the South-Western district of London, has embarked. That

gentleman, it will be remembered, requested the so-called pathologist of the London County Council to perform a post-mortem examination on the body of an infant instead of following the course usual to other coroners, and entrusting that duty to the medical practitioner who had attended the deceased. On that occasion Dr. Freyberger's hands were in such a condition that he was unable to touch the body, and the pathologist of the L.C.C. thereupon delegated his high powers for the time being to a humble mortuary porter. At the inquest, however, the indignant medical attendant made some remarkable statements. One allegation is so startling that we hesitate to accept its remote possibility, although it is quoted *verbatim* by a contemporary on the strength of a report published in a South London newspaper. It is stated therein that Dr. Kinahan asserted the infant had a fractured spine, which was overlooked by Dr. Freyberger because he never touched the body. Dr. Freyberger is credited with the remark that absolutely nothing escaped his notice at the post-mortem in question. If Dr. Kinahan's view be correct the pathologist will be now obliged to add the qualification "nothing—except a fracture of the vertebral column." We shall be curious to know what Mr. Troutbeck and the London County Council have to say in defence of a system that ousts the general practitioner in favour of a pathologist who forthwith appoints a porter as his deputy.

The "Infantile" Type of Muscular Dystrophy.

ONE of the most interesting points brought out in the discussion on the varieties of idiopathic muscular atrophy, as illustrated by a large number of cases shown last Thursday at the meeting of the Neurological Society, was the necessity of recognising a special "infantile" or "congenital" type. Dr. F. E. Batten exhibited several cases belonging to this class. They present a fairly characteristic aspect, and usually have such a history as clearly demarcates them from the other more or less definitely defined varieties of this mysterious affection. In the "infantile" form the patients are young, and manifest atrophy from a very early period, and it is generally found that they have never been able to stand or walk. Sometimes, in order to progress, they will lie on the floor and roll round and round on the long axis of the body, or hobble along with knees flexed on thighs in a sitting attitude, using the hands to assist. The feet and hands are often abnormally long, and flat and frog-like. The limbs may be almost flail-like, and movements at the joints are sometimes restricted. Although the facial expression may be expressionless, and the eyes in certain cases are peculiarly prominent, all facial movements can usually be performed. There does not usually seem to be any conspicuous mental deficiency. Sensation and muscular sense is not lost, but the knee-jerks are usually absent. The bones are all generally small, but there is usually an absence of spinal curvature. The

number of cases hitherto described as belonging to this type are at present small, and we have much yet to learn regarding their distinctive characters, but such particulars as are available certainly seem to warrant the recognition of a special "infantile" group. But little new light is forthcoming regarding the essential nature of the so-called myopathic atrophies, but the best neurological opinion seems set in the direction of a spinal origin, and it may be with improved methods of investigation of the cord by more elaborate pathological technique, minute changes may be detected sufficient to explain the curious selection and peculiar distribution of muscular atrophy met with in the various and, unfortunately, still somewhat ill-defined groups of myopathic dystrophy.

Ethics and Dyspepsia.

AN old proverb declares that "the liver is the seat of the Devil," and certainly gastro-intestinal affections and derangements of the digestive apparatus are generally credited with being instrumental in bringing disorder into the mental realm, and oftentimes exciting moral distemper. This point of view has been powerfully expressed by De Quincey: "The whole process and elaborate machinery of digestion are felt to be mean and humiliating when viewed in relation to our mere animal economy. But they rise into dignity, and assert their own supreme importance, when they are studied from another station, *viz.*, in relation to the intellect and temper. No man dares, then, to despise them. It is then seen that these functions of the human system form the essential basis upon which the strength and health of our higher nature repose, and that upon these functions chiefly the genial happiness of life is dependent. All the rules of prudence, or gifts of experience that life can accumulate, will never do as much for human comfort and welfare as would be done by a stricter attention and a wiser science directed to the digestive system." It is much to be feared that practitioners are too wont to lose sight of the higher influences of dietetics, and yet, as Professor Pawlow has clearly shown, the psychical factor in the formation of appetite is of the greatest importance, while general experience has amply testified to the close relation of ethics and dyspepsia.

Habit Formation in the Education of Children.

THE majority of mankind are wont to leave the conduct of their lives to the guidance of habits. A little reflection upon that proposition will soon convince the average citizen that habit controls and directs three-quarters of his actions at bed, at board, at home, abroad, in a word, it is the mainspring of his daily life, and serves much the same purpose as the faculty we call instinct in the lower animals. It has an equally strong influence upon his intellectual and moral decisions, so much so that many ethical and other complex considerations are settled off-hand by the application of

rule of thumb methods of thought. Many of these habits, both of mind and body, are doubtless formed as the result of many years of innumerable repetitions of the acts and thoughts most commonly originated by the special nature of the individual environment. A great proportion, no doubt, have their origin in the receptive stage of childhood. Perhaps one of the most striking instances of the direct value of habit formation in infancy is to be found in the gradually-acquired control of the sphincters. In the case of the bladder, where incontinence of urine persists beyond the second year, it rapidly acquires the nature of a great individual disability to its victim. The resulting drawback rapidly multiplies with the progress of the child into school and adult life. Yet in the younger days it is simply astonishing how much may be effected in the way of winning the little sufferer back into the control of a better habit formation. A similar process may be applied to many of the less readily recognised moral and intellectual defects, if only the guardians of the child have the wisdom to observe, and the necessary patience and kindness to correct and guide the child aright.

The Sale of Poisons.

THE recently-published recommendations by the Departmental Committee appointed to consider Schedule A of the Pharmacy Act, 1868, have both a direct and indirect bearing on all classes of the community. Many deaths, accidental and otherwise, are due to the fatal facility with which poisons can be obtained and criminally or carelessly handled. The Committee, by a majority of members, recommend an extension of the facilities for the sale of poisons used in agriculture and horticulture. There is undoubtedly a great field of usefulness in both the pursuits mentioned, as in the killing of weeds, the purification of seed, and the cleansing of sheep. The recommendation, however, if carried out, will involve the absurdity that a farmer can buy a large parcel of arsenic, say, a couple of stones weight, from a dry-stores dealer, whereas he would have to go to a licensed chemist for a medicinal dose of one-fortieth or one-twentieth of a grain of the same drug. Our own impression is that the scientific chemist could find non-poisonous substitutes for the operations of the farmer and the gardener. As at present administered, the law is most unequal. In consequence of a number of successful prosecutions by the Pharmaceutical Society in many districts poisonous sheep-dips and other applications can be bought only of licensed chemists, while in neighbouring districts they can be sold freely by any unlicensed dealer. In some Highland districts we are told that a farmer would have to go fifty miles to find a licensed chemist. The committee propose the addition of a number of poisons to the schedule. It is to be hoped that the labelling of patent medicines containing poison will be more stringently regulated, as well as the constant compounding of prescriptions containing poisons that have been long given to patients.

The Danger of Inflammable Combs.

THE use of gun cotton in medicine is mainly confined to its utilisation as a product of collodion. In the arts it has a far wider range of application, and just now it threatens to become of such universal application that its indiscriminate adoption must demand the attention of persons interested in preventive medicine. It has long been known that dressing combs and other articles of like nature have been manufactured from a modification of gun cotton. From time to time we have pointed out the possibility of accident from the use of articles containing such an ingredient, but comparatively few cases of accident have hitherto been recorded. Now it appears that the original patent having expired, a vast number of imitation processes have sprung up and the public are flooded with combs made from gun cotton compounds by methods which render them much more dangerous than those prepared under the original patent. That some restriction should be placed on its indiscriminate use was proved by the recent case of a girl, 22 years of age, who was suffering from cellulitis of the scalp, accompanied by a marked degree of nervous shock. It appeared that her head had been set on fire by the sudden combustion of a comb which she wore in her hair. Cooking her father's dinner one Sunday she happened to bend down before the fire, when the comb suddenly ignited and she became enveloped in flames. Her life was only spared through the presence of mind of her father, who immediately enveloped her with the hearth rug, and so extinguished the conflagration. Obviously, seeing that the mere storage of gun cotton is restricted by heavy penalties, it is not fair or safe that makers should be permitted to place a slightly modified but actively dangerous modification on the market, to be used by a section of the public who have not the slightest notion of its composition and dangers.

A New Anti-Staphylococcic Serum.

THERE seems to be a prospect that the number of "anti" serums will be shortly increased by a new and most curious one which is intended to combat staphylococcic infection. The comparative immunity to septic infection possessed by epileptics has led an Italian observer—V. Tirelli—to endeavour to determine experimentally whether or no this immunity is due to an anti-pyogenic property inherent in the blood. Accordingly, he treated cultures of staphylococcus with serum obtained from the blood of an epileptic patient, and then placed them in an incubator, with the result that the cultures were slower in developing than were control cultures which had been treated with healthy serum. Again, he injected cultures treated with the epileptic serum into the veins of animals, and these survived longer than similar animals injected with control cultures. An attempt was made to determine whether successive injections of epileptic serum would render an animal immune to staphylococcus infection, but this unfortunately

failed, owing to the accidental death of the animal which had been injected. A final interesting experiment consisted in injecting serum extracted from the body of the last animal into an animal in whom acute staphylococcic infection had been produced, with the result that the latter lived twice as long as a control animal in whom a similar infection had been produced. We hope that Signor Tirelli will continue his experiments, as they exhibit the pathogeny of epilepsy in a new light and may eventually afford a means of cure, not to mention the prospect they hold out of a trustworthy anti-staphylococcic serum.

The Treatment of Hospital Patients.

WE learn from a contemporary that a somewhat remarkable Bill has been introduced into the Assembly of the State of New York. It is apparently drawn up with the object of insinuating that female patients are not safe in hospitals, as it states in its preamble that it is "for the protection of the honour and morality of such patients." The first section declares it to be unlawful for any student, attendant, house physician, or anyone else, to expose the body of any female patient other than for operation. The second section makes the presence of at least three near relatives, guardians, or next friends at any operation permissible during the entire operation. Twenty-four hours' notice must be given to these parties, save in the case of an accident, and if for such a reason the notification is dispensed with "no person or persons other than immediate friends or guardians, or the next friend of such female patient, shall be permitted to witness such operation or any part thereof." This clause would appear to exclude the operator and nurses. The third clause contains the penalties for infringement of the first two. The offender shall "be deemed guilty of a felony, the punishment thereof shall be by a fine of not less than one hundred dollars, or by confinement in a county jail or State prison for a term of not less than one year and not more than five years, or by both such fine and imprisonment." This Bill is worthy of a country whose cranks are fertile in the production of such curiosities, and deserves to take equal rank with the famous anti-kissing Bill of another State.

The Liability to Fatal Chloroform Narcosis.

IT is generally believed, not only by the public but probably also by many medical men, that the risk of fatal chloroform narcosis is greatly enhanced by a feeble action of the heart. According to Dr. Hewitt, this view is far from correct. The strength of the heart muscle is, he assumes, more or less proportional to the muscular system as a whole, and this being so, the greater the muscular strength the greater the rigidity during the stage preceding muscular resolution and the greater the embarrassment of respiration. It follows, according to Dr. Hewitt, that a patient with what is known as a weak heart is in reality, a better subject for chloroform than a robust subject. Expert anæsthetists long since discarded the bogey of weak heart in this

connection, and it is a matter of daily experience that the very persons whose appearance is calculated to inspire apprehension in the minds of comparatively inexperienced anæsthetists take the drug admirably, while young robust subjects succumb in the most unexpected and disconcerting fashion. The moral to be drawn from Dr. Hewitt's *obiter dictum* is that the risk attending the administration of an anæsthetic is by no means directly dependent upon the physical condition of the subject. He might have added that the really dangerous subjects are the victims of chronic intoxication whether autogenetic as in Bright's disease or diabetes, or heterogenetic as in alcoholism or nicotine poisoning.

The Sanatoria for Tuberculosis Question.

THE decision to erect a palatial building to be called the King's Sanatorium for the reception of a hundred phthisical patients raises anew the question whether the construction of such a building is calculated to afford the maximum benefit from the funds available. In view of the immense number of persons throughout the country suffering from incipient consumption for whom no accommodation is at present available we hold very strongly that it would in general be far preferable to construct light wooden, or even canvas, dwellings which could be removed or renewed as occasion may require in preference to more solidly-built constructions with a limited number of beds. To be of any material service it will be necessary for every county to provide sanatoria for the consumptive inhabitants of the locality and this is obviously impossible if extravagant sums are required for building purposes. Permanent buildings for the reception of persons suffering from pulmonary consumption are in many respects undesirable, for they, and the site on which they are erected, must sooner or later become contaminated.

Preservatives in Potted Shrimps.

THE question whether the use of preservatives in the preparation of potted shrimps constituted an offence under the Food and Drugs Act has been most thoroughly considered by the stipendiary magistrate for Manchester, and he has now given his decision. It is impossible to refuse our admiration for the extremely judicial and thorough way in which the magistrate discussed the subject as a whole. He had before him the evidence of a number of eminent experts, most of whom took the view that the use of large quantities of boracic acid is prejudicial to health, but, as the magistrate pointed out, they were not unanimous in their conclusions, and were unable to support their contentions by reference to instances of actual injury due to this cause. The fact that boracic acid has been extensively used for this purpose for upwards of ten years without any complaint of injury to health thereby is certainly a point to be borne in mind, although in view of the imperfect knowledge which we at present possess in regard to the physiological effects of the acid, it might very well be that the symptoms, if any, could not be referred to their cause. Upon the balance of

testimony the magistrate formulated the conclusion that a preservative is requisite for the preparation of potted shrimps as an article of commerce in a fit state for carriage, and he consequently dismissed the case. We cannot dissent from the verdict so carefully thought out, but in view of the importance of the interests involved, it is to be hoped that steps will be taken to ascertain more exactly the precise effects of the habitual ingestion of aliments treated with the various preservatives in general use. Obviously their use in respect of such an article as potted shrimps is less open to objection than, for instance, in milk, of which large quantities are consumed, but while the public health must be protected, it is highly undesirable to interfere with important industries without conclusive evidence of actual injury.

The Report on Cremation.

THE report of the Departmental Committee appointed by the Home Secretary to inquire into the conditions under which the practice of cremation can be carried out with safety has just been issued. The committee are of opinion that while no regulations that can be devised can possibly offer an effectual barrier against the possible concealment of crime, the regulations which they suggest will probably make cremation at least as safe as the existing method of disposing of the dead. The regulations which are suggested really do little more than embody those actually in force by private initiative. An independent medical certificate of the cause of death is recommended in addition to that delivered by the medical attendant of the deceased, failing which the certificate of a skilled pathologist after a post-mortem examination, or, in default of the preceding, a coroner's certificate. The report comprises draft regulations for the maintenance and inspection of crematoria and sundry incidental details.

Disease and de Quincey.

It has always been a point of much interest with biographers to allocate the directing force or modifying influence of physical disease and mental derangement on the character and work of their subjects, but few serious attempts have been made to study with anything like scientific precision the various morbid conditions which have handicapped or damaged the life of the world's workers. And yet the subject is one of peculiar fascination and rich in material which may serve for practical application in the present. Dr. Gould has recently, in his attractive "Biographic Clinics," attempted to throw light into this dark recess of human affairs. In his very ingenious study of the symptoms which darkened the life of Thomas de Quincey, he seeks to show that the great writer owed much of his suffering, and perhaps a great deal of his opium habit, to myopic astigmatism of some anomalous and anisometropic variety. The evidence suggestive of such a view may not be altogether convincing to the ordinary non-ophthalmic mind, but certainly the ingenuity and skill manifested in marshalling facts in favour

of such an interpretation is considerable, and the data presented affords much material for serious debate. Unfortunately, in the past, as still in the present, not a few among distinguished labourers are peculiarly reticent in admitting the limiting influence of physical defects, and often foolishly reluctant to take reasonable steps to compensate for bodily deficiencies, or even seek rectification of such minor ailments as are common to all flesh. And such is particularly the case in regard to ocular impairment. Many a public man will continue for years to suffer much discomfort, and even curtailment of usefulness, rather than rectify his failing or abnormal sight by wearing spectacles. Perhaps the foolish custom of prohibiting glasses in the army has done something to maintain this utterly foolish attitude. But, maybe, behind it all is that element met with at all ages and in all classes, the personal pride which, according to the most voracious of witnesses is never hurt.

The State Registration of Nurses.

THE feeling which must have prompted Mr. Gant to write the drastic criticisms of the nursing sisterhood which appeared, in part, in our columns under the title of "Mock Nurses," seems to be shared by the nurses themselves, or some of them. We note that a movement has been set on foot by Miss Helen Todd, matron of the Brompton Hospital for Consumption, to secure Parliamentary sanction to a scheme for the State registration of trained nurses. It is very generally felt that the public are entitled to protection against women who usurp the title of nurses on feeble credentials or none at all, and whose character may not be such as would commend them for employment. We cannot, of course, express approval of a scheme with the details of which we are as yet unacquainted, but the principle is one which will probably command acceptance. As we mention elsewhere, an attempt to enlist the support of the General Medical Council to the movement has proved futile, not, we may surmise, from any lack of sympathy with the object in view, but simply because the matter is not within the scope of the Council's functions.

The Treatment of Ophthalmia in Egypt.

THE recent generous gift of £40,000, entrusted to Lord Cromer and his successors in office by Sir Ernest Cassel for the relief of ophthalmia and eye diseases, and for the training of qualified men for such work in Egypt, was the direct outcome of the Khedive expressing interest in the subject, as contained in the proposal for an ophthalmic research hospital, which had been submitted by Mr. Kenneth Scott, ophthalmic surgeon, of London, in the hope that the funds required for starting it might be provided. The officials of the Sanitary Department, Egyptian Government, into whose hands the expenditure of the sum has virtually passed, have decided to employ it in establishing a tent in the form of a "travelling dispensary," to suffice for all purposes of operation and treatment,

and to work solely in the provinces. They will appoint an additional English inspector for a temporary period to travel with it, accompanied by a native Egyptian doctor, a post-graduate local medical student, two male hospital attendants, and two servants. Beyond the initial cost of about £250, its maintenance, inclusive of salaries, is estimated at £900 per annum.

Post-Graduate Instruction for Nurses.

IN many instances the period of training for nurses is all too short, and the opportunities for acquiring not only the art of attending the sick, but securing such technical knowledge as shall enable an intelligent woman to carry out the instructions of the medical practitioner are meagre and sadly inadequate. It must be remembered that rapid progress is being made in the elaboration of detail in many forms of nursing. Special methods of treatment, such, for instance, as sanatoria treatment of the consumptive, and new procedures in surgical and gynecological practice, and fresh developments in many of "the specialties" make it essential that a nurse should continue her training through life and not consider herself "finished" when turned out of her training school. The proposal to institute Post-Graduate teaching, as it is somewhat incorrectly styled, for the certificated nurse is therefore one to be commended, especially in the case of "private" nurses. Every movement having for its object to raise the status of the nurse and improve her professional efficiency cannot but meet with genuine approval.

The Professorship of Surgery in the Catholic University.

THE governing body of the School of Medicine have appointed Mr. J. S. M'Ardle, F.R.C.S.I., Professor of Surgery in the school in succession to Mr. P. J. Hayes, who has recently resigned the post. Mr. M'Ardle has been assistant to the Professor of Surgery in the school for some years, and also holds the post of Visiting Surgeon to St. Vincent's Hospital. He has made numerous contributions to medical literature, and is well known as a skilful operator. Mr. A. J. Blayney, F.R.C.S.I., Assistant-Surgeon to the Mater Misericordiae, has been appointed assistant to the Professor of Surgery in succession to Mr. M'Ardle. We are glad to learn that the governing body of the school have fitly recognised the long services of the retiring professor—Mr. P. J. Hayes, F.R.C.S.E., by appointing him to the honorary post of Emeritus Professor of Surgery.

DR. Q. B. DE FREITAS, who for some time past has been acting as an Assistant Surgeon of the Colonial Hospital, Georgetown, British Guiana, has been appointed a Government Medical Officer of that Colony.

DR. H. MEREDITH HARRISON, Principal Medical Officer of British North Borneo, has resigned his appointment in the Government Service, and is entering the service of the Sultan of Johore.

The Hygiene of the Alien.

MUCH discussion is now taking place regarding many of the features considered undesirable by the average Englishman in the foreigners' mode and manner of life and methods of conduct. To the sanitarian, however, the most conspicuous drawback, in the alien is his deep-rooted objection to adopt the most elementary of hygienic precautions, and his utter neglect of agencies for maintaining such a measure of cleanliness as shall prevent his becoming a nuisance, and at times, an actual danger to washing members of the community. We are, therefore, particularly rejoiced to see that the sanitary committee of the Jewish Board of Guardians have issued directions printed in English, German, and Yiddish to the East-end aliens in which considerable stress is laid on the importance of cleanliness for the person, the clothing, and the home, and the need for fresh air in securing health. In case of need it is recommended that communication should be made with the sanitary inspector of the Board, or with the Medical Officer of Health for the Borough of Stepney.

Research and Accuracy in Quotation.

EVERY medical man engaged in research work must have experienced the trouble and irritation which comes from error and laxity in quotation. It is remarkable how slipshod many earnest workers are in their presentation of references and use of quotations. Inaccuracy and incompleteness in these respects should be grouped as among the cardinal sins. To all such sinners either through omission or commission we recommend a consideration of the advice given in the current number of *Notes and Queries*:—"Be accurate. Even a comma may seriously modify the meaning of a phrase. Quote as fully as necessary to preserve the meaning of your author. Do not take out just sufficient for your purpose if by so doing you misrepresent what is meant by the writer. Take care—while being accurate and quoting as fully as necessary—to see that the sense in which the words were written is not mistaken. They might have been ironical or otherwise. Always give chapter and verse." Such advice is excellent and we could wish contributors to medical literature would seek to follow it. The recent issue of the first volumes of the new *International Catalogue of Scientific Literature* and the resurrection of *The Index Medicus* clearly indicate the world-wide necessity for accuracy and completeness in the cataloguing of the rapidly accumulating bibliographical material connected with medicine and the allied sciences.

SIR HENRY BURDETT will give an address at the annual meeting of the Mount Vernon Hospital at the Central Offices in Fitzroy Square, on Wednesday, March 4th, at 4 o'clock.

DR. JUDSON S. BURY has been appointed clinical lecturer on neurology in The Owens College, Manchester.

Pulmonary Tuberculosis in Syphilitic Subjects.

SYPHILITIC phthisis has long been recognised as a condition often very closely resembling in its clinical manifestations, course and general pathological characters, not a few forms of pulmonary tuberculosis. But it has not been so clearly recognised that syphilitic subjects were peculiarly prone to tuberculous infection of the lungs. Dr. Douty, of Davos, has recently expressed an opinion, based on five years' observation of patients in that well-known Alpine resort of the consumptive, that 30 per cent. of the males who have phthisis are syphilitic. Many directors of Continental sanatoria and hospitals for the tuberculous put the proportion of syphilitics among the phthisical men at from 30 to 50 per cent. At the Charité at Berlin fully half of the male consumptives are said to be syphilitic. The question is one needing thorough investigation. Certainly in this country not an inconsiderable number of phthisical cases, both men and women, present evidences of having suffered from syphilitic infection, but this of course, may be said of all classes of cases and much careful research will be necessary before it can be conclusively said that syphilis is more frequent in consumptives than in patients suffering with other chronic diseases. Dr. Douty is much impressed with the benefit which syphilitics receive, especially in the early stages of the affection, from "open-air" treatment. We imagine, however, that it will be long before public sympathy with "syphilitic sinners" rises to the elevation allowing of the establishment of sanatoria for such, at least in many cases, undesirable members of the State.

"The Academy" and the Treatment of Diphtheria.

MEDICAL matters seem to exert an irresistible fascination for many literary laymen, but when such seek to expound the methods of the healing art we might at least hope that they would endeavour to obtain some near approach to accuracy. There is surely sufficient ignorance and superstition without seriously encouraging error, and we are astonished to find *The Academy and Literature* admitting such a misleading essay as appears in its current number, where the preparation and use of diphtheria antitoxin is thus explained: "Cultivate from some unfortunate child's throat a colony of the bacilli of diphtheria. . . . These inject through a hollow needle under the horse's skin. . . . Open a vein, one of those beautiful sinuous veins on the horse's leg, remove a few drops of blood containing the antitoxin, inject them under the skin of, say, the wrist of the choking child. In a few hours it draws the grateful breath of convalescence. . . . The death-rate has fallen twenty, fifty, sometimes ninety-five per cent. . . . The doctor need not calculate the dose in proportion to the age, or rather the weight of the child. He is dosing the bacilli, not the patient. So he gives the same dose to every case." This might be permissible in the works of some lady

novelist, but appearing in a serious review, and under the title of "science," it is, to say the least, discouraging.

Mr. Mayo Robson has been elected an Honorary Fellow of the American Surgical Society.

The annual conversazione of the West London Hospital Post-Graduate College will be held at the Hospital on Wednesday, March 18th.

Professor J. W. Byers has been appointed to the staff of the Belfast Maternity Hospital to fill the vacancy caused by the resignation of Dr. Brice Smyth.

Mr. A. Pearce Gould will preside at the 130th Anniversary Dinner of the Medical Society of London which is to take place on March 7th at the Whitehall Rooms, Hotel Metropole.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

DR. GRANT AND THE BALLACHULISH DISPUTE.—This dispute has already assumed somewhat serious dimensions, as many of the former workers in the quarries have gone to other districts to work, and a large number are now employed on the railway. A good deal of correspondence has recently appeared in the newspapers on the subject, and the opinion held generally is that Dr. Grant has been badly treated by the manager and directors of the company over which Colonel Malcolm presides as chairman. It is said that Mr. Shaw, M.P., holds a considerable number of shares in the company, and the explanation which he thought fit to make at a meeting a short time ago has not been considered satisfactory, as the correspondence in the newspapers has shown. The following extract from a letter which appeared over the signature "Labour" the other day may be taken as a fair specimen of what has been written on the subject:—"Slavery, whether in South Africa or the Highlands, is highly objectionable, and it seems to many that to deny to a body of men the right to select their own medical man; to refuse to pay them their hard-earned money until six weeks have elapsed, and then to turn them out when they complain of these legitimate grievances is the very essence of slavery." With only a very few exceptions Dr. Grant has the entire sympathy of the people resident in the district where he lives, and seems to stand high in the estimation of those requiring his professional services. He is entitled to the support and sympathy of the medical profession in the trying and painful position in which he has been placed for a considerable time by the apparently most oppressive action of the manager and directors of the Ballachulish Quarries.

NATIONAL SYSTEM OF RE-VACCINATION.—Recently Councillor Steele submitted the following motion on the above subject which had been standing before the Glasgow Town Council for some considerable time in his name. The terms of the motion are:—"That, in view of the experience obtained during the late prevalence of small-pox in Glasgow of the complete protection against the disease which recent successful re-vaccination affords to adults, and of the insignificant number of cases occurring in persons who had been re-vaccinated in former years, the Corporation desires to record its conviction that a national system of re-vaccination, on the lines on which infantile vaccination at present proceeds, would render recurring, widespread, epidemic prevalence of the disease impossible, and resolves that a copy of this resolution be forwarded to the President of the Local Government Board." Councillor Steele gave statistical information to prove the necessity for his motion. Councillor

Dick, the late Convener of the Health Committee, seconded the motion, which was unanimously approved by the Council. Such commendable action on the part of the Corporation indicates the advanced, enlightened, and progressive position to which it has attained on a subject of the most vital moment to every citizen, old or young, of a very large and ever-growing city.

HONORARY DEGREES, GLASGOW UNIVERSITY.—Among others, the following members of the medical profession are to have the degree of LL.D. conferred on them at the April graduation ceremony. Sir William Tennant Gardner, K.C.B., M.D., Emeritus Professor of the Practice of Medicine in the University of Glasgow, and now resident in Edinburgh, and Thomas Oliver, M.A., M.D., Professor of Physiology in the University of Durham, and author of a recent book respecting the diseases of dangerous trades.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

DEATH OF DR. ALEXANDER.—A well-known and respected practitioner, Dr. Samuel Alexander, died at his home in Belfast on February 25th. He was born at Templepatrick, co. Antrim, and educated at Queen's College, Belfast, graduating in the Royal University in 1885. He settled in practice in Belfast, and received a dispensary appointment, which he continued to hold while he lived. He enjoyed as well a large middle-class practice in a populous neighbourhood of the city. Rather shy and retiring by nature, he seldom took part in public affairs, though a regular attendant at the meetings of the Ulster Medical Society, of which he was a Fellow. In January he had a severe attack of influenza, followed by pleurisy, which, in spite of surgical interference, eventually proved fatal.

BELFAST WATER SUPPLY.—An important pronouncement on the water supply and the progress of the Mourne water scheme was made at a meeting of the Water Commissioners on February 26th. It appears that the Woodburn system, which supplies the centre and the north side of the city and the neighbouring country gives about eight million gallons a day. The Stoneyford system, coming in from the south-west, brings three and a half million gallons. The latter supply came under public suspicion a year or two ago, when typhoid was exceedingly prevalent, and the commissioners have acted wisely in buying and enclosing several farms, from the surface of which much of this water comes. For the past year the Mourne system, still incomplete, has afforded a daily supply of three to eleven million gallons, but this will be greatly increased in a few weeks, when the Kilkeel River will be tapped at a point forty miles from Belfast, and brought into the system. The main part of the system, the great reservoir in the Silent Valley, in the heart of the Mourne Mountains, is making very slow progress, but not much light was shed on it at the meeting here referred to.

BELFAST WORKHOUSE.—One of the local papers is doing excellent service by publishing a series of articles on the workhouse and its administration. In the second article, published on the 28th ult., special attention was paid to the infirmary and the treatment of consumptives. At the date of writing there were 1,466 people under medical and surgical treatment in the infirmary, and over 200 of these are consumptives. The lack of space and air is apparent to the most casual visitor; how far, then, must it fall short of the ideal for the treatment of tuberculosis? Though the patients are as well fed and cared for as far as the circumstances permit, it is plain that there is but little chance of the arrest of the disease in such crowded surroundings, and for these poor people, generally young, nothing remains but patient waiting for the inevitable end. Certainly there is a fine opening for some of the merchant princes of this prosperous city to build and endow a sanatorium for the free treatment of suitable cases of tuberculosis. The medical men of Belfast will have no difficulty in filling it.

Correspondence.

THE SEMI-TEETOTAL PLEDGE ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—You were good enough to publish a few remarks from me in your issue of February 18th in reference to this promising association, which I for one have joined. I have since procured the official papers bearing thereon, and must confess that I was somewhat disconcerted on reading the startling paragraph at the back of the declaration, which I had not previously read, and which runs thus:—"Foundation Principle.—The movement is to be kept free from all anti-teetotal bias. *Total abstinence is always the best policy* (the italics are mine); abstinence between meals is a step in the right direction." Now, Sir, it is obvious the association has no substantial numerical authority, as I pointed out in my last letter, for making any such assertion, and it is presumptuous for it to do so. It is equally obvious that medical men can only be, and this by virtue of their vocation, judges on a point of this kind, not only as regards the utility of alcohol as a medicine, but, moreover, as to its necessity or otherwise as a factor in the general régime of diet. It is still further obvious that the association is not called upon to express any lay opinion on total abstinence; indeed, they go out of their way by so doing, and as only a very small section of our profession believe in it, it would seem a thousand pities to nip the bud in its infant or early stage of germination, which the association will certainly do if they indulge in any reckless or frivolous statements such as I refer to; and I would take the liberty to counsel the association not to neglect the earliest opportunity of erasing the objectionable clause, otherwise we shall lose our influence as medical men in securing members on its behalf, and this because the vast majority of the public fight shy of medical men who hold extreme views such as the one embodied in the paragraph I have quoted. I offer these few remarks in no spirit of antagonism or hypercriticism, but as a gentle hint to the association and with an interest in the great cause it is supposed to represent, feeling that it will attain its end better by travelling on its own lines, leaving the total abstinence party to do the same.

I am, Sir, yours truly,

CLEMENT H. SERS.

Queen's Road, Peckham, S.E., Feb. 26th, 1903.

Obituary.

THOMAS PEREGRINE, M.D.

We have to record the death of Thomas Peregrine, M.D., of The Firs, Woking, one of the oldest members of the medical profession, who passed away on Wednesday, February 18th, in his ninety-third year. He took the degree of M.D. at Edinburgh University in 1833, and was awarded the silver medal for physiology. He was attached to St. George's Hospital, London, where he became house-surgeon, eventually completing his medical studies in Paris. In 1837 he became a member of the Royal College of Physicians, London. Dr. Peregrine succeeded his father as a physician in Half Moon Street, Mayfair W., in 1846. He was Senior Warden of the Society of Apothecaries of London, and for many years a member of the Court of Examiners.

Literature.

PSYCHASTHENIA. (a)

In this, as in former works, the author applies the combined psychological and mental method identified with the name of Professor Ribot. The conditions treated of are known to psychiatry under a suspicious variety of names, obsessions, impulses, mental manias,

tics, phobias, neurasthenias, &c. The patients which manifest these conditions have a similar variety of designations for which Janet proposes the older term "doubters"—*scrupuleux*, or more definitely, psychasthenics.

The present volume is the first part of the complete study of psychasthenia. The second part, to be published with the collaboration of Professor Raymond, will contain clinical histories and other data on which the present volume is founded.

The first part is devoted to a careful analysis of the symptoms of psychasthenia, and discusses in detail the form and mode of expression of the various obsessional ideas, such as those of sacrilege, crime, shame—personal or bodily—and hypochondriacal obsessions. The character common to all these ideas is that they refer to acts to be committed by the patient and not to objects of the external world, as in hallucinations and hysterical obsessions. The acts are always of the nature of crimes, at least, in the over-scrupulous eyes of the patient, and are always the most *extreme* of which he can conceive.

From considerations of this nature Janet concludes that the obsessions of doubters are essentially endogenous in character, their apparent exogenous character being a secondary connection engrafted on a pre-existing morbid basis.

In a chapter devoted to the stigmata of psychasthenia, Janet describes the peculiarities of the ordinary mental processes characteristic of this condition. The behaviour of psychasthenics under the hypnotic sleep is discussed in a very interesting chapter. The most noteworthy fact is that contrary to expectation and in contradistinction to hysterics, hypnotic sleep either cannot be induced at all or is very imperfect, especially the forgetfulness of what has occurred during it. As a result, suggestion can only be effected to a slight degree.

Digestive troubles are almost constant, the commonest symptom being loss of appetite; in some cases, however, excessive appetite is noted. Intestinal digestion is also interfered with, obstinate constipation is very common with glairy motions. Muco-membranous colitis is often associated with obsessions and may determine the form of the obsessional ideas. Janet believes that these disorders arise as a result of the nervous depression. After discussing the intellectual and emotional theories the author discusses the psychasthenic theories at great length. He considers the fundamental fact in the production of obsessions to be a lowering of the psychological tension. When this occurs suddenly a condition analogous to epilepsy arises, for which he proposes the term *psycholepsy*.

In the actual treatment of the condition an early and accurate diagnosis is essential, the patient believing that he is suffering from a condition unknown to and beyond the sphere of medicine. The treatment first of all must be directed to the nutrition and hygiene, many cases being cured quickly when these are attended to. Janet speaks highly of a largely vegetable diet and completely interdicts alcohol.

Medicinal treatment is of minor importance. Apart from the treatment of gastro-intestinal conditions it may be summed up in two words—sedative and tonic. Hydrotherapy often gives good results. Static electricity is also beneficial. High-frequency currents are still under trial.

The moral treatment is considered under the headings "Simplification of Life," "Suggestion," "Moral Direction," "Raising Psychological Tension," "Re-education of the Emotions," "The Attention." The place of psychasthenia among the psychoneuroses is discussed at length in the conclusion.

SCUDDER ON THE TREATMENT OF FRACTURES. (a)

The author is to be congratulated upon the fact that three editions have been required in three years.

(a) "Les Obsessions et la Psychasthenia." By Dr. Pierre Janet, Professeur de Psychologie au Collège de France. Paris: Felix Alcan, Pp. 738, avec gravures dans le texte. 1903.

(a) "The Treatment of Fractures." By Charles Locke Scudder, M.D. Third Edition, thoroughly revised, with 645 Illustrations. Philadelphia and London: W. Saunders & Co. 1902.

The object of the book is to serve as a practical guide in the treatment of fractures, therefore all other information is supposed to be treated briefly. There is nothing said about theories, methods of production, pathological anatomy, or histology, but signs and symptoms must, of course, receive recognition.

The first portion is devoted to fractures of the skull, the symptoms of which are poorly stated, operative treatment purposely ignored, and there are some inaccuracies such as: "If there is pressure upon the third nerve at the base of the skull, dilatation of the pupil on the side opposite to the pressure will be noticed." Fractures of the jaws and facial bones are better dealt with, and fractures of the vertebrae, although briefly, are well stated, and the illustrations are excellent. The treatment of fractures of the various long bones is practically put and should prove very useful. There are special chapters on X-ray, gunshot fractures, and the application of plaster dressings, &c., which are good. The volume throughout is profusely illustrated, most of the illustrations being decidedly well done, but some present a complete disregard for perspective.

On the whole the book is well worthy of careful study, and, to counterbalance the few faults we point out, is full of useful hints for any practitioner who requires a trustworthy method of treating the ordinary fractures without wading through wearisome details and rarities.

Literary Notes and Gossip.

DR. DABBS, in his monthly magazine, *Vectis*, gives much of peculiar interest concerning the relations of Tennyson and his doctor.

"MEN AND WOMEN," the new weekly edited by Mr. George R. Sims, in its first number contained an illustrated and sympathetically written article on "Nurses in London."

MR. C. B. KEETLEY, F.R.C.S., has just issued a convenient reprint of his well-known papers on "Gastric Ulcers and their Surgical Treatment."

INVALIDS and others who soon will be flocking southward in search of health and mental recreation with the coming of spring, should not omit to provide themselves with Mr. Edward Hutton's very charming "Italy and the Italians," recently published by Messrs. Blackwood and Sons.

MR. W. R. LETHABY, in his "London Before the Conquest," recently issued by Messrs. Macmillan and Co., furnishes a charming study which will prove of interest to many medical men who are ardent lovers of the ancient ways of our Metropolis.

"TRAVEL," edited by Henry C. Lunn, M.D., in its February issue contains an interesting article on "Where to Stay in Jamaica," which is likely to prove of service to medical men visiting or sending patients to the West Indies.

DR. LEWIS D. MASON in the current number of the *Quarterly Journal of Inebriety*, shows that the indiscriminate sale and use of patent medicines and so-called "cures" for the alcohol and opium habits are not infrequently the cause of the formation as well as continuance of these habits.

THE *Medical Temperance Review* edited by Dr. J. J. Ridge, is publishing a lengthy but very valuable study of "The Pathology of Alcoholism," by Professor G. Sims Woodhead, of Cambridge; and the February issue also contains the report of an interesting address by Sir William J. Collins, M.D., M.S., L.C.C., to the students of St. Bartholomew's Hospital.

WE have received the seventh volume of the second series of the "Index Catalogue of the Library of the Surgeon-General's Office, U.S.A." This stupendous work has now reached its twenty-fourth volume, which includes all titles from hernia to inquiry. To give our readers some idea of the work we may state the present volume includes 6,225 author-titles, representing 2,692 volumes and 8,157 pamphlets. It also contains 13,179 subject-titles of separate books and pamphlets, and 32,522 titles of articles in periodicals. As far as published the two series index 228,465 subjects titles of books; 728,978 subject-titles of journals; 247,821 author-titles; 118,421 author-titles of volumes; and 220,250 author-titles of pamphlets. It is an index to 142,454 bound volumes and 238,772 pamphlets.

DECISION REGARDING ST. BARTHOLOMEW'S HOSPITAL.

At a final sitting of the Lord Mayor's Committee of Inquiry into the affairs of St. Bartholomew's Hospital, held on Monday last, the Committee, after a careful consideration of the evidence taken at the four previous sittings, and after a prolonged discussion, passed the following resolution by fourteen votes to one:—"That, in the opinion of this committee, it is desirable in the public interest to retain St. Bartholomew's Hospital on its present site." It was then decided, on the proposition of the Lord Mayor, to form two sub-committees, the first to deal with buildings, and the second with administration and finance, in order to thoroughly investigate the best means of providing a hospital, perfect in every detail, and brought up to the latest requirements of modern scientific knowledge, on the present site of the hospital in Smithfield. These sub-committees will meet—the former on Mondays, and the latter on Fridays—until their investigations are complete.

Defrauding the Revenue.

A CITY merchant whose misguided ingenuity led him to evade the duty on saccharine by importing it mixed with aniline for subsequent separation, was last week fined £9,300 for his trouble.

Death Under Chloroform.

A WOMAN, age 35, died last week from the effects of chloroform at the Derby Infirmary under somewhat unusual circumstances. She was admitted for heart disease, and one evening she began screaming and struggling. A hypodermic injection of morphia affording no relief, a little chloroform was administered on a towel, but in a few seconds she died. At the inquest an exonerating verdict was returned. The post-mortem examination revealed the fact that she was suffering from nephritis with cardiac hypertrophy.

No Cause of Death Discoverable.

An inquest was held a few days ago on the body of a young man of 20, clerk to the superintendent of Guy's Hospital, who was seized with symptoms of illness after partaking of a sausage, and in spite of treatment died a few hours later. It was found impossible to arrive at a positive diagnosis of the cause of death even after a post-mortem examination, and the inquest was adjourned for the purpose of an analysis of the gastric contents.

The King's Sanatorium.

THE site selected for the King's Sanatorium for Consumption is close to Hindhead Common and about two miles from Haslemere. It is a fine stretch of well-wooded land at an elevation of six hundred feet, and comprises 125 acres. The building will have 100 beds, mostly allotted to necessitous patients. A few beds will, however, be set apart for paying patients at a cost of about £5 a week.

French and English Mortality.

PROFESSOR BROUARDEL, of the French Bureau de l'Hygiene states that the vital statistics of France that are available represent only about 13,000,000 out of a total of 39,000,000 of population, and that the death-rate in 1900 was 21.9 per 1,000 and the birth-rate 21.4. In England the death-rate for the same period

was 18.2 and the birth-rate 28.7, that is, France had 144,000 more deaths and 284,000 fewer births than would occur in the same number of English people. With regard to the causes of mortality, it was found impossible to obtain particulars for comparison, except from towns comprising only about one-third of the total population, but these supply noteworthy figures. London, with its population of 4,500,000 has nearly twice as many inhabitants as Paris, with its 2,500,000. The general death-rate of Paris in 1900 was 20.6, that of London was 18.8. London had 86,007 deaths, Paris had 51,725, or about 4,500 more than London in proportion to its population. The most conspicuous excess was in pulmonary tuberculosis, from which there were 10,072 deaths in Paris as against 7,748 in London, or 4.01 compared with 1.75 per 1,000. From fever there were 912 deaths in Paris against 765 in London, or proportionately rather more than twice as many, while from diarrhoea there were 3,178 deaths in Paris and 3,564 in London, or 1.27 compared with 0.78.

Small-Pox Hospital For Sale.

The Ormskirk Board of Guardians have been ill-advised enough to erect an isolation hospital at the rear of some industrial schools, but the Local Government Board has intervened to prevent its being used for the reception of infectious cases. It is therefore to be put up for sale. It is not often that an opportunity of becoming the owner of a small-pox hospital presents itself.

Coroners and Inquests.

In view of the commotion caused by Mr. Troutbeck's persistence in calling in Dr. Freyberger to make post-mortem examinations, the Public Control Committee of the Council suggest that the names of other skilled pathologists willing to attend to such work should be obtained, and also recommend that local practitioners who have attended persons on whose bodies inquests are held should be summoned to give evidence and paid the customary fee "whenever the coroner is satisfied that their evidence will be material."

St. Thomas's Hospital.—House Appointments.

The following gentlemen have been selected as house officers, their duties commencing yesterday :—

House Physicians.—C. N. Sears, L.R.C.P., M.R.C.S., A. E. Boycott, M.A., M.B., B.Ch.Oxon., B.Sc.Oxon.; W. H. Harwood Yarred, B.Sc.Lond., L.R.C.P., M.R.C.S. (Extension); A. Mavrogordato, B.A.Oxon., L.R.C.P., M.R.C.S. (Extension).

Assistant House Physicians.—O. Hildesheim, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; H. W. Sexton, L.R.C.P., M.R.C.S.

House Surgeons.—J. W. Rob, B.A., M.B., B.C. Cantab.; T. B. Henderson, M.A., M.B., B.Ch.Oxon.; J. P. Hedley, M.A., M.B., B.C. Cantab.; A. B. Bradford, M.B., B.S.Durh., L.R.C.P., M.R.C.S.

Assistant House Surgeons.—J. E. Adams, L.R.C.P., M.R.C.S.; H. Upcott, L.R.C.P., M.R.C.S.; C. Wheen, B.A.Oxon., L.R.C.P., M.R.C.S.; N. Carpmal, L.R.C.P., M.R.C.S.

Obstetric House Physicians.—(Senior) G. A. C. Shipman, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; (Junior) W. M. G. Glanville, B.A., M.B., B.Ch.Oxon.

Ophthalmic House-Surgeons.—(Senior) A. E. A. Iosely, B.A.Oxon., L.R.C.P., M.R.C.S.; (Junior) A. C. Hudson, M.A., M.B., B.C.Cantab.

Clinical Assistants in the Special Department for Diseases of the Throat.—H. S. D. Browne, B.A.Cantab., L.R.C.P., M.R.C.S. (Extension); R. E. H. Leach, B.A. Oxon., L.R.C.P., M.R.C.S. Skin.—T. Guthrie, B.A. Cantab., L.R.C.P., M.R.C.S.; W. M. Strong, M.A., B.C.Cantab., L.R.C.P., M.R.C.S. Ear.—B. S. Jones, L.R.C.P., M.R.C.S. (Extension); A. Bevan, M.B. Lond., L.R.C.P., M.R.C.S.

Clinical Assistants in the Electrical Department.—W. M. Strong, M.A., B.C.Cantab., L.R.C.P., M.R.C.S.; and in X-ray Department.—R. Small, L.R.C.P., M.R.C.S. (Extension).

Obstetrical Society of London.

THE following is the list of officers for 1903:—
President: *Edward Malins, M.D. Vice Presidents: *William Japp Sinclair, M.D. (Manchester); *A. H. Freeland Barbour, M.D. (Edinburgh); John Phillips, M.A., M.D.; Herbert R. Spencer, M.D. Treasurer *George Ernest Herman, M.D. Chairman of the Board for the Examination of Midwives: W. R. Dakin, M.D. Honorary Secretaries: Amand Routh, M.D.; Montagu Handfield-Jones, M.D.; Honorary Librarian: Robert Boxall, M.D. Other Members of Council: Comyns Berkeley, M.B., B.C., *John M. Biggs, Henry Briggs, M.B. (Liverpool), *Murdoch Cameron, M.D. (Glasgow), Charles Owen Fowler, M.D., Charles Arthus Goulet, Walter Spencer Anderson Griffith, M.D.; David Berry Hart, M.D. (Edinburgh), Arthur Corrie Keep, M.D., C.M.Edin., *Arnold W. W. Lea, M.D. (Manchester), Arthur H. N. Lewers, M.D., William Rivers Pollock, M.B., B.C., Harry Campbell Pope, M.D., Edward Reynolds Ray, Thomas George Stevens, M.D., *Walter C. Swayne, M.D. (Bristol), Francis T. Taylor, M.B., *Charles J. Wright (Leeds) Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office last year.

Penny-Wise Economy at Farnborough.

Truth calls attention to the curious policy of the Farnborough District Council in resolving to reduce the salary of the medical officer of health by one-half. The Local Government Board has intimated that it will discontinue its contribution to the salary should the reduction be carried into effect. Our contemporary insinuates that it may possibly be a trick to get rid of the present officer in view of a "little job," but whatever the reason for the change it is obviously one to be deprecated.

The Tallerman Treatment Free Institutes.

A CONFERENCE of the clergy and others interested in the extension of the above charity took place in the Queen's Hall, Portland Place, W., at 2.30 p.m. yesterday March 3rd. The meeting was representative of the most populous of the London parishes, Dr. Sinclair, the Archdeacon of London, having promised to preside. One of the features of the Conference was the work done at this institute among the members of the Hearts of Oak Benefit Society and its further extension. It may be mentioned that here alone some 500 of the crippled poor have derived material benefit from the treatment.

Medical Students' Guide.

THE Royal College of Surgeons, Dublin, has just issued a medical students' guide, giving full particulars of how to become a doctor. Commencing with the preliminary entrance examinations, giving specimens of previous questions set, the fees payable for each term. The entrance examinations will be held this year on March 23rd and September 21st. The guide will be forwarded post free on written application to the Registrar, Royal College of Surgeons, Dublin.

PASS LISTS.

Trinity College, Dublin.

THE following candidates passed the final examination in midwifery, Hilary Term, 1903:—Robert J. Fleming, William G. Harvey, William R. P. McNeill, Charles E. Moore, Joseph Wallace, and Douglas B. Thomson.

Royal College of Surgeons in Ireland.—Fellowship Examination.

THE following candidates having passed the necessary examination have been admitted Fellows of the College: Mr. G. R. Boyce, Mr. J. M. M. Crawford, Mr. A. Harris, Mr. J. M. Keegan, Mr. R. McCombie, and Miss A. M. Thornell. The following passed the primary part of the examination: Mr. E. Sheridan and Mr. R. F. C. Talbot.

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.

ACCEPTED PAPERS AND CASES.

The following have been received and will appear in due course:—
 Acute Inflammation of the Throat. By Philip R. W. de Santi, F.R.C.S.
 A note concerning the Pathology of Cancer. By J. Jackson Clarke, F.R.C.S.
 On Tuberculous Peritonitis in Children. By George Carpenter, M.D. Lond.
 Oral Sepsis as a Factor in the Causation of Disease. By Alfred Penny, F.R.C.P.I.
 Migraine: with Special Reference to its Treatment. By Jas. Burnet, M.A., M.R.C.P.Ed.
 The Etiology and Prevention of Enteric Fever. By H. V. M. Dillon, M.R.C.P.I.
 Some of the Peculiarities of Influenza. By the same author.
 Somniform as an Anæsthetic in Dental Practice. By T. Percy Fitzpatrick, M.D.
 Case of Primary Cancer of Liver in a Girl. By W. J. Thompson, M.D., F.R.C.P.I.
 W. C. G.—The charges are of such a grave nature that we do not feel justified in giving publicity to them, even over your name. If true, they should be the subject of criminal proceedings, which it lies with you to initiate.
 Mr. GASTON.—We are not acquainted with the formula of the medication in question, and it is not consistent with professional custom to prescribe a remedy, the composition whereof is a trade secret.

THE BEST FLOORING FOR HOSPITAL WARDS.

A CORRESPONDENT will be glad if any of our readers can inform him what is the best form of flooring to put down in wards devoted to the reception of tuberculous patients. Our own opinion is that a good quality of parquet flooring, well waxed and polished, is the most suitable.

NURSE LEVER (Liscard).—We have written a correspondent in Stockholm for the information.

A CANDIDATE.—We think you will find Gant's "Guide to the Examinations" of service. It contains a good many useful hints, copies of examination papers, &c.

PUZZLED.—The population of London, according to official statistics, is now put down at 4,613,812; that of Glasgow at 788,897; Liverpool, 716,810; Manchester, 553,486; Dublin, 378,994; Belfast, 358,680; and Edinburgh 327,441. It is on this basis the weekly statistics of mortality are made.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 4TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, London, W.).—8 p.m. Specimens will be shown by Dr. Blacker, Dr. H. Roberts, Dr. Lewers, Dr. Tate, Dr. A. Routh, Dr. Handfield-Jones, and Mr. Bland-Sutton. Inaugural Address:—Dr. Malins (President): Some Aspects of the Economic and of the Antenatal Waste of Life in Nature and Civilisation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. A. Keith: A Research into the manner in which the Abdominal Viscera are maintained in Position in Man and in Animals allied to Man with a view of elucidating the condition generally described as "Glenard's Disease."

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Smith: Clinic. (Surgical.) 5.15 p.m. Mr. A. Carless: The Systematic Examination of Joints in Disease and Injury.

THURSDAY, MARCH 5TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Mr. P. L. Mumery: The Value of Arthroscopy in the Treatment of Certain Joint Lesions.—Dr. Sidney Phillips.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital, N.).—4 p.m. Paper:—Dr. F. J. Tresilian: Some of the Vagaries of Syphilis.

ROENTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Paper:—Mr. F. H. Glew: Spark Phenomena.

FRIDAY, MARCH 6TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. A. Keith: A Research into the manner in which the Abdominal Viscera are maintained in Position in Man and in Animals allied to Man with a view of elucidating the condition usually described as "Glenard's Disease."

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenw'ood, S.E.).—8.45 p.m. Cases will be shown by Dr. M. Dockrell, Mr. C. Ryall, Dr. F. S. Toogood, Mr. C. Williams, and Dr. R. E. Schofield.

SOCIETY OF ANÆSTHETISTS (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. A. V. Harcourt: New Chloroform Regulating Inhaler by which the Percentage of Chloroform in the Vapour Inhaled can be Positively Controlled. (The Instrument will be shown.)

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases, Specimens, and Instruments will be shown by Mr. F. J. Steward, Mr. C. Baber, Dr. Tilley, Dr. Kelson, Dr. Bronner, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Dr. W. J. Horne. Clinique. (Throat.) 5.15 p.m. Mr. H. L. Barnard: Acute Appendicitis.

SATURDAY, MARCH 7TH.

MEDICAL SOCIETY OF LONDON (Whitehall Rooms, Hotel Metropole).—7.30 p.m. 130th Anniversary Dinner.

Appointments.

D'EWART, JOHN, M.R.C.S., L.R.C.P. Lond., Third Resident Assistant Medical Officer to Crumppall Workhouse, Manchester.
 DICK, GEORGE, M.B., B.S. Edin., Medical Officer of Health for the counties of Sutherland and Caithness.
 ELLIS, F. M., Medical Officer for the Black Torrington, Bradbury, and Cookbury Districts by the Holsworthy (Devon) Board of Guardians.
 FERGUSON, R. BRUCE, M.A., M.D., B.C. Cantab., M.R.C.S., L.R.C.P., Medical Officer and Public Vaccinator for the Seventh (New Southgate) District of the Barnet Union.
 GRAYSON, F. D., M.R.C.S., Medical Officer of Health for the Rural District of Rochford.
 HUTCHINSON, HENRY, L.R.C.P.I., L.F.P.S. Glas., L.S.A. Lond., Surgeon to the Metropolitan District Railway Provident Society for the suburbs of East Ham, Upton, and Manor Park.
 IRVINE, R. C., M.B., Ch.B. Edin., Senior House Surgeon to the David Lewis Northern Hospital, Liverpool.
 JOHNSON, J. A., M.B., Ch.B. Vict., House Physician to the David Lewis Northern Hospital, Liverpool.
 LINDSAY, CREIGHTON H., M.B., B.Ch. Edin., Resident Surgeon at the Birmingham General Dispensary.
 MURRAY, WILLIAM, M.D., C.M. Edin., Medical Officer of Health for the Warmley (Gloucestershire) Rural District Council.
 O'HARA, W. E., L.R.C.S., L.R.C.P. Edin., L.F.P. & S. Glasg., Junior House Surgeon to the David Lewis Northern Hospital, Liverpool.
 SPEIGGS, EDMUND IVENS, M.D. Lond., Physician to the Out-patients' Department in the City of London Hospital for Diseases of the Chest.
 TUBE, THOMAS SEYMOUR, M.B., B.Ch. Oxon., M.R.C.S. Eng., Lecturer on Insanity, St. George's Hospital, Hyde Park Corner.
 WALKER, TOM, M.R.C.S., L.R.C.P. Lond., Second Resident Assistant Medical Officer to Crumppall Workhouse, Manchester.
 WOOD, C. H., M.R.C.S. Eng., L.R.C.P. Lond., Second House Physician to the City of London Hospital for Diseases of the Chest.

Vacancies.

Durham County Asylum.—Second Assistant Medical Officer. Salary £180 per annum, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
 Royal Hospital for Sick Children, Glasgow.—Assistant at Dispensary. Salary £100 per annum. Applications to Robert F. Barclay, Honorary Secretary, 91, West Regent Street, Glasgow.
 London Fever Hospital, Liverpool Road, N.—Assistant Resident Medical Officer. Salary £120 per annum, with board and lodging. Applications to the Secretary.
 Poplar and Stepney Sick Asylum District.—Second Assistant Medical Officer. Salary £100 per annum, with rations, furnished apartments, and washing. Applications to Robert Foskett, Clerk to the Managers, Bromley, London, E.
 National Maternity Hospital, Dublin.—Assistant Resident Medical Officer. Salary 50 guineas per annum. Applications to Honorary Secretary (see advt.).
 Bawnborg Union.—Medical Officer. Salary £90 per annum, together with vaccination fees. Immediate application to J. McGovern, Clerk of Union (see advt.).
 Belfast Maternity Hospital.—Matron. Must be a fully-trained and certificated nurse. Salary £80 per annum, with board, residence, &c. (see advt.).
 Trinity College, Dublin.—Professorship of Anatomy. Applications to Benjamin Williamson, Registrar. [See Advt.]

Births.

BRICE.—On February 26th, at Borstal Cottage, Rochester, Kent, the wife of Solomon J. Brice, junior, of a son.
 CÆSAR.—On February 20th, at Dancedale, Minster, Sheerness, the wife of Julius Cæsar, F.R.C.S.I., of a daughter (Eileen Gertrude).
 PRETTY.—On February 25th, at Gas Street, Kettering, the wife of Harold C. Pretty, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

HARNESSE—MACRAE.—On February 27th, at St. John's Church, Mentone, France, H. Nelson Harnesse, M.R.C.S. Eng., and L.R.C.P. Lond. to Florence F. Lucy MacRae, of Collingsbourne, Norbiton, Surrey.
 SOLTAU—WATTS.—On February 23rd, at St. Andrew's Church, Plymouth, Alfred Bertram Soltau, M.D., F.R.C.S., eldest son of George Soltau, of Lordship Park, London, to Edith Mary, elder daughter of the late W. Evans Watts, of Plymouth.
 TAZEWELL—AXFORD.—On February 18th, at St. John's, Bathwick, Bath, Frederick William, son of the late John Tazewell, of Haygrove, Bridgwater, Somerset, to Beatrice Eveline, youngest daughter of the late Richard Axford, J.P., M.R.C.S., L.R.C.P., also of Bridgwater, Somerset.

Deaths.

ANTHONISZ.—Killed by Lightning at Elandsfontein, South Africa, Alfred G. H. Anthonisz, Civil Surgeon, eldest son of Colonel Anthonisz R.A.M.C., Principal Medical Officer Secunderabad and Belgaum Districts. R.I.P.
 FOX.—On February 26th, at 9, Athenium Terrace, Plymouth, Jane wife of Francis Fox, M.R.C.S., and youngest daughter of the late Robert Fortescue, M.R.C.S., of Plymouth, aged 85.
 LONGSTAFF.—On February 26th, at Highlands, Putney Heath, a week after a severe operation, Sara Leam, the beloved wife of George Blundell Longstaff, M.D., aged 51 years.
 WILKIN.—On February 27th, at Hove, Brighton, Henry George Gastrell Wilkins, M.R.C.S., L.R.C.P., late of Bolingbroke, Ealing Common, only son of the late Henry Wilkins, Esq., Surgeon, of the Green, Ealing, W., aged 47.

The Medical Press and Circular.

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No. 10.

Original Communications.

A NOTE CONCERNING THE PATHOLOGY OF CANCER, &c.

By J. JACKSON CLARKE, M.B.Lond., F.R.C.S.,
Senior Assistant-Surgeon at the North-West London Hospital, and
Assistant-Surgeon at the City Orthopaedic Hospital.

HAVING for the past ten years closely followed all that has been done towards the solution of the question whether or not cancer is a specific parasitic affection, I have written what follows in order to specify certain changes of opinion that I have elsewhere referred to in a general way and also to express my present views.

The accepted view of the pathology of cancer is based upon the doctrine of cellular pathology first enunciated by Virchow, but it does not involve any doubts of the validity of that doctrine to believe that a parasitic agency is the probable cause of cancer and other forms of malignant disease. In pathology the Darwinian doctrine of evolution has to be considered as well as the cellular doctrine.

To my mind the idea that cancer arises in a perverted habit of epithelial cells seems to contradict the teaching of Darwin in that there could hardly be stability in any species if characters acquired with infinite slowness by natural selection could be so completely lost during the short period of an individual's life. Such general considerations are of some use in directing lines of inquiry the aim of which is to establish facts by observation and experiment.

The area of observation includes biological and pathological data not only concerning cancer and sarcoma but also of other diseases of which only two capital ones, small-pox and syphilis, need be considered here.

To deal, first, with the biological aspect of the matter: When first I brought my observations to the notice of the profession in 1892 the term "psorosperm" was used to designate various sections of the sporozoa. Thus certain myxosporidia were termed fish-psorosperms, and some of the coccidia were often spoken of simply as psorosperms, but the term was never, as some writers appear to think, restricted to the coccidia. At the present time the term may, I think, with advantage be dropped and that of "sporozoa" be used alone for this class of the protozoa.

The most striking advance that has been made in the biology of the sporozoa concern the coccidia, to which subdivision of the sporozoa the malarial parasites belong. The life-cycle of coccidia has been found to include a sexual phase (a), and in the case of the malarial coccidia, an interchange of hosts first surmised by Manson has by Ross (1897) been proved to exist. Thus, in order to complete our knowledge of malaria, it has proved necessary for pathologists to effect a remarkable advance in biology seventeen years

(a) The first description and demonstration of the earlier microgamete stage of coccidium oviforme as a then "new stage" in the development of this parasite was made by myself in a communication to the Pathological Society in 1893. A Committee of the Society pronounced it to be neither new nor important.

after Laveran's discovery of the parasites in human blood.

It is in connection with the general relations of the protozoa that I made the most serious mistake that, in a careful re-examination of my work on malignant disease, I have as yet encountered. In 1893 I showed some sections of a tumour of a cat's lip. Among them was one that showed conjugating gregarines and pseudo-navicellæ—the typical spores of gregarines. This particular section I have since found to be one of an earthworm's seminal vesicle; the assistant who cut the sections for me had accidentally included it among those of the tumour. This discovery invalidates my conclusion that I had found gregarines in a warm-blooded animal, though the sections of the tumour itself show what I still believe to be sporozoa. As showing how little attention had been given at that time to the protozoa by even prominent pathologists it may be mentioned that the pseudo-navicellæ thus inadvertently put forward—the most commonplace of all forms of the sporozoa—were commented on at the meeting as having nothing to do with sporozoa. (a) One well-known pathologist said, "The bodies shown had nothing in common with psorosperms!" Another equally eminent pathologist pronounced the spores of these familiar gregarines to be the eggs of a nematoid! Other instances might be given to show that ten years ago the general body of pathologists had so little knowledge of the protozoa that their criticism made at that time must be taken with the greatest possible reserve.

Progress, in any science of observation like pathology must be from the known to the unknown. In 1891 the Pathological Society of London accepted as sporozoa certain structures that occur in a disease of the urinary tract of man. In 1892-3, when, on the strength of an exhaustive comparison of these bodies in cystic ureteritis with others in cancer and sarcoma, I ventured to express the opinion that the bodies in cancer and sarcoma were of the same nature as those in the cyst of the ureter, a committee representing the society (b) stated that the only basis for my view was my "bare assertion," thus ignoring the position of the Society with regard to the bodies in cystic ureteritis. And when the position of the Society in this matter is examined it is found to be a curious one. Apart from my own article (c), there is no record of any critical examination into the subject contained in the "Transactions" of the Society. They apparently relied solely on the opinion of the late T. S. Cobbold in this matter. Cobbold also expressed the opinion that certain bodies in a sarcoma referred to him by a committee of the same society were also psorosperms. The Society apparently accepted Cobbold's view with regard to the cysts of the ureter, but rejected it with regard to the sarcoma. It will be seen that my reliance upon the value of the floating traditions of the Society was misplaced and that "accepted by the Pathological Society of London" is not equivalent to proof, nor conversely. In 1896 I submitted some of my observations on cystic ureteritis, cancer, and sarcoma, to a distinguished

(a) See *Journal of Pathology*, October, 1893, p. 11.

(b) *Brit. Med. Jour.*, May 26th, 1893.

(c) Pathological Society's "Transactions," 1892.

biologist, and from his guarded manner of treating the subject I came to the conclusion that the Society had been premature in accepting the "psorosperms" of cystic ureteritis as being proved to be sporozoa, and I had been misled by their action to the extent of claiming my demonstration of similar bodies in cancer and sarcoma as proof, though on every point I retained my belief and I set to work to seek other modes of investigation. Bacteriological methods I had tried many times during many years with negative results, and I knew that the "Koch's postulates" method of proof was unlikely to yield results, where sporozoa were concerned. The direct attack having failed, it remained to approach the subject indirectly.

Some disease associated with protozoa was to be sought for and studied on the lines that have so successfully been followed in the case of malaria, where a close study of the varying phases of the disease in relation to the varying phases of the sporozoa in the blood had led to the understanding of the disease without any recourse to "pure cultures" or other methods so useful in bacteriology. The pathology of small-pox is in itself of the greatest interest, and I believe by analogy it throws a light on that of syphilis and of cancer. (a) I may now refer to some aspects of our knowledge of these three capital diseases.

Small-pox.—The earlier observations of protozoa in variola made by Van der Loeff and L. Pfeiffer, might have long remained ignored had not Guarnieri, by a simple experiment, brought them into prominence. The cell-changes that follow vaccination can be followed in the epithelium of the cornea with a clearness that is impossible in the stratified epithelium of the skin. About the end of the second day nearly all the epithelial cells about the seat of inoculation contain the now well-known bodies that are readily visible in both the fresh and the hardened cornea, and in both unstained and stained preparations. When unstained these bodies appear as bright homogeneous points which stand out from the rest of a section by reason of their high refracting power; in stained preparations they recall the bodies Russell (b) described in cancer in 1890. Towards the end of the second day some of the intra-cellular bodies stain more darkly at their centre than at their periphery. These features have been recognised by various authors, but if no further evidences of organisation in the bodies were afforded by careful histological examination I do not think anyone would be justified in claiming the bodies as protozoa. On the other hand, all attempts to explain the bodies as other than parasitic cells have failed; the elaborate explanation worked by Hückel having recently been found by v. Wasielewski (c) to be invalid. The bodies are so far specific that Guarnieri's experiment may be taken as a test of the activity of any specimen of vaccine lymph. The forms that led me to conclude that the bodies are protozoa are best seen in the vaccinated cornea of guinea pigs. After the second day leucocytes increasingly invade the corneal epithelium and swelling and other changes occur in the epithelial cells, but after a close and prolonged study of the bodies of cystic ureteritis and of the sporozoa I think it is possible to trace, in part at least, the after history of these vaccine bodies as is shown diagrammatically in Fig. 2. The destruction of the epithelium of the cornea is much more widespread than for convenience it is represented in the diagram. To Hückel my interpretation of some of these extra-cellular bodies appeared capricious, but the same view has since been taken by F. J. Bosc (d) in a comparative study of sheep-pox, vaccinia, and cancer. In conjunction with the observations of other authors my own investigations have convinced me that both the intra-cellular and the extra-cellular bodies are parasitic. If so, are they vegetable or animal—protophyta or protozoa? Granted their parasitic nature it may still be asked whether it is of

much moment which category they belong to? For my part I think it is of great moment. It is hard to understand how some authors who a few years ago ascribed certain bodies in cancer to the protozoa now describe them as yeast-cells without apparently realising the magnitude of their change of view. It is true that among the mycetozoa are some forms that botanists claim as protophyta, but with regard to the blasto- and sacharo-mycetes no such uncertainty exists. The aggressive, highly-specialised parasitism of some of the protozoa gives them a totally different import from the more passive bacteria and fungi. The pyogenic bacteria that are of prime importance in wounds where the protecting epithelia are broken are harmless on unbroken surfaces. No known yeast-fungus causes a definite and spreading infection of epithelium such as could give rise to appearances similar to those indicated in Figs. 1 and 2.

It has been stated (a) that the bodies seen in the vaccinated cornea differed essentially in their staining reaction and in their appearance from those described as protozoa in cancer. On the contrary, I found (b) that there was a close similarity between them, and that through a larger series of forms than was usually recognised.

My contention has quite recently received important confirmation. Monckton-Copeman and Mann (c) writing of vaccine lesions in skin, observe:—"Clarke rightly points out that many cells appear similar to those found in cancer." It has been objected by the late A. A. Kanthack that if similar parasites are alleged to cause diseases as dissimilar as small-pox and cancer the idea of specificity is lost. In answer to this it must be explained that I do not wish to infer that there is any closer connection between the parasites of variola and those of cancer than there is between the bacilli of glanders and those of tubercle or any other pathogenic bacilli. I do, however, feel that if we cannot determine the causal agent of vaccinia, the virus of which is almost an article of commerce, and can readily be made to reproduce the affection in animals, we are hardly likely to ascertain the cause of cancer. It has recently been suggested that the parasite in vaccinia may be so minute that our present microscopes are unable to render it visible. Before lending ourselves to such a vague leading it will be wise to come to a conclusion regarding the bodies indicated in Figs. 1 and 2 (see description of illustrations). The nature of these bodies is being seriously considered in all civilised countries.

Syphilis.—The question of the presence and the meaning of protozoa in syphilitic lesions has been less extensively worked out than is the case in vaccinia and cancer, but the documents relating thereto are of much the same kind. Doehle (d) found flagellates in the blood in the febrile period of the disease and three years later I described in primary, secondary, and tertiary skin lesions (e) bodies resembling those that occur in vaccine lymph and variolous lesions, and I also repeated, I think successfully, Guarnieri's experiment, using matter from a chancre in lieu of vaccine. This latter observation has been confirmed by E. Pfeiffer (f) who, however, was unable to decide whether the appearances were due to protozoa or to protophyta.

Malignant Growths.—Guiseppe Pianese has produced the clearest, fullest, and fairest adverse criticism (g) of the work of those who have described as parasites certain histological appearances met with in malignant growths, and his work may be regarded as a summation of conservative pathological opinion up to the date of its appearance.

Sarcoma.—One of the first descriptions of protozoa

(a) This view I first expressed in the MEDICAL PRESS AND CIRCULAR, July 25th, 1894.

(b) *Brit. Med. Jour.*, 1890.

(c) "Zeitschr. für Hygiene," October, 1901 (full literature up to this date).

(d) F. J. Bosc, "Arch. de Med. Experiment," May 1901.

(a) *Brit. Med. Journ.*, April 14th, 1894, p. 796.

(b) Pathological Society's "Transactions," 1895, p. 195.

(c) "Twenty-eight Annual Report of the Local Government Board, 1898-9, Appendix C," p. 505.

(d) *Cent. für Bakt.*, 1892.

(e) *Ibid.*, No. 17, 1895, and Pathological Society's "Transactions," 1895.

(f) *Cent. für Bakt.*, No. 25, 1895.

(g) Pianese, "Beitrag. zur Histol." and "Aetiol. des Carcinoms." (Supplement to Ziegler's Beiträge," 1896).

in sarcoma was given by myself (a) in 1893. On re-examining the section from which the figures in this article were drawn, I have to confess that I was in

error with regard to what I described as amoeboid free psorosperms in Fig. 3. The larger intra-cellular bodies in Figs. 1 and 3, and the encapsuled reticulated bodies, I still regard as parasites. Also the bodies in different sarcomas that I put before the Committee of the Pathological Society (b) I still regard as protozoa. One of the most important contributions to this subject that has appeared since then is that by Bellingham Smith and the late Dr. Washbourn (c) on infective sarcoma in dogs. Dr. Washbourn kindly gave me two of his sections; after bleaching and re staining I have found in them bodies that I regard to be protozoa.

Cancer.—It is impossible to go into the mass of work that has appeared in relation to cancer during the past ten years. I may, however, refer to my first communication on the subject (d). Certain bodies that I then described were afterwards seen by Korotneff and described under the somewhat fanciful designation of "Rhopalocephalus carcinomatosus." Quite lately F. J. Bosc (e) has recognised similar

bodies in sheep - pox, and remarks:—"The Rhopalocephalus carcinomatosus, described by Korotneff, has not been favourably received. I think, however, that there is now reason to reconsider this matter." Gaylord refers to another of the bodies that I showed before the Committee of the Pathological Society, whose report (May, 1893) I have referred to above, as follows:—"In an article published by Jackson Clarke, *Centralblatt für Bakt.*, Vol. 16, Fig. 6 of Part III., is a most typical representation of these bodies"—i.e., the bodies most recently described by Plimmer (f) as the characteristic parasites of cancer. Gaylord (g) has very carefully re-examined the work of Sanfelice, Plimmer, and others who have accepted Sanfelice's view, and he has come to the conclusion that these authors are mistaken in their interpretation of certain "cancer - bodies" as yeast - cells. Gaylord's work, in several important particulars, that I need not here enumerate, confirms the conclusions that I arrived at ten years ago.



FIG. 1.



FIG. 2.

In the course of the laboured beginnings of any new way in science, premature expressions of finality are rarely wanting, and with regard to cancer it has already been said by two of those who have recently worked at the subject that the microscope has done all that it can do in relation to cancer. I do not hesitate to express the opinion that there is yet much to be done by means of the microscope; for instance, in comparing cancerous with sarcomatous, syphilitic, variolous and other lesions; and in the comparative study of all of these with known protozoan infections. Another wide field is the study of the blood in the infective fevers in the light of the clinical phases of these fevers in ways that the parasitology of malarial affections suggests. Evidences of vital activity among the elements of morbid tissues are to be carefully sought for. After keeping the familiar oval bodies that occur in molluscum contagiosum (a benign epithelioma) in a moist chamber for a few days I have observed changes that can only mean that these bodies are protozoa which break up into flagellated swarm-spores (a). Roughly, twenty years were required for bringing our knowledge of the parasites of malaria to its present degree of completeness, and the process involved the increase not only of pathological, but also of biological knowledge—a two-sided inertia which fully accounts for the length of time that, in the absence of a touchstone such as Koch's postulates, has been required for our enlightenment.

DESCRIPTION OF ILLUSTRATIONS.

FIG. 1.—Shows the ordinary appearance of a stained section of a rabbit's cornea twenty-four hours after vaccination. The seat of inoculation is in the middle of the section.

FIG. 2.—Shows a diagrammatic representation of a guinea-pig's cornea seventy-two hours after inoculation. At the margins of the section are small intra-cellular bodies similar to those of Fig. 1. Towards the middle of the section are in turn (1) larger intra-cellular bodies with a denser central part; (2) and (3) intra-cellular bodies with a vesicular nucleus within which are particles of chromatin; (4) an intra-cellular cluster of nucleated bodies, and various bodies lying free on the surface, viz., (5) an amœbiform body, (6) a round body with peripheral granules, (7) an oval body showing nuclear divisions, and, finally (8) a round body containing nucleated subdivisions.

HUMAN AND BOVINE TUBERCULOSIS; THE POSSIBILITY OF INFECTION FROM CATTLE. (b)

By NATHAN RAW, M.D., M.R.C.P.Lond., F.R.S.Edin.,

British Representative on the International Committee for the Prevention of Consumption; Physician, Mill Road Infirmary; Physician, Sanatorium for Consumption, Liverpool.

PROFESSOR KOCH, the greatest authority on tuberculosis, in an address at the International Congress in London in 1901, greatly disturbed the scientific world by announcing his now well-known theory that human and bovine tuberculosis were separate and distinct diseases, and that bovine tuberculosis could not be conveyed to man. Again, in 1902, in an address which I heard him deliver in Berlin, he reiterated all his statements and expressed himself as convinced on the point. The great majority of medical men in this country, however, have firmly believed that there was a

(a) *Brit. Med. Journ.*, January 21st, 1893.
 (b) *Ibid.*, May 20th, 1893.
 (c) *Ibid.*, December 17th, 1893.
 (d) *Brit. Med. Journ.*, December 24th, 1902; and *Cent. für Bakt.*, August 25th, 1894.
 (e) *Archiv. de Med. Experiment*, May, 1901 p. 306.
 (f) *Practitioner*, 1890.
 (g) "Report of the State of New York, 1901."

(a) Jackson Clarke, *Cent. für Bakt.*, February 28th, 1895.
 (b) Abstract of paper read at the meeting of the Liverpool Medical Institution, February 26th, 1903.

probability of tuberculosis being conveyed in milk, especially to children, whilst they also were of opinion that the disease was identical in man and animals. Now it must be admitted that the great body of experimental evidence is in favour of Koch's first contention that the two diseases are distinct, and that it is almost impossible to produce a general tuberculous infection in cattle by inoculating them with human bacilli from sputum.

Out of 2,000 cases of phthisis pulmonalis, I have only seen the glands and the joints affected in six cases, and in the late stages one sees the intestine and peritoneum involved. Phthisis pulmonalis is essentially a disease of young adult life. It is rare to see it as a primary affection under the age of twelve, the great majority of deaths taking place between the ages of thirty and forty, as my tables will show.

On the other hand, strumous or tuberculous joints, enlarged joints, spinal disease, and abdominal tuberculosis with *tabes mesenterica* are essentially diseases of infancy and childhood, and are only rarely seen in adult life.

From these general clinical and pathological observations I am inclined to think that primary intestinal tuberculosis, *tabes mesenterica*, and other tuberculous affections of the serous membranes in children are probably bovine tuberculosis, conveyed by milk, and are not in any way related to human tuberculosis, although the bacillus of Koch is found in them all and is indistinguishable.

I will claim your indulgence when I attempt to lay before you all the evidence which I can, in support of my view that *tabes mesenterica* is caused by bovine tubercle bacilli in milk.

Veterinary authorities, such as Nocard, Bang, Dollar, and McFadyean, agree that about 30 per cent. of dairy cattle suffer from tuberculosis, and recent official figures from different parts of England show that in London dairies 25 per cent., in Edinburgh 40 per cent., Midlothian 23 per cent., Durham 19 per cent., and Yorkshire 25 per cent. of the cows are tuberculous. The point I wish to make is this: The infection commences in the mesenteric glands from the intestine, slowly spreads to the retro-peritoneal glands, then through the diaphragm to the glands in the posterior mediastinum, and finally to the lungs. If the child lives long enough the brain may be affected too. At the post-mortem this process has been corroborated again and again, and I will show you a case where there is extensive caseation of the mesenteric, retro-peritoneal, and portal glands, and only a few grey tubercles at the base of both lungs. Taking all these facts into consideration, and after a careful study of tuberculosis in all its forms during the last ten years, I am of opinion that bovine tuberculosis is very virulent for children, and is accountable for *tabes mesenterica* and other varieties of abdominal tuberculosis; in fact, I believe it to be more virulent to children than human tuberculosis. How many scores of strong, healthy, vigorous children and adults do we see who have suffered from tuberculous glands in the neck with never a symptom in after life!

Surely these people cannot be classed as tuberculous?—they have suffered from a mild infection of tubercle bacilli which was in all probability bovine in origin and absorbed from milk.

There is much evidence also to suggest that acute miliary tuberculosis, especially that of the typhoid

form, is in reality a bovine tuberculosis produced by food ingestion. Since the two diseases cannot exist together in cattle, may it not be that they cannot exist together in man? and that the serum of a cow affected with tuberculosis might have a curative effect in a case of pulmonary phthisis exactly on the same lines as small-pox and cow-pox? Who knows? It is only an idea, but in the treatment of such a fell disease anything is worth thinking about.

It has been pointed out before that the danger is greatest when cow's milk is used exclusively and tubercle bacilli introduced day by day, as it is only when large numbers of bacilli are used that infection is likely to become general. It would appear, therefore, that infants and young children with a feeble power of resistance are susceptible to bovine tuberculosis, more especially if fed for a prolonged period on infected milk, that as age advances the susceptibility is decreased, until at adult life there is little risk to more than a purely local affection of the glands of the neck, which, however, may occasionally extend directly to the lung and even a general miliary tuberculosis.

Legislation.—Considering that tuberculosis is so common, and is even increasing in this country among dairy cows, something ought to be done by the Legislature to prevent the wholesale distribution of tuberculous milk to the public. I do not advocate any harsh measures, as I am quite sure that every farmer and dairyman in the country would assist in every way to stamp out tuberculosis in cattle; but I certainly would make it a penal offence for any person who knowingly supplied milk to the public from a cow suffering from tuberculosis of the udder.

A more rigorous inspection of dairy cattle should be made by the health authorities, and as it is perfectly easy and certain by the tuberculin test to diagnose a tuberculous cow, there should be no difficulty in at least eradicating the disease from dairy cattle.

The onus of responsibility of supplying pure milk to the public should not rest on the health authority, but on the producer, and although the health authority can do a splendid and humane work by providing the community with sterilised milk at a cheap rate, still the real responsibility must lie with the man who actually delivers milk for sale to the public.

I conclude by expressing the opinion, based almost exclusively on clinical and pathological evidence, that human and bovine tuberculosis are separate and distinct diseases as shown by Professor Koch; *but*, that the human body is susceptible to both, and especially to bovine tuberculosis in the early periods of life. The two diseases are so rarely seen together in the human that there seems to be some ground for presuming that they are antagonistic to each other, and that bovine tuberculosis may possibly confer an immunity against human tuberculosis. If this opinion should prove correct, I venture to submit that it would entirely reconcile the conflicting opinions which have been so frequently expressed during the last two years on this most terrible of all diseases.

LORD STRATHCONA will take the chair at the Festival Dinner to be held in aid of the funds of University College Hospital, at the Hotel Metropole, on Wednesday March 18th.

A REPORT OF FOUR CASES
OF
ACUTE SEPTIC INFLAMMA-
TION OF THE THROAT,

WITH BACTERIOLOGICAL EXAMINATION OF EACH. (a)

By PHILIP R. W. DE SANTI, F.R.C.S.,

Surgeon to the Nose, Throat, and Ear Departments at the
Westminster Hospital.

In an extremely able and important paper, read by Sir Felix Semon before the Fellows of the Royal Medical and Chirurgical Society on April 23rd, 1895, and entitled "On the Probable Pathological Identity of the Various Forms of Acute Septic Inflammations of the Throat and Neck hitherto described as Acute Œdema of the Larynx, Œdematous Laryngitis, Erysipelas of the Pharynx and Larynx, Phlegmon of the Pharynx and Larynx, and Angina Ludovici," the author very clearly pointed out the extreme confusion that exists in the nomenclature and classification of these inflammations, and expresses his conviction "that the various forms of acute septic inflammations of the throat and neck, hitherto considered as so many essentially different diseases, are in reality pathologically identical; that they merely represent degrees varying in virulence of one and the same process; that the question of their primary localisation and subsequent development depends, in all probability, upon accidental breaches of the protecting surface through which the pathogenic micro-organism which causes the subsequent events finds an entrance; and that it is absolutely impossible to draw at any point a definite line of demarcation between the purely local and the more complicated, or between the œdematous and the suppurative forms.

To prove these convictions he gives clinical details in order of ascending severity of fourteen cases which had come under his own personal observation, but, at the same time, confesses that bacteriological evidence in the cases is unfortunately conspicuous by its absence. He also expresses a hope that subsequent observers will test the correctness of the views put forward by himself as to the probable identity of the various acute inflammations of the throat and neck.

Since the reading of Semon's paper I determined in any case of acute septic inflammation of the throat that might present itself to my notice to keep a careful record, and to test, if possible, the nature of each case bacteriologically, so that if I had a sufficiency of cases I might be enabled to come to some definite conclusions either for or against Semon's views, which views, at the discussion which followed his paper, were more or less fiercely attacked.

My experience since 1895 of these so-called acute septic inflammations of the throat and neck has been limited to four very distinct and definite cases, notes of which I herewith give, according to Semon's plan, in their order of ascending severity.

CASE I.—A male patient, æt. 48, admitted May 10th, 1899, with a deep-seated cervical abscess reaching from just below the right mastoid process to the level of the cricoid cartilage, and extending under the right sterno-mastoid muscle to near the mid-line of the neck. There was a history of old suppuration of the right middle ear, and pressure on the cervical abscess caused pus to well out of

the right external auditory meatus. An examination of the tympanum showed complete absence of the membrana tympani: there was some pain caused by pressure over the mastoid process, but there was an absence of any redness, swelling, or œdema over the process. I suspected a perforation of the mastoid process on its deeper digastric aspect (Bezold's perforation), and considered the deep-seated cervical abscess to be due to infection through this perforation.

I opened up the mastoid antrum and cells, evacuated pus and granulation tissue, and found a somewhat ragged aperture on the deeper aspect of the process communicating with the abscess in the neck. The mastoid and cervical abscesses were both thoroughly opened and drained, and the patient progressed favourably until June 2nd, on which day the temperature rose to 102° F., and there was general malaise and pain. Three days later cutaneous erysipelas commenced on the left cheek; later on the same day it had spread to the left side of the neck, the whole left side of the face and also across the middle line of the face and neck to the right side.

There were also patches of redness all over the back down to the lumbar region. In the evening the temperature was 103.4°, and the man was very ill. Soreness of the throat was complained of, and examination showed a bright red swollen condition of the posterior pharyngeal wall and of the whole of the soft palate, especially the uvula. Cultures from the mucus of the throat showed mainly *Streptococcus pyogenes* with some staphylococci.

Antistreptococcus serum, 10 c.c., was injected into the abdominal wall June 2nd. June 3rd.—Twelve noon, another 10 c.c. was injected. Swelling of the eyelids and throat less. 4th.—Face less swollen, also eyelids. Rash almost entirely gone from the back. Temperature in the evening 101.6°. Ten c.c. of serum injected. Temperature fell at midnight to 99.2°. Urine normal. 5th.—Cheeks still red but less swollen. Rash almost gone from the rest of the face and neck. Throat still red but not swollen. 7th.—Desquamation. Throat normal. From this date the patient made an uninterrupted recovery.

CASE II.—*Acute œdematous tonsillitis and pharyngitis*.—A man, æt. 32, came in 1898 complaining of swelling in the neck and sore throat. His illness had started with headache, shivering fits, and sickness three days before I saw him. These symptoms were soon followed by much pain and dryness in the throat, the pain, especially on swallowing, having greatly increased for the last twenty-four hours. For two days there had been weakness of the voice, and the patient could only just use his voice in a whisper. The man looked ill, his temperature was 104.6°, his pulse rapid (120) and compressible, and there were enlarged and tender glands on both sides of the neck. The urine was normal.

Examination of the throat showed intense redness and swelling of the right tonsil, of the whole of the soft palate and uvula, and a dark red glazed and swollen condition of the posterior pharyngeal wall. There was also slight œdema of the epiglottis, but the rest of the larynx, which could be fairly seen, was neither congested nor swollen. Swab cultures were taken from the tonsil and pharynx, and examination by the pathologist showed *Streptococcus pyogenes* infection. I advised the patient to come into the hospital at once, but although the

(a) Abstract of Paper read before the Royal Medical and Chirurgical Society, February 10th, 1903.

gravity of the case was clearly put before him he refused and left the hospital. I never saw him again, and the subsequent history of the case is therefore unknown to me.

CASE III.—*Acute gangrenous inflammation of the throat.*—A man, æt. 21, came to my throat clinic at Westminster Hospital, December 2nd, 1901, complaining of sore throat, pain and great difficulty in swallowing, loss of voice, and general malaise. His throat trouble had commenced two days previously, and he had rapidly got worse. He could not in any way account for his illness, there being no history of injury, old ulceration of the throat, or of any people in the house he lived in suffering from throat trouble. The patient worked in an oil shop and was indoors most of the day. He had had influenza six years previously, and had had slight sore throat once or twice since, but this had got well in a day or two after using chlorate of potash gargle.

He looked very ill and pale, and complained of aching pains all over. His temperature was 101.2° , pulse very frequent (120) and soft. Could only speak in a whisper and with difficulty; no dyspnoea present. Urine normal.

The uvula was enormously swollen, intensely red, and the lower half black and gangrenous. The inflammation at the base of the uvula had spread to the soft palate, which was red and œdematous, and to the tonsils, the latter being similarly affected, but to a less degree. The posterior pharyngeal wall was red and slightly swollen. Laryngoscopic examination showed the epiglottis to be slightly swollen, especially at its base, and there was very extensive œdematous swelling of the left ary-epiglottic fold, the latter looking like a large yellowish polypus; the right half of the larynx was unaffected.

The patient was at once admitted. On admission it was found that he could not swallow at all, not even liquids. A swab culture from the uvula revealed the presence of *Streptococcus pyogenes*, and some staphylococci; no diphtheria bacilli.

Immediately after admission, the house physician, Dr. Watson, injected into the right lumbar region 20 c.c. of antistreptococcal serum. The patient at once began to improve and left the hospital quite well on the 20th.

I subsequently saw him on three or four occasions and found the throat quite normal.

CASE IV.—*Acute pharyngitis due to Streptococcus pyogenes followed by septicæmia, deep lardular inflammation, and pericarditis.*—This case was under the care of my friend and colleague Mr. W. G. Spencer. A man, æt. 21, was first taken ill October 16th, 1898, with a sore throat, followed by swelling in the neck. He gradually got worse and was admitted under Mr. Spencer on October 24th. He was then partly unconscious, had great pain and difficulty in swallowing. The temperature was 101.4° , having been 103° during the night; the pulse was 120, small, and of low tension; respirations 30 and quiet. The mouth could only be partially opened; the tongue was swollen and brown, and the posterior pharyngeal wall was covered with brown sticky mucus, but no membrane. The left side of the neck was much swollen, red, brawny, and œdematous. An incision had been made by the house-surgeon at the posterior border of the sterno-mastoid muscle, from which a sanious fluid had escaped, but no pus. On auscultation a loud pericardial friction rub could be heard.

The mucus from the throat and the discharge from the wound in the neck were examined by Dr. Blaxall, the bacteriologist, and he found both in cover-glass specimens and upon cultivation mainly *Streptococcus pyogenes*. In the cultivation from the throat, a yeast, *Staphylococcus albus* and a few bacilli were also found.

At 9.30 p.m. on the 24th, eight days after the first signs of the illness, 10 c.c. of antistreptococcal serum were injected, a second dose at 6 a.m., and a third at 4.20 p.m. on the 25th, and a fourth on the 26th. The effect was remarkable, the patient beginning to rally at once.

On the 27th the temperature fell to 98° , and did not rise above 100.8° . The patient was conscious and had no pericardial pain. The tongue was less swollen and more moist, and the pharynx was in a cleaner condition. The incision in the neck was discharging pus from deep-seated glands.

The patient left the hospital on December 14th to go to a convalescent home, the pulse and temperature being then normal, and the wound in the neck healed.

These four cases, brief notes of which I have given, constitute the series of acute septic inflammations of the throat and neck that have come under my personal observation since 1895. They are a series smaller, of course, in number, but quite parallel with Semon's cases. They were all four very marked types, and therefore easy to diagnose. I have no experience of the very mild yet distinct cases related by Semon.

It is obvious that without any adequate and expert bacteriological examination of these milder cases—and Semon admits the absence of a bacteriological examination—it is open to any critic to deny the certainty of their septic origin, and to conclude that from the mildness of the symptoms the cases were clinically catarrhal inflammations pure and simple.

Of my four cases, two, in my opinion, were analogous to Semon's milder cases, namely, my first case, in which the patient suffered merely from swelling and redness of the uvula, soft palate, and pharynx, but in which the sore throat, such as it was, was undoubtedly of septic origin, being part of a definite extension of a well-marked case of cutaneous erysipelas to the throat, and in which a cultivation from the throat showed *Streptococcus pyogenes* infection; and my second case, exactly analogous to No. 4 in Semon's series as regards the parts attacked, namely, the tonsil, pharynx, and epiglottis, and in which a cultivation again showed streptococcal infection.

Now I consider these two cases, in which the bacteriological examination was made by an expert, and in both of which streptococcal infection was found, and in both of which the symptoms were, especially in the first case, of a more or less mild character locally, prove undoubtedly that Semon's milder cases were probably of a septic nature, as suggested by him; and this is further strengthened if we look at the cases from their clinical aspect. These milder cases, as well as the more severe types of acute septic inflammations of the throat, are characterised by their sudden onset, rapidity of progress, absence—as a rule—of any demonstrable cause, the limited distribution of the inflammation in contradistinction to the more general distribution in catarrhal conditions, the much greater amount of œdema and redness, and the well-marked and severe constitutional sym-

ptoms. In both my first and second cases these characteristics were well marked in every way, and I conclude, as regards Objection No. 1, that bacteriological investigation has proved that these milder cases can be of septic origin, and that the clinical symptoms are distinct from those of a catarrhal inflammation.

The objection that the different localisation in Semon's cases, namely, whether originating in the pharynx, larynx, or cellular tissue of the neck, spoke against their being identical cannot possibly hold good. The different localisation of these septic inflammations of the throat must surely depend on the resisting powers of the parts attacked, an accidental breach of surface, possibly quite minute, or a pre-existing condition of catarrh, rendering the part more susceptible to infection.

As pointed out by Semon, diphtheria remains diphtheria whether it primarily attacks the tonsils, pharynx, nose, conjunctiva or vulva; and it is the same with these acute septic inflammations of the throat.

In my four cases the posterior walls of the pharynx were primarily attacked in two, the tonsils in another, and the uvula in the fourth case, yet they were all identical diseases, as proved by their bacteriological results, and they only differed clinically in so far as the severity of the symptoms varied.

I am not dealing in this communication with the disease described as Ludwig's angina, or, as I prefer to call it, submaxillary cellulitis; but I would say incidentally that I have had under my care some six or more such cases, and in so far as my memory serves me, in three or four it was definitely made out that the infection started from a lesion in the floor of the mouth. There are no records of the bacteriological examination of these cases.

In respect of the argument "that the variations in the fever curve in Semon's individual cases also seemed to point in the direction that this fever was caused by different and not identical processes," I would point out that the temperature in my four cases varied between 101.4° and 104.6° , and although I consider that the temperature in this class of case is bound, as in other similar diseases, to vary, especially according to the resulting inflammation, whether œdematous, suppurative, or gangrenous, and according to the amount of the poison absorbed, yet I venture to think that further observations will prove that these acute septic inflammations of the throat are almost invariably accompanied by some degree of more or less severe fever.

At any rate, in the limited number of cases I have seen there has always been fever, although no fever curve that I could adjudge characteristic of the disease in question; yet I consider all my cases identical in nature.

Semon held that the fact of the exudation sometimes being of a serous and sometimes of a purulent character most powerfully combated the view that these inflammations were identical in nature. This objection has to be investigated entirely from a bacteriological point of view.

According to recent standard works on bacteriology, the present-day opinion of authorities best calculated to form competent conclusions on the matter is as follows:—

1. That the *Streptococcus pyogenes* and other pyogenic cocci can produce, apart from purulent inflammation, all other forms of inflammation, such

as serous, fibrinous, hæmorrhagic, and gangrenous inflammations.

2. That the variety of inflammation resulting depends (a) on the quantity, (b) the virulence of the organism introduced into the system, (c) the resisting power of the subject inoculated.

It seems to me, therefore, that these conclusions are amply sufficient to account for the differences in not only the fever curve of these various septic inflammations of the throat, but also for the differences in the kind of inflammation resulting, namely, œdematous, purulent, or gangrenous.

Treatment.—In all cases suspected to be of the nature of an acute septic inflammation of the throat it is absolutely essential to have a competent bacteriological examination made of the secretions, both cover-glass and culture preparations being made, and if possible inoculation experiments carried out. If bacteriological investigation prove the presence of the *Streptococcus pyogenes* there should be no delay in injecting the patient with the antistreptococcus serum. The marvellously good results that ensued in the almost hopeless case, No. IV. of my series, from the injection of this serum, together with the equally good results accruing from the same treatment in Cases I. and III., leave no doubt in my mind that in cases in which the streptococcus is found we have a most efficacious remedy in antistreptococcus serum; and I feel sure that in the fatal cases recorded by Semon the results might have been different if this treatment had been in vogue and carried out. It is, however, most necessary to emphasise the fact that unless the streptococcus is identified as the cause of the disease it would certainly be useless, and, indeed, extremely hazardous, to use the streptococcus antitoxin. For its success the *Streptococcus pyogenes* must be discovered in the secretions of the affected part or parts.

The dose to be injected depends on the age and condition of the patients: in an adult I consider 10 to 20 c.c. sufficient as an injection; in children the dose should be proportionately smaller.

In addition to streptococcal antitoxin injections I think the free administration of large doses of the liq. ferri perchloridi of service.

If œdema be very marked, and especially if the larynx be attacked, free scarification should early be resorted to, and tracheotomy performed as soon as the breathing becomes markedly embarrassed.

If the inflammation be gangrenous, the gangrenous parts other than the larynx itself should at once be thoroughly rubbed over with pure carbolic acid; this local treatment had excellent results in my Case III.

These are the main lines of treatment I would advocate. Among adjuncts are the administration of stimulants according to the state of the pulse, the use of disinfecting vapours, such as the vapor creosoti, and the spraying of the throat before the ingestion of food with cocaine or cocaine or menthol sprays.

The external application of cold by means of ice coils, &c., to the neck I deprecate, as I hold that these cold applications only tend to further devitalise already damaged tissues.

In similar diseases, especially of an erysipelatous nature, attacking other parts of the body, cold applications are contra-indicated, especially if suppurative or gangrenous inflammation threatens or has already ensued.

The Lettsomian Lectures
ON THE
CONDITIONS WHICH MODIFY THE
CHARACTERS OF
INFLAMMATIONS OF THE SKIN
AND THEIR
INFLUENCE ON TREATMENT.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON
By H. RADCLIFFE CROCKER, M.D., F.R.C.P.,
Physician to the Skin Department, University College Hospital.

ABSTRACT OF LECTURE II.

IN the previous lecture the influence of the microbe only was discussed, but in the majority of cases the state of the patient is equally important. Even age is often an important factor. Thus pus cocci easily infect children, and free suppurations are therefore often induced in them, and if they are not treated at an early stage the cocci may penetrate deeply and infect the general system. In a new-born infant a surface lesion usually takes the form of a bulla, with clear contents; but in older children the vesicular and pustular forms of impetigo contagiosa occur. Adults often resist it altogether, or the lesion may only appear as an excoriation. Ecthymatous sores, however, occur in severely itching diseases, like pediculosis corporis, but though deep they are seldom abundant. They are, however, vulnerable to both boils and carbuncles, and the latter may spread to a fatal extent. Suppuration in the aged is also liable to go on to gangrene, without previous suppuration, as seen in ophthalmic herpes zoster.

Gangrene is also frequent in infants in multiple patches, which may supervene upon any pustular eruption, such as a miliaria, but the most common cause is varicella, and it occasionally develops on recent vaccination lesions. This is supposed to be due to the *Bacillus pyocyaneus*, and the liability ceases after the age of three years. Formidable as these cases may be, and many are fatal if allowed to run their own course, the extension of the gangrene can be checked if at an early stage injections of carbolic acid solution are made in the neighbourhood of each lesion, as in the treatment for carbuncle. These latter are rare in the young, fairly common in middle-age, and still more so in the old. Boils, on the other hand, have no age restrictions.

Old age is of itself a strongly disposing factor for ordinary eczema, and it often spreads rapidly and extensively in a senile skin, partly from the defective nutrition of the skin itself, partly from the defective elimination of the tissue-worn viscera, especially the liver and kidneys. The indications for treatment, therefore, are to assist these worn-out organs as far as our means will permit. On the other hand, the seborrhœides are rarely seen in old age. Heredity plays an important part in this and other tissue proclivities to certain forms of inflammation, such as psoriasis.

Turning to other causes, experience indicates toxin absorption as one of the most powerful factors in the production of skin inflammations. While auto-intoxication from the intestines is the most frequent source of these toxins and ptomaines, it is possible, but more difficult to demonstrate, that absorption of injurious substances from other viscera may also occur, and some cases suggest

that where dermatitis appears to have been excited by sudden chills to the surface, the explanation is that these produced sudden contraction of the surface vessels followed by dilatation, and that during the latter toxins were absorbed from the intestines and other organs and were distributed peripherally and excited eruptions, the particular kind apparently depending more on the individual than on the toxin.

The influence of the nervous system is admitted in many of the examples, the toxins probably producing the eruptions in many cases through their action on the vasomotor nerves, both central and peripheral. Nerve shocks are also sometimes the immediate cause of eruptions, but while this influence is important it is in great part indirect, except in such a disease as herpes zoster, which may be the direct outcome of either central or peripheral nerve lesions, though those due to inflammation of the nerve ganglion of the posterior root are more common than those from lesions of other parts of the nervous system. Apart from these, the diversity of the skin lesions in apparently similar nerve lesions suggests that the nervous influence is indirect, and requires some other exciting factor. Further, in most cases of lesions of the nervous system there are no skin lesions at all. At the same time, if all innervation be abolished no inflammation can occur. If cerebral influence only be abolished, the eruption is violent and severe; in partial vasomotor injury the eruption is slight and perhaps fugacious, while in partial cerebral or spinal damage the eruption will probably develop at the defectively innervated part first and most severely. The protective influence of the nervous system is exemplified in the liability to bullæ, perforating ulcer, and other lesions in the late stage of the nerve form of leprosy.

The influence of the nervous system on the distribution of eruptions is much greater, and many examples of such influence are available where the eruption was in the domain of one or more nerves, both in congenital lesions, such as ichthyosis-hystrix, nævi, &c., as well as in dermatitis, as in zoster, and in some cases of eczema, lichen planus, &c.

Still more important is the distribution in vasomotor areas, of which the bust and arm distribution of xeroderma pigmentosa is a good example, whence the advantage of counter-irritation in recurrent inflammations over the governing centres such as the cervical or lumbar enlargement.

In respect of pregnancy as a cause of eruptions, chief stress must be laid on the variety of dermatitis herpetiformis known as "herpes gestationis"; in some cases it constitutes the earliest sign of pregnancy, and after parturition there is frequently an exacerbation of explosive violence, followed by a gradual decline in the severity of the successive outbreaks, and finally, complete subsidence in the majority of cases.

The influence of seasons is shown as regards erythema multiforme, psoriasis, urticaria, and prurigo, and we meet with recurring summer and winter eruptions which begin in early childhood and persist to adult age, and then usually subside. With regard to the type called by Hutchinson "summer prurigo," a precisely similar eruption may occur in winter, but much more rarely, and in these cases ointments always increase the irritation, while astringent lotions, especially those of the organic silver salts, give most relief. While the general behaviour as regards exciting

causes, evolution, duration, and eventual subsidence is very similar, the morphology of these eruptions varies considerably, and they may be papulo-erythematous, papulo-vesicular, and vesiculo-pustular, though pale red conical papules, with or without a little clear fluid at the apex, are the most common, while in hydroa aestivalis, with its sub-variety, vacciniformis, the lesions are scar-leaving bullæ, which lead to great disfigurement and even mutilation, which simulates lupus vulgaris. The whole class may be regarded as angioneuroses with a congenital vulnerability of the skin something like that of epidermolysis bullosa.

Drug eruptions need only be discussed as regards bromide and iodide eruptions, which are the only distinctive ones, other drug eruptions not being recognised as such unless it is known that one of the possibly eruption-exciting drugs has been given. Bromide and iodide agminated eruptions can always be recognised, and while in infants they may occur from very small doses, even through suckling when the mother is taking the drug, in adults if an eruption occurs from a moderate dose, it is an indication of defective elimination due to either heart or kidney disease or both. Both bromide and iodide eruptions often attack scar tissue, and their diagnosis is missed sometimes because they often do not come out one or two weeks or more after the drugs have been stopped. This is explained by their having a diuretic action which ceases soon after the drug is stopped, and then the salt which is left in the tissues produces the eruption.

The influence of gout has been left to the last because there is no need to emphasise a factor which in the past has been overrated both by the doctor and the public. While no one can doubt that gout is a strongly predisposing cause of inflammation of the skin, it is not possible to diagnose gout by the skin lesion alone; moreover, experience often shows that frequently when we have done our best to neutralise the supposed uric acid element by alkalies and other antigouty remedies, the eruption is still too often recalcitrant, and in a large proportion of cases it is probably only another example of toxin absorption from the intestine. The tendency of gouty persons to chronic intestinal catarrh, and the readiness with which intestinal fermentation is set up, being the real factors requiring attention, intestinal disinfectants of the salol class, and a dietary which is not likely to disagree and produce further intestinal fermentation constitute the real indications.

Clinical Records.

CASE OF PRIMARY CANCER OF LIVER IN A GIRL, ÆT. 21.

By W. J. THOMPSON, M.D. Dub., F.R.C.P.,
Physician to Jervis Street Hospital.

CANCER of the liver is not by any means an uncommon disease, but primary or secondary cancer of the liver, at the age of 21 years, is rarely ever met with, and so I considered this case of sufficient interest to bring before the Pathological Section. Murchison, in his historic record of cases, mentions only two of primary cancer, one Æt. 42 and the other Æt. 50. He also records a case in a patient, Æt. 24, who had well-marked pyrexia, but at the autopsy there was a cancerous mass found in the neighbourhood of the left kidney which extended down along the vessels to the testicle. He states that when cancer first commences in the liver, other parts, notably the mediastinal, inguinal and cervical glands and the lungs, are apt to

become secondarily affected. Coming to more recent times, Dr. Hale White, in the chapter on "Tumours of the Liver" in Professor Allbutt's "System of Medicine," deals with statistics relative to cancer of the liver very fully. He states that at Guy's Hospital during the nine years 1885 to 1893, out of about 4,200 post-mortems secondary cancer of the liver was found in 136 cases, 126 of which were carcinomatous. He further states that during twenty-four years, from 1870 to 1893, out of about 11,500 post-mortems made at the same hospital only eleven cases of primary cancer were discovered, or about 10 per cent. The proportion of primary to secondary cancer is about one to twenty-five. The age of the youngest case recorded was 23. He also states that out of seven cases recorded in the Pathological Society of London during a period of twenty sessions the youngest case reported was 33 years. He made a remarkably interesting statement when he said that in none of the recorded cases of primary cancer was there any family history of the disease, also that the greater number of cases occurred in men.

Mary R., Æt. 21, was admitted to Jervis Street Hospital on October 31st, 1902. Her family history, which was reliable, was good, none of her people having died from cancer or tuberculous disease, nor was there any history of lunacy in the family. She had always been strong and healthy and until admission was employed in a bottling store in a distillery. About four months previous to this she first commenced to complain of gastric disturbance, uncomfortable feeling after food, vague epigastric pains, vomiting, and on one or two occasions she stated she vomited blood. Her stomach trouble becoming worse, and feeling unable to follow her occupation—in which she had a good deal of stooping and leaning forward to do—she was sent into hospital as a case of probable gastric ulcer.

On admission the liver was found to be uniformly enlarged, smooth on the surface, no pain on deep pressure. It extended about one inch below the costal cartilage and almost filled the epigastric region. The abdomen was not distended, nor could any hard nodules, or tenderness, or fluid be detected in it. The patient could not point to any localised painful spot in the region of the stomach. The tongue was coated, pulse, heart sounds, and temperature normal. The amount of urine secreted each day averaged forty ounces. It was normal in colour, free from albumin or sugar, but contained urates. The uterine functions were normal. The bowels were not constipated, and the motions did not show any liver disturbances. Professor McWeeny examined the blood and found it practically normal, with very slight polynuclear leucocytosis. It was quite evident the gastric disturbance was due to pressure, and this remained her most distressing symptom all through her illness.

After admission the liver enlarged rapidly, but remained free from pain. She complained of a dragging sensation in her right side. She was unable to take and retain nourishment, and she lost flesh rapidly. Six weeks after admission ascites appeared and a couple of weeks after this slight jaundice supervened, which, however, never became well marked, except for the weight and pressure of the enormously enlarged liver. She never complained of actual pain in the liver, nor could it be detected on pressure. About the same time the ascites appeared slight nodules were first able to be felt, and these in a short time were well marked. Before death, which occurred on January 18th, 1903, the liver extended as far down as the umbilicus, and when removed from the body weighed 197 ounces. The temperature remained normal until ten days before death, when it fluctuated very much, sometimes going up as high as 103°. Her illness lasted altogether about seven months. At the autopsy the abdomen was filled with dark-coloured fluid; there were no glands enlarged, the lungs, kidneys and spleen appeared normal, the ovaries were slightly enlarged, the left one more so than the right. I greatly regret they were not kept for Professor McWeeny, as I had intended.

Looking at the case from a clinical standpoint, the prominent interesting facts are: (1) Age of patient, (2) absence of any family history, (3) painless character of the enlarged liver, (4) lateness at which the ascites, the nodules, and the jaundice appeared.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND
SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, FEBRUARY 27TH, 1903.

The President—E. J. McWEENEY, M.D., in the Chair.
CANCER OF OVARY.

DR. JELLETT showed with Professor O'SULLIVAN a specimen of double adeno-carcinoma of the ovary. He said that the specimen had been removed from a patient, aged about forty. She had been in comparatively good health until December 1901, then her menstruation ceased and she believed herself to be pregnant. In the following June she noticed a swelling in the left iliac fossa, and at the same time suffered from severe attacks of pain. The tumours were removed in September. At the operation there was no apparent involvement of the pedicle, nor noticeable enlarged glands. The subsequent history of the case was difficult to obtain. He saw the patient two months after the operation, and there was then a small irregular mass in the bottom of Douglas's pouch. This may have been a malignant extension or a faecal collection, but as the patient refused further treatment it was impossible to definitely determine.

Professor O'SULLIVAN described the solid ovarian tumours as being to the *naked eye* very much alike and about the size of a clenched fist, with surface smooth, uneven with large projections. The tumours were enclosed in what appeared to be a dense fibrous capsule, but proved to be condensed and flattened stroma of the ovary. On section the greater part of the growth was white, resembling ovarian tissue in its markings, but firmer. In one place there was a large blood extravasation. Through the white substance were minute cavities, pin-head and smaller, and occasionally much larger ones—cysts. The largest of these was filled with a papillary growth and contained a glairy fluid. On examination under the microscope the tumour was found to consist of a stroma resembling the ovarian stroma cells, with spindle and rod-shaped nuclei, and a very small quantity of intercellular substance. The blood vessels which ran in the stroma were well formed and fairly thick walled; both arteries and veins could be made out. Embedded in this stroma were epithelial structures varying in appearance in different parts. In some places were cysts lined with a high calcium epithelium, ranging in size from a pea down. They contained a granular material with a few swollen cells; these structures were found down to a size when the single layer of epithelium filled up the whole lumen. The largest of these cysts contained papillary growths. Through the rest of the tumour were solid masses of pleomorphic epithelium laying in the stroma and communicating with each other forming a network of epithelial strands about equal to the stroma in bulk, and traversing it in all directions. The only solid ovarian tumour which bears any resemblance to this of which I have seen an account is a tumour described by Von Kahliden (*Cent. f. Path.*). In this growth part was composed of small cysts, part of thick columns of cells. These two were separated by a fibrous partition. He distinguishes them as the cancerous changed portions and regards the growth as derived from the follicular epithelium. Here the two forms of growth appear to be intermixed. Both can be seen in the same microscopic field.

The PRESIDENT said that the case was undoubtedly one of true carcinoma of the ovary. The bilateral character of the affection was typical. The relatively slow development of metastatic infection was likewise often observed in ovarian cancer. He had himself

observed three cases in the last one of which the microscopic appearances were very similar to those seen in this case, save that the adenomatous element was less pronounced. Learning from the writers that recorded cases of ovarian cancer are few in English literature, he proposed to publish the notes of those he had observed.

DR. EARL said he had examined several cases of cancer of the ovary, probably some eight or more. Both ovaries were affected in each case. In two cases the cancer was in an early stage of mucoid degeneration, and in one case at least there were secondary growths in the peritoneum and liver.

DR. JELLETT said that he did not consider ovarian cancer to be very rare. He had operated on one other case, and had seen at least four in the Rotunda Hospital. As to the question of malignancy, one at least of these ran a most malignant course. Metastases occurred in the retro-peritoneal glands, and ate through the spinal column, death resulting within three months of the operation.

ABNORMAL DEPOSIT IN JOINTS.

Professor E. H. BENNETT showed a series of joints marked by the deposit of a white material closely resembling the urate of soda seen in true gout. The deposit was present in the hips, shoulders, sternoclavicular joints, and was absent from the more distal joints of the limbs. The deposit was shown to be calcium carbonate. He also exhibited a water colour drawing showing the appearance of the joints affected by this disease, while unaffected by this disease of formation and of spirit used to preserve the tissues.

The PRESIDENT asked what distinction Professor Bennett drew between the condition he now demonstrated and calcification, such as occurs in costal cartilages and many morbid tissues.

Drs. TRAVERS SMITH and KNOTT spoke.

Professor BENNETT, in reply, pointed out that in this case the calcium carbonate occurred in the form of small crystals.

DR. PARSONS and Professor O'SULLIVAN exhibited a sarcoma of the duodenum with microscopical sections.

The PRESIDENT considered it to be in all probability a round-cell sarcoma, but could not explain the hybrid matter referred to by Prof. O'Sullivan. He asked how it behaved to the Van Gilson triple stain? He thought the case ought to be submitted to the Committee of Reference.

FRACTURE OF THE ASTRAGALUS.

Professor E. H. BENNETT showed an united fracture of the astragalus. The fracture had united without deformity by bone. There was no other fracture either in the bones of the foot or of the leg or thigh. The specimen was found in dissection, and was without history.

Mr. THOMPSON read a case of

PRIMARY CANCER OF LIVER IN A GIRL, ÆT. 21.

which will be found under the head of "Clinical Records."

Professor McWEENEY said the liver is much enlarged. its surface is studded with secondary nodules, some of these umbilicated. The colour is dull red with a greenish tinge. The nodules, viewed from without, are white. On section, the primary mass was found occupying the centre of the right lobe. It was as large as the closed fist and harder than the secondary knots. On cutting into the specimen a most remarkable change took place in its colour, *most of the secondary knots assuming a brilliant grass-green hue on contact with the air.* This green hue subsequently extended to the liver parenchyma after the spectroscope had been placed in formation. Spectroscopic and other tests showed it to be due to oxidised bile-pigment. The cancer was composed of very large epithelial cells closely resembling liver-cells, but differently arranged. Many of them were crammed with globules of green pigment, and here and there presented an attempt at tubular arrangement, the lumen being filled with green matter. It was evident that the cancerous degeneration had not robbed the tumour-cells of their function, and that

they had continued to secrete bile, though several generations removed from normal liver cells. The bile-pigment so secreted, finding no outlet, was stored up in the cells, and revealed its presence by the green hue at once assumed on section by the cancer tissue.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.
MEETING HELD MARCH 4TH, 1903.

Dr. UNDERHILL, Vice-President, in the Chair.

DR. CHALMERS WATSON showed a case of *verrucae planae juveniles* (with photographs to illustrate treatment).

Dr. F. D. BOYD showed (1) a case of localised syphilitic meningo-myelitis, with anaesthesia of one-half of the scrotum and penis; and (2) a case of tabes with well-marked ataxia, in which there was, in addition, lesion of many of the cranial nerves, showing itself by ophthalmoplegia, defective movements of the tongue, alteration in speech, paralysis of the vocal cords, and laryngeal crises. The lesion at the base of the brain was either a syphilitic meningitis or a vascular change—probably the latter, since antisyphilitic treatment had not caused any amelioration of the symptoms.

Dr. GEORGE GILSON showed (1) a child with combined obstruction and incompetence of both aortic and pulmonary orifices. The pulmonary incompetence might be due either to a giving way of the valve from the increased pressure on the pulmonary artery, or, more probably, to endocarditis. (2) A man with Raynaud's disease showing some interesting features. The patient had a dilated stomach, and both kidneys were movable; a trace of scleroderma of the hands was present, and the ears showed signs of past attacks of local gangrene. The chief feature of interest, however, was the condition of the veins over the surface of the body, which passed into a condition of spasm, and stood out like whipcord (they could be felt in the dark when the hand was passed over the skin) on exposure to cold. Warmth relaxed the spasm, which he conjectured to be the cause of the Raynaud's disease in this case, as spasm of the arterioles was in others.

Dr. JOHN THOMSON showed a case of "spasmodic stricture of the oesophagus" in a boy, *æt.* 9. Ever since the child was a year old he had had difficulty in swallowing solids, and for about the same time he had been liable to attacks of vomiting lasting for several days at a time. He had just recovered from one of these attacks, which had taken place during his stay in hospital. While this lasted little or no food seemed to enter the stomach; a few ounces of milk could be swallowed, but after a short interval it was regurgitated with a quantity of mucus, and showing no sign of having passed beyond the oesophagus. The attack passed off suddenly, the patient saying that "he felt something go down." During the attack not even the smallest sized stomach tube could be passed into the stomach; after it a fairly large one entered without much difficulty. It was clear that a certain amount of dilatation of the oesophagus was present, and also that a condition of spasm existed. Whether or not there was an organic narrowing was not easily to be determined.

Mr. ALEXIS THOMSON showed (1) a case of "infantile paralysis of the lower extremity" treated by arthrodesis of the knee and Pirojoff's amputation at the ankle eight years ago, and (2) a case of Dupuytren's contraction of the palmar fascia for comparison of the result of excision of the fascia with that of Adam's operation. The latter seemed to have given the better result.

Mr. STILES showed (1) a child, *æt.* 2, who was undergoing the first stage (extreme abduction of the legs) of the treatment of double congenital dislocation of the hip. (2) An infant, after excision of a sub-occipital meningocele complicated by hydrocephalus. The meningocele was about the size of a lemon, and extended from the occipital protuberance to the foramen magnum. Fluctuation between it and the bulged anterior fontanelle could easily be made out.

Dr. R. A. LUNDIE showed a girl, *æt.* 10, with dwarfing of the metacarpal bone of the ring finger, due, as the

skigram showed, to premature synostosis of the growing end of the bone.

Dr. WILLIAM RUSSELL read a paper on

"HYPERCHLORHYDRIA, OR GASTRIC HYPERACIDITY: ITS NATURE AND RELATION TO DYSPEPSIA."

It was formerly thought, the speaker said, that most cases of indigestion were due to improper fermentation in the stomach, but it was now known that in many instances acid dyspepsia was caused by an excessive secretion of hydrochloric acid, and if this continued over long periods, the inevitable result was gastric catarrh and dilatation. Hyperchlorhydria was a common form of dyspepsia, about 25 per cent. of all hospital cases of that disease coming under this head. It was usually possible to make the diagnosis by the symptoms alone, but to do so the examination of the patient must proceed along orderly and systematic lines. The speaker then referred to the method of examination he employed, which amounted to beginning the questioning with inquiry as to how the patient felt on rising in the morning, of what his first meal consisted, when the dyspeptic symptoms began, what the effect of subsequent meals on them was, and so on. Patients with hyperchlorhydria feel well on waking in the morning, and the first symptoms appear in the forenoon, one, two, or two and a half hours after breakfast. These last for an hour or two, and then may pass off, or, if they continue till the midday meal, that relieves them temporarily. The pain is severe or slight, and is referred to the epigastrium, back, or shoulder-blade. There is sometimes a little superficial abdominal tenderness. Flatulence and eructations of acid fluid are common, the latter giving temporary relief. Constipation or imperfect evacuation of the bowels is common, and paroxysmal pyrosis (abortive vomiting, according to Roberts) is occasionally met with. There is often great physical and mental languor during an attack of hyperchlorhydria. The explanation of the symptoms was as follows:—The starchy foods are rendered more digestible by cooking, and the longer the heating is continued the more easily digested do they become. Part of their conversion is accomplished in the mouth by the saliva, and their further conversion in the stomach by the continued action of the swallower. Saliva is checked as soon as the gastric contents become acid, when the digestion of proteids begins. Whenever for any reason an excessive secretion of hydrochloric acid takes place, the digestion of the proteids goes on normally, but that of the starches does not; these, along with the fats, are retained in the stomach and keep up the hyperacid gastric secretion, which, however, they cannot neutralise. The stomach wash, or vomited matters, of sufferers from acid dyspepsia invariably shows excess of hydrochloric acid, the presence of undigested starch, and, which was not sufficiently recognised, much fat. The less stimulating and more easily digested the proteid taken, the less secretion of hyperacid gastric juice evoked, and hence the less discomfort caused. With regard to the etiology, the speaker did not believe that acid dyspepsia was of nervous origin, and thought that such terms as "gastralgia," "nervous dyspepsia," were entirely misleading. Some people were apparently liable to secrete too much gastric juice, especially those of a rheumatic or gouty diathesis—they had, indeed, to do with a faulty metabolism which might be described as an "acid dyscrasia." Against the idea that the condition was nervous were the relief got by emptying the stomach, by the administration of alkalies and by dilution. The treatment in slight cases with constipation often resolved itself into relieving that symptom; alkalies should be given an hour or two before food, or when the symptoms began, and acids should be avoided. During the attack starchy food should be dispensed with to a greater or less degree. In the worst cases the acid residuum should be removed by irrigation of the stomach. In dieting such cases, so as to avoid recurrence, the chief objects were to reduce the proteid taken to the physiological minimum, and to render the starch easy of digestion by thorough cooking, &c.

Considerable discussion followed Dr. Russell's paper, in which Drs. George Gilson, Affleck, Ritchie, Underhill, Boyd, Gulland, Hunter, and Stiles took part. Many of the speakers alluded to the undoubtedly nervous element often seen in these cases, as, for example, that sufferers were most liable to attack when worried or exhausted, while among other points raised were the importance of constitutional disorders and diseases of the blood as factors in the cause of the condition, the occurrence of acid dyspepsia, due not to pre-hydrochloric acid but to acid phosphates, the difficulty of diagnosis between hyperchlorhydria and gastric ulcer, and the possibility of the former, apart from the latter causing dilatation of the stomach, the importance of the muscular function of the stomach in dyspepsia, and, as regards the treatment, the great importance of rest in many cases.

Mr. ROBERT PURVES read a paper on
"HAND DISINFECTION."

He first pointed out the importance of protecting the hands at non-operating times from casual and general infection, and recalled the fact that this principle of endeavouring to keep the hands germ free had been repeatedly urged by Miculicz and Kocher. He considered that, although one might not be able to carry into effect Kocher's suggestion of always wearing gloves except when operating, a very considerable degree of "germ-poverty" could be attained by (1) protecting the hands from ordinary dirt, cuts, &c., by wearing gloves constantly when out of doors; (2) always washing the hands after examining cases; (3) keeping the nails very short; (4) never touching anything of an infective nature with the bare hand, using rubber gloves to operate on and dress septic wounds, and to examine pathological specimens, and employing finger stalls when making rectal, oral, or vaginal examinations. That it was possible to obtain a germ-free hand he considered evident, not only from Krönig and Reincke's observations, who found such to occur in time if the hands were not re-infected, but also from his own observations on the hands of washerwomen, from which, after five hours' washing, no cocci could be obtained. He emphasised the value of prolonged preliminary cleansing with soap and water, for at least ten minutes, and suggested a system for adoption in the use of the nail brush. He considered a time recorder an advantage, and pointed out the tendency for the thumbs and right hand to escape with a less thorough cleansing. In his series of sixty experiments on the hands of washerwomen he found that after one and a half hour's washing cocci were found in only 45 per cent., 36.4 per cent. of these being *aures*, and with longer washing a further reduction occurred until after five hours no cocci were found. He believed that the success met with by any subsequent disinfection process depended more on the thoroughness with which the details were carried out, particularly by nurses and assistants, than on the selection of any one particular method; and, further, that only under the most favourable circumstances could one adopt a technique in which active disinfectants were dispensed with. Mr. Purves had found that the substitution of methylated spirit for alcohol in Miculicz's spirit soap, to reduce the cost, yielded good results, but the mixture had had to be abandoned on account of its irritating effect on the skin. He strongly advocated the use of thread gloves, especially during the stage of ligaturing and suturing, to prevent infection of the ligature by the fingers, and discussed the details of the uses of gloves. Finally, he attached considerable importance to control cultures from the hands and operation area, and showed a tabulated series of his own observations.

The paper was discussed by Drs. Allan Jamieson, Lundie, and Haig Ferguson, and by Mr. Stiles, Mr. Cathcart, and Mr. Alexis Thomson.

The Annual Congress of the Royal Institute of Public Health will be held from July 15th to July 21st, 1903, in Liverpool.

[LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD FEBRUARY 26TH, 1903.

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

DR. GORDON LITTLE read a paper upon "Moorish Spain."

Dr. NATHAN RAW read a paper upon—

HUMAN AND BOVINE TUBERCULOSIS,

an abstract of which will be found elsewhere.

The PRESIDENT said that opinions formed upon a question of this kind are based partly upon clinical impressions and partly upon scientific considerations. He thought that we were in need of pure science to control the impressions we were tempted to rely upon. He had himself not gone much into the intimate pathology of the question, having originally operated for the purpose of removing the local disease. An experience of thirty years had satisfied him as to the correctness of this point of view; he had only met with phthisis pulmonalis four times out of about three hundred patients.

Dr. CARTER recognised the ingenuity of Dr. Raw's suggestion of two different diseases, but considered the view that true human tuberculosis cannot be communicated by bovine tuberculosis was too absolute, and was disproved by recorded facts. If the words had been "is not generally communicated" he, like every one else, must have assented. It was too early to dogmatise. He thought the difference of results probably depended on difference of soil, the seeds being identical. Ravenel, in the very paper quoted by Dr. Raw, while admitting the general resistance in both directions, *i.e.*, from man to cattle, and from cattle to man, gives not a few examples of deviation. Thus he injected tuberculous sputum intraperitoneally into four calves, of which three soon presented evidence of infection with true general tuberculosis. Again, the same observer points out that bovine tubercle accidentally planted in human skin develops effects entirely indistinguishable from true human tuberculosis; and one case at least in the contrary direction has been related when a child was bitten on the lower eyelid by a dog which had just eaten the tuberculous placenta of a cow. All the after effects were those of a disease indistinguishable from true human tuberculosis. Then we are probably all familiar with the numerous successful inoculations by Arloing of human tubercle into cattle. These and many similar cases must make us cautious in too hastily accepting a theory, however fascinating—as this theory certainly is—till the proof has been made absolute.

Dr. CATON admitted that apparently two forms or types of tuberculosis occur in the human subject:—(1) Pulmonary phthisis, (2) tubercle of glands, bones, and nervous organs, and that usually the course and termination of the two types presented marked differences. This fact supported Dr. Raw's interesting generalisation. Dr. Caton narrated instances in which the second form of tuberculosis had followed the use by children of raw milk from tuberculous cows. He had been much impressed by the large proportion of cases of bovine tuberculosis which he had himself observed when visiting rural districts of England and Scotland, and by the disregard of the disease manifested by the dairy farmer. Dr. Raw's theory, if fully demonstrated, would have most important practical results.

Dr. ALEXANDER said he had had sixty-two cases in the last three years, and out of 885 babies in the Liverpool workhouse hospital eighty-two were diagnosed as marasmus or tabes mesenterica. A good many cases of tabes mesenterica recover completely, so that it is probable in many cases the disease is not tuberculous. The children who suffer from this disease belong to the lowest class of society, and their diet leaves much to be desired. They live on small quantities of milk bought from a low milkshop, which is used without being sterilised. Many of them suffer from attacks of intestinal and gastric catarrh through improper quantity

or quality of food, and these attacks produce enlargement of the glands just the same way as eruptions of the scalp and discharge from the ear produce enlarged glands in the neck. If the intestinal condition recovers, the glands lessen in size, but if the condition is prolonged for a sufficient time the tuberculous microbe gains admittance, and we have tuberculous disease just as happens in the neck or glands elsewhere. If what Dr. Raw says is true, we shall have to go back to the sterilisation of milk. He hoped that this whole subject would be rapidly investigated, as it cannot, without harm resulting, long remain in such a condition of doubt and indecision.

Dr. GRUNBAUM agreed with Dr. Raw that *tabes mesenterica* was due in many cases to milk carrying bovine tubercle bacilli. Experiments on anthropoid apes tended to confirm this view. Dr. Raw's isolation of the bovine bacillus from a mesenteric gland was the first published confirmation of Ravenel's results in the same direction. But that was no reason for considering the disease produced, separate and distinct. For the following reasons it seemed probable that the disease was one and the same, whatever the source of the bacillus, although undoubtedly more virulent when of bovine origin. The lesions produced by the inoculation of either form were practically the same, and Perlsucht could not be caused even by inoculating cattle with bovine bacilli; a bacillus with human morphology might have almost bovine virulence, as shown by Ravenel's second case, and cattle reacted to tuberculin of human origin.

Sir WM. BANKS said that if Dr. Raw's thesis were true, then persons dying of phthisis need not specially show any signs of having been afflicted during childhood in any marked degree with *tabes mesenterica*, diseased cervical glands, or articular troubles. This was what Dr. Raw had endeavoured to prove by statistics. It was the side to be approached by the physician, and the great workhouse hospitals would be able to supply most valuable evidence on this point. It was his conviction that children who suffered from glandular and articular diseases did not suffer in later life in any marked degree from phthisis. He therefore was opposed to the tremendous and sometimes dangerous dissections of the neck practised by some surgeons. These children died from exhaustion and waxy disease when they did succumb. For himself he found a difficulty in looking upon bovine and human tuberculosis as two absolutely distinct diseases. He would prefer to call them variants of the same disease affecting each their own localities. The seeds of the various kinds of cabbage did not show notable differences of appearance, but the wild progenitors of the vegetable flourished in the sea sand while the big cultivated cabbage would only grow on good land. Soil in this question probably had much to be reckoned with.

Dr. MACALISTER, while expressing his appreciation of Dr. Raw's interesting and suggestive paper, reminded the meeting that new ideas of the kind had to be received in a spirit of scepticism. On the occasion of Professor Koch's startling address in 1901, he had been much struck by the caution which had characterised the speeches of Lord Lister, Professor Nocard, and Professor Sims Woodhead, and the latter address of Professor John MacFadyean, all of which had indicated that further observations would be required before Professor Koch's pronouncement could be unreservedly accepted, and while regarding the edict of the great bacteriologist with every respect, he (Dr. Macalister) had preferred since then, if any mistake were made, to make it on the side of safety, and not to relax the precautions which had always been enforced in his own house respecting the sterilisation of milk, and this notwithstanding the fact that he has some scruples about boiling milk for children on account of its possible destructive action upon the anti-scorbutic properties of that food. He referred to 109 fatal cases of tuberculosis in children, in which careful post-mortem examinations had been made (Pendlebury Abstracts) and in no less than eighty-four of these there was involvement of the mesenteric glands, but it could not

be said of all of them that infection had taken place through the alimentary canal, because manifestly in a certain proportion the mesenteric infection was of later date than the pulmonary; in almost every case the tuberculosis was general. Dr. Macalister thought that it seemed highly probable that however introduced into the system, a large number of children evidently constituted a suitable soil for the growth of tubercle, but it appeared to him that to attempt to differentiate the tuberculosis of childhood into two different diseases was extremely difficult. He referred to the explanation which had been adduced concerning the relative immunity of cattle to human tuberculosis, being possibly due to the passing of the bovine organisms through the human subject. In the course of his remarks Dr. Macalister also referred to cases of pulmonary phthisis and to abdominal tuberculosis existing in the same house, and he considered also that careful investigation would require to be made concerning the feeding of infants, as to whether all cases of primary mesenteric diseases were hand-fed. He had an impression, although he could not specify an instance from memory, that he had seen tuberculosis arise in breast-fed infants. His general conclusion with reference to the origin of the disease in childhood as compared with the adult tuberculosis being that there was a distinction without a difference.

Dr. R. J. M. BUCHANAN stated that although Dr. Raw's communication was novel and startling at the outset, on careful consideration it offered nothing more than suggestion; it established nothing, and proved nothing. He contended that tubercle bacilli *per se* could not be classified by clinical methods, as so much depended not only on general "soil," but local "soil," in respect of different organs, this meaning a low potential, want of resistance or vulnerability. Further, that account must be taken of the accessibility of entrance of the organism to the body, such being influenced by a variety of circumstances; for instance, in children fed on cow's milk the alimentary canal offered distinct points of vantage to the invasion of bacilli. The lungs are peculiar, and subject to many dangers and vicissitudes from their complicated structure, their incessant movement, and their accessibility. Dr. Buchanan held that the clinical manifestations of tuberculosis depended upon the organ attacked, and offered no means of distinguishing between so-called bovine and human tubercle bacilli. He asked Dr. Raw what evidence he had to offer in proof of the tuberculous nature of his cases of *tabes mesenterica*, and especially of their being due solely to bovine tubercle. He emphasised as a significant and important factor in the identity of bovine and human tubercle that in cases of pulmonary and other local infection both responded in the same way to the tuberculin test. He regretted that Dr. Raw was unable to exhibit the cultivations he had made from *tabes mesenterica* and strumous knee-joint, and also phthisical sputum, upon which he had based such a large share of his conclusions.

Dr. J. HILL ABRAM said he had never been convinced of the soundness of Koch's position. He would like to draw attention to the following point: Koch's great dividing characteristic between bovine and human tubercle was the non-communicability of the two organisms to human and bovine respectively, *i.e.*, human to cow, bovine to man. Ravenel's, and now Dr. Raw's, cases shattered Koch's position, and restored the unity of tubercle.

Drs. Permewan, Gullan, Logan, Barr and Mr. E. G. Hamilton spoke, and Dr. RAW replied.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST,
THURSDAY, MARCH 5TH, 1903.

The President, Dr. JOHN CAMPBELL, F.R.C.S., in the
Chair.

Dr. CECIL SHAW showed a case for diagnosis, a woman, *æt.* 53, with marked proptosis of the left eye, slowly increasing for at least eighteen months. There

were no other symptoms, no pain, normal vision, and normal ophthalmoscopic appearances. There was no pulsation, and on pressure the eyes seemed to rest on a very firm bed. Lately there seemed to be slight general swelling of the whole temporal region on that side. The probability seems to be that it is a slow-growing tumour in the orbit.

Dr. J. R. DAVISON showed a patient with cancer of the breast, under treatment with the X-rays. There was distinct improvement in her condition since treatment began.

Dr. CECIL SHAW read notes on "Some Recent Advances in Ocular Therapeutics," which we hope to publish in our next issue.

Dr. R. W. LESLIE read notes on "The Use of Cacodylate of Sodium," giving the history of eight cases in which he had used it—seven of phthisis and one of pernicious anæmia. Though most of his cases were in the last stage of phthisis, and not very hopeful for treatment, he was satisfied that the drug had a decidedly beneficial effect, and he meant to persevere in its use.

Sir Wm. Whitla, Drs. McKisack, Stevenson, Austin, McQuitty, and Walton Browne discussed the subject.

Dr. W. D. DUNNAN read a paper on

TWO CASES OF ACUTE INTUSSUSCEPTION.

Both cases he had sent to the Belfast Children's Hospital, where Mr. Kirk had operated on them. In one in which the signs were clear and the diagnosis certain, the result was fatal; but in the other, which was operated on early, while diagnosis was still uncertain, the child recovered. Mr. Kirk described the operations, and emphasised the uselessness of attempts at reduction.

Dr. LESLIE described two cases in which he had operated in the Ulster Hospital for Children and Women, one successful and the other dying of bronchitis some days after operation. He agreed with Mr. Kirk on the necessity for early operation.

Dr. JOSEPH MARTIN read short notes on a case of pneumothorax.

Dr. J. R. DAVISON gave an account of a case of "Plastic Bronchitis" and its successful treatment. He had used anti-diphtheritic serum with complete success.

Sir Wm. Whitla and Dr. Thos. Houston discussed the case, the latter suggesting that the effect of the serum might be due to the blood changes which it often caused, as seen by the rash that sometimes follows its use.

On the motion of Dr. McQUITTY, a vote of sympathy with the widow of the late Dr. Samuel Alexander, a Fellow of the Society, was passed.

At this meeting Dr. C. K. Darnell (Bangor) and Dr. R. J. Munn (Belfast) were elected Fellows of the Society.

CORK MEDICAL AND SURGICAL SOCIETY MEETING HELD WEDNESDAY, FEBRUARY 25TH, 1903.

Dr. P. T. O'SULLIVAN, President, in the Chair.

DR. H. R. TOWNSEND showed a young woman, æt. 28, on whom he had performed

DOYEN'S OPERATION

of removal of uterus, ovaries, and Fallopian tubes for double pyosalpinx. The patient had been ill for nearly twelve months, complaining of abdominal pain and tenderness, night sweats, and intermittent pyrexia. A tumour could be felt in Douglas' pouch per rectum. The uterus was enlarged and was consequently removed with the other structures. The peritoneum was so much affected that it was impossible to stitch it, and the wound was drained per vaginam. Two days later the temperature rose, the wound was reopened, and a large quantity of pus washed out from the pelvic cavity. The same procedure had to be adopted five days afterwards, and a second gauze drain was inserted abdominally. The patient made a good recovery from this point, and had since been free from all pain and other symptoms.

Dr. C. YELVERTON PEARSON showed a skiagram of a halfpenny in the œsophagus of a child, æt. 5, which he

subsequently removed by a coin-catcher. He also showed a skiagram of a case of Brodie's abscess, which he had injected with iodoform wax. Dr. Pearson also showed a tumour of the pylorus which he had removed by pylorotomy from a man, æt. 60. He had not yet examined the specimen, but he had little doubt from its appearance, and from the symptoms of the case, that it was a cylindrical epithelioma. Unfortunately the patient died suddenly four days after the operation from cardiac failure.

Dr. J. COTTER read notes of a case of

HEMICHOREA COMPLICATING BURNS.

The patient was a girl, æt. 7, who had sustained rather extensive burns of the third degree on the right arm and right side of the chest and abdomen. About a week afterwards she suddenly developed chorea, affecting the left arm and leg. It yielded to the usual treatment, but the pathology of the affection in this case afforded much ground for speculation, and its occurrence seemed to favour the embolic theory of the disease.

Dr. E. MAGNER read notes of a case of

HEMIPLEGIA

occurring in a married woman, æt. 28, who was seven months advanced in her fourth pregnancy. It occurred suddenly without loss of consciousness, and was followed after a few days by normal but rather precipitate labour. No cardiac lesion could be discovered after repeated examinations. The patient had regained the use of the affected limbs with the exception of the fixed movements of the fingers. The left side was that affected.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 8th, 1903.

HEREDITARY OSSEOUS SYPHILIS.

AT the last meeting of the Académie de Médecine M. Lannelongue read a paper tending to prove that hereditary osseous syphilis presented characters which differed from those of acquired syphilis. In infants (Parrot's disease), as in children, hereditary osseous syphilis shows itself by deformities of the bones of the extremities and of the cranium, incurvations of the tibias and femurs forwards and outwards, incurvation of the bones of the arms backwards, &c. Those lesions were due to neo-formations of the osseous substance and not to softening as was generally supposed.

In adults, on the average æt. 50 (Paget's disease), the syphilis caused similar deformities in the same bones. In all the patients the affection commenced by pain and hyperostosis.

From the foregoing it would result that the disease of Parrot and that of Paget, of which the causes had been up to the present unknown, were due to hereditary syphilis. M. Lanenany said that many of the osseous lesions attributed formerly to leprosy were of heredito-syphilitic origin. As regarded the malady of Paget, the speaker believed that it had nothing in common with syphilis. M. Robin took the same view, saying that the chemical composition of the bones of persons suffering from Paget's disease differed totally from that of syphilitic bone. Besides, the specific treatment had no effect in the malady of Paget.

M. Lannelongue presented two children who suffered from that malady and who were greatly benefited by subcutaneous injections of mercury and the administration of iodide of potassium by the mouth.

CHILDREN AND INSURANCE.

Prof. Budin denounced in indignant terms the traffic of certain insurance companies in the north of France, which for a small sum insure the lives of children, thus encouraging carelessness, criminal neglect, or perhaps worse on the part of the parents. Some children were insured in several companies at the same time. Children

under five years could be insured for the sum of one half-penny, and for which was paid in case of death: under three months, 10frs.; under a year, 20frs.; from one to two years, 30frs.; and so on up to five years, 75frs.

The speaker thought it necessary to bring the matter under the notice of the Academy through which it might attract the attention of the Government. He considered that speedy measures should be taken against those companies, which were for the most part of Belgian origin.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 7th, 1903.

At the Society of the Charité Surgeons Hr. Graf spoke of the

PROGNOSIS OF FRACTURES OF THE SKULL.

The material of the address was furnished by ninety cases treated at the hospital. Seventy-seven of the cases were of men, thirteen being women. Concussion of the brain was present in nearly all the cases after the cessation of the original unconsciousness, there was usually a stage of hallucinations, and after this a subsidence of all symptoms. The total mortality was 28-31 per cent., whilst before this it had generally been somewhat higher. Meningitis was rare, and this the speaker thought due to modern treatment (avoidance of washing out, probing, &c.), or the meningitis might be very late after the injury. In fifteen cases there was mental disturbance, in which alcoholism played a considerable part. Symptoms of clot were rare, they showed themselves as aphasia, paraphasia, convulsions, in part of the Jacksonian type. Disturbance of taste was observed twice, flow of fluid from Steno's duct once associated with facial paralysis. Headache was an almost constant symptom, giddiness was also frequent, especially under certain conditions, as when the head was thrown back. In eleven patients there were labyrinthine symptoms, in seven vomiting, in three mental weakness, the "amnésie rétrograde" of the French. There was also occasionally change of character, partly of an irritable, partly of a melancholy type. In twenty cases there was deafness of a nervous kind. The pathological examinations of the brain had shown various changes, mostly of a diffuse kind.

Hr. König remarked that fractured skull among the working-classes had less serious consequences than formerly. He had had about six cases of fracture of the skull in officers who had been thrown off their horses; they all continued fit for service. Regarding the consequent symptoms on the state of the mind he distinguished two groups from the point of view of prognosis. If the mental weakness came on at once and improved after eight to nine days the prognosis was favourable, but it was bad when it first showed after some three weeks. Only a few of these cases recovered.

Hr. von Haselberg, who had observed the cases from an ophthalmological point of view, said that the late symptoms in the organ of vision were probably due to growth of callus around the optic nerve. Unilateral cataract arose either from direct injury to the lenticular capsule or from disturbance of nutrition in consequence of original papillary stasis, which set up clouding of the nucleus of the lens. Traumatic exophthalmos, numerous paralyses, &c., were also observed.

Hr. Voss, who had observed otologically, said that the most general ear symptoms were difficulty of hearing, noises in the head, headache, and giddiness. A remarkable case was that of a city female school teacher. She heard double sounds, higher in one ear than in the other, and as she was musical, she was naturally disturbed by this,

Hr. Weyner spoke of

TUMOUR-LIKE SYPHILIDE OF THE LIVER,

with special reference to difficulty of diagnosis. There were two cases. In the first there was a movable tumour under the right ribs, which at the operation gave the impression of being malignant. Under energetic treatment by pot. iod. and painting, improvement took place, and a similar improvement followed after a recurrence some time later. In the second case there was hereditary syphilis (keratitis, chorio-retinitis). Some liver nodules were removed which proved to be syphilitic. Here also improvement took place under pot iod. treatment.

Hr. Zim drew attention to Gerhardt's paper on the subject, and described two cases of his own treated in the Bethanien Hospital.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 7th, 1903.

PATERNAL SYPHILITIC TRANSMISSION.

MATZENAUER treated the Gesellschaft to a scientific treatise on the paternal transmission of syphilis which, briefly stated, is that the mother is the principal vehicle of transmission. This theory, he maintains, is proved by other diseases such as typhus, splenic fever, &c. The virus, he contends, is transmitted *intra graviditatem* through the vessels of the chorion, which may be proved by the presence of a local peri-endarteritis with increased epithelial growth. This, he considers, is due to an antecedent infection by the mother. The condition may be localised or diffused, as witnessed in the case of twins where one child and placenta may be found syphilitic, while the other is perfectly healthy. The intensity of the disease in the infant seems to depend upon the period of maternal infection, as the earlier is always the more severe; although the intensity may be less, the virulence of the contagion is in no way reduced. This alternating phenomenon of intensity is an important factor in the transmission of disease, and is met with in others, such as tuberculosis where two sisters of the same mother may be met with, the one being diseased and the other perfectly healthy. He thought he need hardly labour this point, as syphilologists were generally agreed that sound mothers produced sound children though the fathers may be infected, which is against the germinative theory. The proofs adduced were that syphilitic sperm was not infectious, as many syphilitic fathers produced non-syphilitic children if the mother were healthy. This could be demonstrated by widows who by the first husband had infected children while by the second husband, who was quite free from any taint of disease, had also infected children, and *vice versa*. We have also evidence that 30 or 40 per cent. of fathers suffering from tertiary syphilis have produced healthy children. Again, Colles' law favours this theory that a mother of a syphilitic child is immune against syphilis, and although the exceptions observed are that mothers apparently healthy have given birth to syphilitic children it can be proved that the latent force of the mother has produced the disease although herself quite healthy in appearance. Matzenauer's hypothesis is that the paternal transmission of syphilis is a fallacy, and his practical deductions are that a mother of a syphilitic child should be treated with specifics while the father need not. He also contends that a syphilitic father may prevent his wife from being infected or affecting the offspring by specific treatment for several years.

Paltauf, in the discussion that followed, could not understand how the germinative force of transmission could be opposed, as it was hardly possible to conceive an affected ovulum or an infected spermatozoon producing a healthy offspring. He has found by actual ex-

periments with dogs that injections of tuberculous bacilli into the uterus after cohabitation will produce a tuberculous offspring. Immunity of mother and child as a temporary condition is hardly tenable as no proof can be given of its resistance against the primary affection. The teaching of gumma being non-infectious is surely straining argument. It may be true that cheesy masses of tubercle taken from glands may have failed in infecting healthy persons, but it does not follow from this that the morbid mass is non-infectious.

Hochsinger thought that Matzenauer's theory was raised on a frail foundation. He had carefully recorded in conjunction with Kassowitz 250 families with hereditary syphilis, ninety-eight of whom were many years under observation. Seventy-two of the ninety-eight families were infected through the fathers, and in round numbers 276 syphilitic children were born, while none of the mothers, had any symptoms or even suspicion of syphilis. Again he had recorded twenty-six syphilitic mothers and in one of these cases the disease had occurred fourteen times after having been supposed to have been cured. This admitted of an alternating pregnancy, when some of the children, according to Matzenauer's theory, would have been free from the disease, but in no case was there a single exception as all were affected. The same may be said of the twenty-six cases, not one of the children was found to be free of syphilis, and he therefore thought that the alternating theory was a fallacy. Lang said it was true that the female was less in proportion than the male, but he was convinced that closer observation would prove that the virus was conveyed through the germ and not the mother alone.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

EMPHYÆMA OF THE FRONTAL SINUS.—MR. MAYO COLLIER operated on a man, æt. 56, the subject of a discharge of six months' duration proceeding from an opening in the centre and a little below the line of the right eyebrow. Some six months ago the patient had been seized with acute pain in the right frontal region extending into the right eye and root of the nose. The pain was so acute that medical assistance was obtained, and the parts treated with lead and opium and general treatment. The pain somewhat abated, but a considerable swelling took place involving the right eyelid, frontal bone and root of the nose. This was subsequently treated with iodine until, fluctuation being evident, it was incised. A considerable quantity of thick yellow pus was evacuated. On examining with a probe an opening was found in the bone below the margin of the orbit about its centre. The bony orbit was not protruded. The probe passed outwards and backwards for some distance. The case, not progressing satisfactorily, was sent to the hospital, and admitted under the care of Mr. Mayo Collier. Mr. Collier said on the first examination of the man he came to the conclusion that this was a case of emphyæma of the frontal sinus of an acute kind that had opened into the roof of the orbit by perforating the orbital plate of the frontal bone. He pointed out that in more chronic cases the roof of the orbit was thinned and bulged downwards and forwards, displacing the eyeball and the contents of the orbit. In this case no time was allowed for this to take place. The abscess formed rapidly, the process was acute, and perforation took place without the usual bulging. He considered that the unusual course of this case had rendered the diagnosis in the early stages somewhat obscure. The condition of things now, he said, was that a sinus existed in the centre of the right eyebrow involving the tissues of the lid and brow for some distance. He intended to so operate on this case as to get rid of the opening in the eyelid at once

and get the part to heal by first intention, and so avoid an ugly scar. An incision was made from the sinus inwards in the line of the eyebrow as far as the mid-line. The bone was denuded and the glabellum exposed to the extent of a shilling. A trephine of the size of a sixpence was introduced here and a button of bone removed. On this button of bone the mucous lining was found to be diseased and covered with polypoid granulations. The frontal sinus was full of pus. A curette was introduced and a mass of polypoid granulations removed from all directions. The opening into the nose was found and freely enlarged and curetted. The cavity was next swabbed out with chloride of lime, and after a thin drainage-tube had been passed into the nose from the trephine opening the parts were adjusted and the patient sent to bed.

Mr. Collier drew attention to the fact that before commencing the operation a sponge had been placed in the posterior nares to prevent blood and the contents of the frontal sinus passing into the larynx *via* the infundibulum. The neglect of this precaution in a previous case, he said, had nearly caused a fatal ending. The points to be observed in this case, he thought, were: the unusual site of the sinus, the absence of bulging of the orbit, the absence of previous symptoms of trouble in the frontal sinus. So far as the operation was concerned it was important, he said, to open the sinus above the infundibulum and in a position where every part of the cavity could be inspected and curetted; after the passage into the nose had been found it was important to widen this and to substantiate it by the passage of a thin rubber tube to assist in reforming the canal into the nose. All washing out, he remarked, was quite unnecessary; the tube should be removed in forty-eight hours and the opening in the forehead closed. The abscess was treated on simple surgical principles, and drained naturally in the best position, as any other collection of pus should be. Mr. Collier ventured to say that the case would be well inside a week.

CHELSEA HOSPITAL FOR WOMEN.

REMOVAL OF UTERUS AND APPENDAGES FOR EXTRA-UTERINE PREGNANCY AND DOUBLE PYOSALPINX.—DR. ARTHUR GILES operated on a married woman, æt. 28, who had been admitted with a history of symptoms of pelvic inflammation; she had been under the care of Dr. Mordaunt Wheler, of Battersea, who recommended her admission to the hospital. Menstruation had been irregular and somewhat profuse, and there had been no definite history of previous amenorrhœa; she complained of great abdominal pain which was referred especially to both iliac regions. On examination, the pelvis was occupied by a considerable mass rising into the lower part of the abdomen. It appeared to consist of a smaller medial and two larger lateral portions. On opening the abdomen there was evidence of pelvic peritonitis leading to numerous adhesions; after separation of these the uterus was seen pushed upwards and forwards by a large mass occupying the pouch of Douglas; on each side the tube was greatly enlarged and adherent to adjacent structures. With some difficulty the appendages were freed and removed, after which Dr. Giles proceeded to enucleate the mass behind the uterus; this proved to be a rather thick-walled cystic tumour the size of two closed fists; it contained old and recent blood-clots and some fluid blood; it had stripped up the peritoneum from the back of the uterus in such a way that this organ was considerably damaged, and the removal of the tumour left a ragged bleeding surface. As a means of securing complete control of the hæmorrhage it was deemed advisable to remove the uterus; this was done by supra-vaginal amputation, and the abdominal wound was closed by the usual three-layer method. Dr. Giles said that the presence of the large blood-clot introduced an element of difficulty into the diagnosis of the case even after the removal of the

diseased organs; it might be explained as a hæmatoma of the left broad ligament or as an extra-uterine gestation sac developing in the broad ligament and stripping up the peritoneum behind the uterus. In the latter case pregnancy must have started in the left tube, but in view of the somewhat disorganised condition of this tube, and the fact that it, like its fellow of the opposite side, contained pus, it would be difficult to understand the occurrence of tubal pregnancy. In the former case, that is, supposing the mass were a hæmatoma of the broad ligament, the association with pyosalpinx would be equally rare; he had, however, met with one or two instances of a hæmatoma independent of gestation associated with either tubal gestation or pyosalpinx of the opposite side; in such a case the hæmatoma was due to rupture of vessels in the broad ligament. It would, he pointed out, be necessary to submit the specimen to the pathologist for a report on its microscopic appearances. He considered that the removal of the uterus, although it slightly prolonged the operation, was the best course to adopt, because bleeding would be otherwise difficult to control, and the preservation of such a mutilated organ would serve no useful purpose after the removal of the appendages. The removal of the uterus in such a case, he pointed out, was not a matter of any difficulty; the chief difficulty in the operation, he said, was that which was incidental to nearly all operations for the removal of pus tubes, namely the separation of adhesions to bowel and other structures.

It is satisfactory to state that the patient left the hospital three weeks after operation having made an uneventful recovery. The pathologist's report was to the effect that the retro-uterine cyst was a gestation sac showing the presence of chorionic villi.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 11, 1903.

THE USE AND ABUSE OF THE BROMIDES.

THE introduction of the numerous compounds belonging to the aromatic series has, to some extent, displaced the bromides from the preponderating position which they once occupied in the treatment of nervous and pseudo-nervous complaints.

Sir Samuel Wilks once devoted a humorous article to the subject of the indications for the administration of the bromides. With a praiseworthy spirit of self-immolation he feigned to have ascertained from his own note-books that in one case he had ordered the drug to relieve the anxiety caused by the loss of a favourite pug dog, in another the psychical disturbance was attributed to a love affair in which, as the Irishman observed, the reciprocity was all on one side, and it was prescribed as a matter of routine in affections differing as widely in their etiology as simple bad temper and overwork, over-feeding, and melancholia. Even now it can hardly be questioned that the bromides are administered far too generously and with a lamentable want of appreciation. In physiologically active doses the bromides are very apt to set up extremely disagreeable and even disastrous collateral effects, and it is to be feared that their toxic effects are not always clearly present in the mind of the prescriber. Cases of acute bromism are by no means rare in hospitals for the insane and much useful information might be gleaned in this direction from the experience of alienists if they were always on the look out for the characteristic manifestations and always gave us the benefit of their observations. The usual symptoms of bromism, as described by observers, consist of marked and persistent somnolence, mental depression, sluggishness of the mental processes, insensibility of the mucous membranes, abolition of the sexual functions and deep reflexes, a foetid odour of the breath, muscular weakness, dilated and irresponsive pupils, ptosis and general cachexia. In the more pronounced cases, usually the outcome of self-medication, the somnolence merges into stupor, the circulation becomes markedly impaired, and respiration is diminished in frequency. In certain cases, especially those in which the intoxication is moderate in degree but of long standing, the irritating effects of the drug are manifested on the skin, giving rise to troublesome pustulation. A factor which must never be overlooked is the extremely variable sensitiveness of the individual patient to the toxic influence of the drug. This variability is probably less a consequence of idiosyncrasy than of impairment of the eliminatory functions. Non-elimination, of course, implies accumulation, and the explosion of bromism which sometimes occurs several days after the administration has been abandoned is explained on the ground that the diuretic effect of the drug ceasing with its withdrawal the kidneys no longer carry on the excretion of the remainder. There is probably no drug so outrageously misused in the treatment of nervous disease as the bromides, although in reality their value in this field is very limited. The indications for their use may be found in mental disturbances characterised by nervous tension and excitability of the motor cerebral centres, but it is necessary to make a careful distinction in the type of nervous excitement, since there are many forms and but few of them present motor excitement as the primary feature.

THE DECENTRALISATION OF HOSPITALS.

THE question of the decentralisation of hospitals has an important bearing upon the future welfare of the medical charities of the United Kingdom. In the Metropolis the matter has recently been thrust into the forefront of discussion by the request of St. Bartholomew's Hospital for an enormous sum from the public in order to extend its site and to erect additional buildings. In response to a shower of hostile criticism a Committee of Investigation have resolved to proceed with the scheme. We are thus faced with the curious spectacle of the oldest and richest hospital in London going cap in hand to the charitable public and begging for a further vast endowment. The incident has naturally drawn a great and increasing attention to the relation of the great medical charities to the rest of the community. In endeavouring to lay before our readers the salient points of the case it should be clearly understood that we have no wish to select St. Bartholomew's Hospital for special criticism. At the same time that ancient institution forms so typical an example of the drawbacks as well as of the merits of the great central hospital that it may conveniently be taken as our concrete illustration. Within recent years London has undergone a great expansion, land has gone up in value by leaps and bounds, while there has been a steady exodus of resident citizens to the suburbs. The great hospitals which were founded to meet the needs of earlier days remain in their original position, so that we find within a central radius of about a square mile St. Bartholomew's, Guy's, King's College, Charing Cross, Westminster, the London, and St. Thomas's, with University College, the Royal Free, and St. Mary's, St. George's and others more or less closely adjoining. The hospitals remain, whereas the resident population of the central area has decreased on an average by 50 to 70 per cent., and in the City proper probably by 97 per cent. The migrating day population have their accidents and sudden sickness, but that alone would hardly justify the demands of the charities for vast and ever-increasing expansion. It is true that their wards are open for many provincial patients, but there is every reason to imagine that better accommodation could be provided for such persons in the suburbs than in the heart of a densely-populated town. It is a self-evident proposition that a large modern hospital, with ample inside and outside air-space, would be much more readily obtainable on cheap suburban than upon costly City land. The likelihood, indeed, might be roughly reduced to figures by taking the proportionate difference between ground that costs £500 and ground that costs £1,000,000 per acre. Do the public get value for their money when they subscribe to buy City land at the greater figure for the purpose of accommodating the sick? For our own part, we have little hesitation in stating our opinion that to enlarge central hospitals under such conditions is an unbusinesslike proceeding calculated on the whole to be injurious to the interests

alike of patients and of the charitable public. As to accompanying medical schools and honorary medical staff, there has never been any serious contention, so far as we are aware, that this part of the hospital organisation could not be readily transferred to the suburbs. Many medical students already live in outlying suburbs, and Peckham or Clapham Junction can be reached from Harley Street with no greater loss of time than would be entailed by a drive into the City. But in Peckham and Clapham and other suburban districts dwell millions of citizens who have to journey to the heart of Greater London to find hospital aid. The one great exception to that general statement, so far as the central area is concerned, is the London Hospital, which is still situated in the midst of a dense population. So far as accidents and emergencies are concerned, there would be no difficulty in case the main hospital were removed, in leaving behind an out-patient and casualty department, together with a sufficient number of beds for accidents and acute medical cases. From a common-sense point of view, to buy land at a million an acre in order to house sick patients from far and near in the midst of a city environment is to court ridicule. Yet that is the policy adopted by the authorities of St. Bartholomew's and of other central hospitals. It is easy to understand that City magnates and philanthropists interested in these charities find a central site more convenient to themselves, but it is hard to find other grounds for the maintenance of a system that furnishes no advantages commensurate with an enormous outlay.

SPORADIC SMALL-POX.

THE sporadic outbreak of small-pox in Dublin comes as an admonition to the sanitary authorities and the citizens generally that an epidemic of the disease is more than possible, it is probable, if the necessary steps are not taken to ward off such a terrible calamity. We will not enter on the consideration of the sanitary steps necessary to either avert or minimise the epidemic other than to recommend the best of preventives—vaccination and re-vaccination. The parent who neglects the duty of having his child vaccinated deserves to be punished. He is bound to protect his child against cold by clothing it, and against starvation by feeding it, and equally so against small-pox by having it vaccinated. So much for his duty to his child; but more than that there is a duty to the public. Every unvaccinated person not alone runs the risk of getting the disease, but he likewise becomes a distributing agent of the poison. This is well shown in the history of small-pox epidemics, which, as a rule, commence with a few cases, and then rapidly extend the area of distribution and enormously increase in number. The epidemic which started in London in 1901 did not assume formidable proportions until the beginning of 1902, when we find that during the week ending January 8th, there were 261 admissions into the hospitals of the Metropolitan Asylums Board.

The report of the same Board made on 1,027 cases under their care is a strong testimony to the value of vaccination and re-vaccination. Of the 1,027 cases in the Metropolitan Asylums Board hospitals during 1901, of 161 vaccinated cases, 3 died; of 101 unvaccinated cases 79 died; and of 12 doubtful cases, 7 died. All these patients were under twenty years of age, of those over that age, of vaccinated patients, 105 died; of 33 unvaccinated patients 19 died; and of 51 doubtful cases 34 died. But the value of the prophylactic power of vaccine is even better shown in the immunity it conferred on the attendants. Of 2,198 persons employed at the small-pox hospitals between 1884 and 1900 inclusive, in which period 17,900 small-pox cases were admitted into the hospitals, only 17 persons contracted smallpox, of whom 13 were not re-vaccinated until after they had joined the hospital, and 4 were workmen who escaped medical observation. To the above record we can add nothing that can enhance its value as an object lesson. We simply desire to draw attention to the facts, for since they were published in 1900 many things have occurred likely to displace the report from the memory of the man in the street.

Notes on Current Topics.

The Royal Orthopædic Hospital.

THE welfare of our medical charities is clearly a matter of first importance to the community at large. Upon that ground we venture to claim the attention of the public to the way in which the affairs of the Royal Orthopædic Hospital of London have been conducted of recent years. Some years ago the Committee desired to sell their valuable freehold site in Oxford Street for £32,000. They were thrown out, and the incoming Committee afterwards resolved to sell for £40,000. The sale has been all along strongly opposed by THE MEDICAL PRESS AND CIRCULAR and by other medical journals, inasmuch as no adequate grounds for that step were advanced. On October 8th, 1902, we criticised adversely a feeble attempt at justification of sale, published by Mr. Harry Marks (the Chairman), Mr. Ernest Flower (Deputy-Chairman), and Mr. Richard Martin (Treasurer). Their statement showed no compulsion to sell, and admitted that the hospital would not gain thereby from a financial point of view. From this brief summary it will be seen that the opponents of purchase advanced the selling price of the hospital by £8,000, and received outside support and sympathy. The senior surgeon, Mr. H. A. Reeves, led the opposition. It will hardly be believed that the Committee have now taken the extreme step of curtly dismissing him from his post as honorary surgeon to the institution. That course, we believe, is absolutely without precedent, and throws a sinister light upon the autocratic methods and the personal animosity that have been imported into the management of this charity. It is hard to believe that the President, Lord Denbigh, could have sanctioned a step of this high-handed nature upon an honourable opponent. We think

it due to the profession that the other surgeons connected with the hospital, namely, Mr. Henry Baker and Mr. Laming Evans, should at once dissociate themselves from the matter. Under the circumstances, moreover, any member of the profession will think twice before accepting a post that has been rendered vacant in the manner mentioned. We shall watch with some curiosity the future progress of the hospital under the present financial management.

Darwin and Vivisection.

THE rights of animals and the limitation of the power of man have for long been subjects which have furnished material for discussion, and it must be added, for dispute. And even still the principles underlying the practice of vivisection are by no means clear, and much of the differences of opinion in regard to the matter depend rather upon sentiment and emotion than sound scientific fact and clear logical inference. In the recently issued "More Letters of Charles Darwin" there is much that throws interesting light on the great scientist's relation to vivisection. Speaking of the practice of demonstrating on animals rendered insensible he says: "It is a most disagreeable and difficult one. I am not personally concerned, as I never tried an experiment on a living animal, nor am I a physiologist, but I know enough to see how ruinous it would be to stop all progress in so grand a science as physiology." Darwin also sympathised much with Dr. Ferrier in the vexatious prosecution to which he was subjected by the anti-vivisectionists, and was anxious to assist in meeting the heavy legal expenses incurred. It is a remarkable fact that although Darwin could not bear the sight of blood, and never engaged in experimental research on animals necessitating the use of anæsthetics, or associated with the production of pain, he nevertheless clearly recognised that man had a right to make use of lower organisms in his efforts to secure alleviation or removal of their and his sufferings.

A Curious Accident and its Sequel.

THE case with which a tooth can slip into the trachea during a series of extractions under an anæsthetic must have struck every medical man who has administered the anæsthetic in such cases. Fortunately, however, the accident is of extremely rare occurrence, as it is easy to understand that its results might be most unpleasant. A singular case has been recorded in a contemporary by Dr. Carnegie Dickson, of Edinburgh, where a swallowed tooth eventually produced symptoms almost identical with those of phthisis. In December, 1901, the patient had twelve stumps removed under an anæsthetic. The day after, he felt slight uneasiness behind the sternum, accompanied by a cough. This passed off, and he had no further trouble till the following January, when he had a severe attack of "influenza" accompanied by cough and muco-purulent expectoration. The "influenza" continued until March, when he got somewhat better, save that the cough and expectoration

toration continued, and he noticed a feeling of irritation behind the sternum. In July and August he went for a sea journey, during which time he improved, but some time after his return he again relapsed into the same condition, and, in January, 1903, he had a severe attack of hæmoptysis. A few days later, the hæmoptysis returned, and, feeling a "sort of obstruction in his chest," he coughed up a mouthful of red blood and an upper molar tooth with a cavity in it and ragged edges. Dr. Dickson and his father, who had both seen the case, never doubted but that the man was a victim of phthisis, of which he presented all the symptoms. Such a case could hardly be regarded as possible unless it had actually been observed. It conveys a strong lesson to dentists never to allow a tooth, or the fang of a tooth, which has dropped from the forceps to remain for a moment in the mouth, but to remove it before doing anything else.

Therapeutical Iconoclasts.

THERE are always a certain number of medical men imbued with an instinct which prompts them to tilt at accepted therapeutical dogmas. No sooner is it laid down that potatoes constitute an unsuitable article of dietary for diabetic subjects by reason of the starch they contain than up starts some enthusiast, not averse to notoriety *vice* fame, who declares on some more or less specious ground that they are not only not injurious but are positively curative. These are the people who prescribe an exclusively meat diet for gout, thyroid extract for Graves' disease, and so on; indeed, it would be easy to multiply examples of the eagerness with which anything partaking of the nature of a well-founded belief is challenged by individuals of heretical proclivities. It is, perhaps, well that it should be so. We are but too prone to crystallise our scraps of knowledge into dogmas and then complacently to consider that we have thereby added to the sum total of our acquirements. It is well that we should be constrained from time to time to defend our most cherished beliefs in the deadly breach, for if some then remain to comfort our advancing years others go by the board, demonstrating by their fall the fact that truth is relative and not absolute.

Compulsory Notification and Erroneous Diagnosis.

UNDER a system which compels the practitioner to attempt a diagnosis without waiting for any doubts to be removed a certain proportion of errors is inevitable, but it must be conceded that the proportion of errors which actually occurs is unduly large, and, moreover, it appears to be increasing. From a statement recently issued it appears that in 1889 no less than 1,583 persons, or 6.3 per cent. were sent to the hospitals of the Metropolitan Asylums Board who were not suffering from the disease cert fied. In 1900 the number was 1,706, or 7.9 per cent., while in 1901 the number reached 2,365, or 9.2 per cent. The percentage of errors was distributed as follows:—Scarlet fever, 5.6; diphtheria, 12.8; and typhoid

fever, 25.5. No less than 168 of the patients presented no symptoms of any obvious disease. Of the smallpox cases 13 per cent. turned out not to be suffering therefrom. In view of the facilities provided for the bacteriological and consultative confirmation of doubtful cases it is difficult to acquit the practitioners responsible for the erroneous diagnoses of a certain carelessness. The far too frequent occurrence of these errors points to the necessity for post-graduate instruction in the recognition of infectious diseases, and it behoves the Board to provide greater facilities for such instruction in their diagnosis and treatment. It must be remembered that a student may go through the whole curriculum without seeing more than one or two cases of infectious disease in an incipient stage, the only stage at which any difficulty in diagnosis is likely to be met with. He picks up a certain familiarity with them in practice, but this takes time and implies a proportion of errors inseparable from the process of self-instruction.

Bromine v. Chlorine.

EXPERIENCE has shown that the physiological effects of bromine are obtained with much smaller doses when chlorine salts are withdrawn from the dietary, moreover the gastric intolerance which so often imposes the abandonment of the treatment is less readily induced. Direct experimental observation proves that bromine can replace chlorine in the animal economy, so that by substituting the former for the latter an organic compound of bromine is formed which enables us to obtain the therapeutical effects of bromine in a more satisfactory manner. This fact renders it possible not only to administer the bromides in larger doses without producing inconvenient collateral effects, but allows of the drug being exhibited over long periods of time without the supervention of symptoms of intoxication. It is a good plan to give bromide of sodium instead of salt in the food, which should consist largely, if not exclusively, of cereals, milk and vegetables.

The Reliability of Morphia Tablets.

SOME short time ago, a medical man in Australia committed suicide by taking hydrocyanic acid. On his body were found several marks suggestive of a hypodermic needle, and empty tubes labelled morphia sulphate were found scattered about his room. There was also a statement signed by the deceased, in which he said that, although not addicted to the habit of taking morphia or any other drug, he had on the 9th September last taken within twelve hours no less than 43 grains of the sulphate of morphia "with little discomfort to himself." The morphia was taken hypodermically, Parke Davis tablets being used. This curious result led Dr. Reissmann, an Australian physician, to doubt the reliability of the tablets used, and he accordingly made a careful quantitative analysis in the laboratory of the University of Adelaide, not only of the tablets made by Parke Davis, but also of those made by Burroughs and Wellcome and

Mulford and Co. The results of his examination appear in the Australian *Medical Gazette*, and prove conclusively that the tablets contained the full specified dose, and were perfectly reliable. Accordingly, the case of the suicide must be regarded as one of an extraordinary, and, we fancy, record instance of toleration of morphia. The amount of that drug that morphia-maniacs are capable of absorbing is well known, but in this case that condition may be regarded as excluded, inasmuch as the statement written down by the deceased was apparently written with the genuine desire to communicate to his medical *confidés* the results of a unique experience.

The Ballachulish Quarry Dispute.

THE arbitrary attempt to displace the medical officer of the quarry workers has led to a deadlock, the issue of which cannot at present be foreseen. A large proportion of the men have already left the district rather than submit to dictation in a matter which so closely touches their well-being as the choice of a medical adviser, but the managers are "sitting firm," apparently in the fallacious hope that the affair will blow over. The men have now formed a committee to collect funds for the purpose of promoting an action, having for object to have the compulsory-leaving clause of the agreement declared null and void. As the men provide the medical officer's salary they claim the right to exercise a discretion in his selection all covenants to the contrary notwithstanding. We hope their appeal will prove successful, since it is of the highest importance to the profession and to the public that clauses having for object to prevent medical men exercising their calling in particular districts should be recognised as contrary to public policy. Dr. Grant's appeal against the recent decision affirming the validity of the contract will presumably stand over until this further action has been tried. We have every confidence that in equity the compulsory clause will be declared of no avail, and we cannot but admire the spirit of the men in suffering hardships rather than yield to what they very reasonably regard as a tyrannical exercise of managerial powers.

The Bacteriology of Acute Rheumatism.

As long ago as 1875 Klebs described micro-organisms present in rheumatic valvulitis, and in 1887 Popoff produced rheumatic lesions in animals by inoculating them with cultures obtained from the blood of rheumatic patients. Nevertheless, up to very recently there seemed to be but little unanimity among observers as to the appearance and reactions of the organism present. For instance, it has been described by some as a staphylococcus, by others as a streptococcus or diplococcus, and again as a large bacillus. Of late years, however, it has been fairly well established that the specific organism is a coccus, equally correctly described as diplo- or streptococcus. Dr. Ainley Walker, whose researches are the most recent (*Practitioner*, February, 1903), suggests the term *micrococcus rheumaticus* as the most convenient and accurate.

It is easily grown from the blood or urine of rheumatic patients during life, or from articular exudations or valvular vegetations *post mortem*. Inoculation in animals produces pericarditis, endocarditis, and arthritis—typically rheumatic conditions. Unfortunately, neither in appearance nor cultural reactions can the micrococcus be distinguished from the ordinary streptococcus of suppurative processes.

Modern Electrical Methods in Cancer.

THE general newspaper Press serves many useful purposes, but in our own country it is rarely made the arena of medical conflict. There are special circumstances, however, which render the subject of the modern electrical treatment of malignant disease an exception to that general rule. That certain superficial forms of cancer can be cured by exposure to the focus-tube is now confidently asserted. It is also claimed that a certain amount of control can thereby be exerted over post-operative recurrent nodules. Further, it is believed that in many cases of malignant diseases a beneficial effect is obtained by the use of the high frequency electrical current. The latter application has, indeed, in some instances been followed by apparent cure. The matter, however, has not yet been fully investigated, although it seems impossible to doubt that a potent weapon is being herein forged for the hand of the practical physician. The danger to the public arises from the fact that the medical profession has allowed Röntgen rays and other electrical work to drift largely into the hands of non-medical persons. The hospitals, even, have as often as not, given their X-ray apparatus to unqualified workers. Nemesis is now at hand in the springing up of a host of unqualified electrical specialists who will swell the horde of parasites hanging on the flanks of the medical army. The matter is now being disputed in the *Pall Mall Gazette*. Sir William Church, the late President of the Royal College of Physicians, has had the courage to send a signed letter to that journal pointing out the risks to the public arising from unqualified electrical treatment. Following his example, various other medical gentlemen, more or less qualified as electrical experts, have expressed their views in the same newspaper. The moral clearly is that medical men should entrust professional work whenever possible to properly trained and qualified men.

The Oyster Trade and the Ear Mark.

THE latest oyster scare, which began at Emsworth and finished at Southend, appears to have sounded the death-knell of a large and flourishing industry. At the best it will take years to restore the confidence of the public in oysters and cockles. In view of the large interests involved in the shell-fish trade it is curious that no decisive steps have been taken by owners and middlemen to reassure the public. If the companies are waiting for Government action in the purification of estuaries and sea coasts they are indeed leaning upon a broken reed. In the case of the Thames, for instance, the

necessary surveys and works for diversion of existing ways and means would take probably ten or twelve years. Where would the oyster trade be in half a score of years, especially as the Local Government Board is certain, sooner or later, to close all contaminated beds? The only practical step the companies appear to have taken is to secure certificates of purity from experts. That sort of document, however, obviously fails to reach the man in the street. What the consumer wants is some guarantee that every oyster he eats has come from a pure source. We have been favoured with the details of a plan which claims to be able to afford such a guarantee. It consists in the attachment, by an ingenious device, of a metallic disc to the flat shell of the oyster. The disc bears a date and the name of the guaranteeing company. The consumer, therefore, has only to turn over the shell of the oyster on his plate to see for himself the company's guarantee of freshness and purity. The mark appears to solve the problem in a simple and satisfactory fashion. The general desire for oysters is not lessened, although it has been reduced to vanishing point for the time being by the strongest of all possible human motives.

The Modern Sanitary Crusade.

THE aims of the sanitarian form on the whole one of the sanest and most practical of human ideals. He acts upon the Cromwellian principle of trusting in God while at the same time he keeps his powder dry. Before his steady strategy typhoid fever has been reduced to a tithe of its former virulence in the United Kingdom. That the disease still lingers here and there shows that the enemy's strongholds have not yet been thoroughly cleared out and his legions exterminated. But the sanitarian never loses heart, and he is even now taking steps to exclude many billions of typhoid bacilli hitherto scattered broadcast over the face of the land, securely stowed away within the shells of the costly oyster and the homely cockle. Then there is the great and difficult campaign against consumption. To prevent that malady, says the sanitarian, forbid spitting in public, isolate and disinfect cases as much as you can, exclude tuberculous cows from your dairies and farms, exclude tuberculous flesh from your meat supplies, insist on sanitary workshops and general housing environment and treat all tuberculous patients on the best modern lines. That is straightforward practical advice based on a scientific foundation. Another striking instance of a similar type is the killing of rats on board ship, because they carry the plague from one country to another. Fancy the scorn of our grandfathers if they were told that the lives of many thousands of their countrymen might be saved by attention to such matters as spitting in streets, the cleanliness of cowsheds and the wholesomeness of cows, the purity of water in oyster or cockle ponds, or the sickliness of the ordinary ship rat. So far is the attention to the rodent in question advanced nowadays that a steamer was promptly put into quarantine at Hamburg the other day because some bodies of

dead rats were found in the hold, although there had been no sickness among the sailors. It would be difficult to find a better example of the thoroughness that marks the methods of modern preventive medicine. *Sanitas, sanitas, omnia sanitas.*

Vaccination Legislation.

THE much-abused alternative for troublesome but urgent legislation, a Royal Commission, not being available in regard to vaccination, the Government have decided on another dilatory measure, in order, no doubt, to leave the burden of the fight to its successor, and the present Act is to be renewed for a year. This, of course, is what everyone anticipated when it was seen that no mention of impending legislation on this subject was made in the Royal speech. The incident reminds one of the answer of a celebrated statesman upon whom it was urged that war must break out sooner or later, to which he promptly exclaimed, "Then, for God's sake, let it be later!"

Post-mortem Examinations in Hospitals.

IT would be a good thing if it could be imposed as a condition of admission to the benefits of hospital treatment that a post-mortem examination on all patients dying in such institutions were an indispensable sequel. An absurd prejudice against these examinations is an article of faith with many, and much valuable pathological information is thus lost to science. Unless the circumstances are such as to justify an inquiry into the cause of death, we believe there is no legal impediment to the carrying out of such examinations, a dead body, according to law, not being vested in anyone. An action for trespass would only lie when the examination takes place in a private house against the will of the householder. At the same time it must be conceded that the prejudice is strong and, from a certain point of view, respectable, so that methods of persuasion are preferable to quasi-compulsion.

Damages for Mistaken Diagnosis.

SOME time since an action was brought against a practitioner in Holborn to recover damages for the removal to hospital of a child who was thought to be suffering from smallpox, a diagnosis which subsequent observation proved to be incorrect. The original action was dismissed on the ground that the claim disclosed no cause of action, and that the action not having been commenced within six months of the act complained of, the defendant was entitled to the benefit of the Public Authorities Protection Act, 1893. An appeal was entered against this decision, and this has been allowed, so that the case will come on for trial in due course.

WE are asked to state that the Annual Festival Dinner of the Irish Medical Schools' and Graduates' Association will take place in London at the Cafe Monico, Piccadilly, on St. Patrick's Day, March 17th, at 7.30 p.m. Tickets may be obtained from Mr. Charles Ryall, 51, Queen Anne Street, W.

Small-pox in the Provinces.

Small-pox continues to spread in the provinces, fresh cases being of daily occurrence over a very wide area, a fact of which the President of the Local Government Board professed ignorance when the subject of future legislation was brought before him. The most fertile source of infection is unquestionably the tramp, a very noteworthy proportion of the sufferers belonging to this class. Pretty well all the large towns of the north of England have found it necessary to take special precautions in view of the menace constituted by these constantly-recurring cases of infection. Since the beginning of the year no less than 2,397 cases of small-pox have been reported to the Local Government Board.

Chloretone in Sea-Sickness.

ON the principle that we should hasten to make use of a remedy while it cures, those of our readers who contemplate a sea voyage might do well to provide themselves with some tablets of chloretone. In five-grain doses this drug is claimed to afford marked relief from the distressing symptoms of this obscure disturbance. We must confess to a limited confidence in all methods hitherto suggested for the prevention or relief of sea-sickness, but it is our duty to register each new suggestion in the hope that one may ultimately make its way to the fore which will prove less disappointing than its predecessors.

PERSONAL.

PROFESSOR J. M. FINNY, M.D., has been elected King's Professor of Medicine in the School of Physic, Dublin, for a second period of seven years.

THE honorary degree of LL.D. will be conferred on Sir William F. Gairdner and Dr. Thomas Oliver at the graduation ceremony on April 21st.

MR. THOMAS WILSON, M.D. Lond., F.R.C.S., has been elected honorary obstetric officer to the Birmingham General Infirmary.

DR. C. W. DANIELS, of the Medical Department of British Guiana, has proceeded to the Federated Malay States for the purpose of taking over the office of Director of the Research Institute at Kuala Lumpur.

DR. MICHAEL CURRAN has been elected to the post of Surgeon to the throat department of St. Vincent's Hospital. Dr. Curran recently gained a Studentship of £400 in pathology and bacteriology in the Royal University of Ireland.

A DISCLAIMER.—Dr. Dundas Grant desires us to state that the report of an interview which appeared in the *Daily Telegraph* of March 3rd was published entirely without his authority or knowledge. Dr. Grant was quite unaware that the gentleman who engaged him in casual conversation in the office of the Secretary of the Hospital was a reporter.

A CONVERSAZIONE will be given at the West London Hospital by the Post-Graduate College, on Wednesday, the 18th instant, at 8.30 p.m.

THE annual general meeting of the Medical Graduates' College and Polyclinic will take place on March 31st, at 5.30 p.m.

Special Correspondence.

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

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH MORNINGSIDE ASYLUM.—Dr. T. S. Clouston's annual report on the Royal Asylum, of which he is medical superintendent, is always an interesting document, and the only regret is that this year he should have been prevented from presenting it in person on account of an illness, from which, however, he is now happily convalescing. Dr. Clouston alludes first to a slight increase in the numbers admitted, which with the high average of the last few years has led to chronic overcrowding, bad alike for the discipline and quietude of the wards and for the health of the inmates. The cause of disease which stood highest on the list for the year was intemperance, accounting for 28 per cent. of the admissions—the highest number yet recorded at Morningside. The standard of bodily health was particularly low, only 12 per cent. being an average condition on admission. The mean age of admissions steadily increases, having gone up from 40 to 43.3 this year. No fewer than fifty-six persons (13 per cent.) were cases of general paralysis, the largest number, except for last year, yet sent to Morningside, confirming Dr. Clouston's remarks in a previous report on the increase of the disease in the district. Of the 297 patients discharged, 134 were recoveries. So low a recovery rate as 31.6 per cent. is partly accounted for by the unfavourable nature of the admissions, many of whom suffered from senile decay and organic brain disease. The number of deaths, 138, has been the largest in the history of the institution, and is ascribed to the large number of bad cases admitted; to the overcrowding; to an outbreak of asylum dysentery, and to the inclement summer keeping the patients indoors. The most alarming event of the year was an epidemic of colitis, a disease first recorded by the writer in 1864-5. The present outbreak lasted from October 14th to January 8th, and affected twenty-seven female patients, of whom seven died. Only three could have been said to be in even fair health, and the condition of several was such that the disease could only be looked upon as a contributory cause of death. The epidemic was treated by the strictest isolation and disinfection. Some defective drains were found, and one new and important fact on the etiology of the disease was discovered in the fact that two cats in an affected area suffered from dysentery. Dr. Clouston thinks that the epidemic was predisposed to by the overcrowding; that it was actually introduced by defective sanitary arrangements, and that it was to some extent propagated in the house. The idea that incipient and transitory mental affections should be treated in a ward in the Royal Infirmary is again adverted to by Dr. Clouston, who is a strong upholder of the scheme. It is now taking root rapidly in America, and is carried out in several hospitals there.

GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

MEMORIAL TO THE LATE PROFESSOR YOUNG.—It is very gratifying to be able to announce that the sum of £322 10s. has been readily contributed on behalf of the memorial to the late Professor Young, who so long occupied the chair of Zoology in Glasgow University. It has been decided by the committee in charge of the matter that the memorial shall take the form of, first, a medallion in bronze with marble frame, to be fixed in some suitable position in the Hunterian Museum, where the late Professor was in the habit of spending much of his time. Secondly, a volume containing a selection from his papers, as well as a biographical notice. Third, the catalogue of Hunterian MSS. to be printed. The expense of the latter part of the object will be met by one or two gentlemen. Only somewhere

about £60 is required to complete the scheme in full and there can be little or no doubt that, with the ready response already made, the remaining small sum will soon be forthcoming.

ACTION AGAINST A MEDICAL MAN.—An action is already raised in the Court of Sessions, or will be forthcoming at an early date, against an Ayrshire doctor for £1,000 damages for the death of a patient to whom he administered chloroform in order to break down adhesions in a stiff joint. The case is one the profession will look forward to with peculiar and painful interest. Pending Court proceedings it is, of course, undesirable to comment on the case in any way.

RESIGNATION OF SIR HECTOR CAMERON.—Sir Hector Cameron has tendered his resignation as representative of the Faculty of Physicians and Surgeons, Glasgow, on the General Medical Council. At the last meeting of the Fellows of the Faculty the following nominations were made for the much-coveted and responsible office. Dr. Lindsay Steven, Physician to the Royal Infirmary; Professor H. E. Clark, C.M.C., Surgeon, Royal Infirmary; and Dr. Bruce Goff, Bothwell. If the large body of Licentiates of the faculty had a voice in the election to this important office—which they have not—they would have no difficulty whatever in making a selection from the above list of names. Many of the Fellows know pretty well who is the favourite with the Licentiates, and therefore it would be a very gracious act on their part were they to recognise this fact on the day of election. Competition is sure to be keen, and if one candidate more than another is specially anxious to secure the office, that one is probably not an all-round favourite. It would not be at all out of place were the Licentiates, who are a numerous body, to use their influence with those Fellows with whom they are acquainted, in favour of the candidate best known to them.

SUPPURATION WITHIN THE TEMPORAL BONE AND ITS CONSEQUENCES.—At the fortnightly meeting of the Southern Medical Society, held on Thursday last, Dr. James Kerr Love gave a most interesting and peculiarly instructive demonstration on "Suppuration Within the Temporal Bone, and its Consequences." It was illustrated by means of beautiful lantern slides showing the normal anatomy of the temporal bone, and also the effects of suppuration in the tympanic cavity. Patients were present who had been successfully operated upon, and there was a splendid display of stereoscopic views. The various instruments used in operations on the ear were also exhibited. Dr. Love described very fully and clearly the various steps in the radical operation and the advisability of using Stacks' guide by way of protecting the facial nerve from injury in course of the operation. In the discussion which followed, Dr. James Erskine said that if such instructive demonstrations were given more frequently, the general practitioner might operate himself oftener than he does in cases of mastoid disease, &c. He urged the necessity in all cases of scarlet fever and diphtheria of having the ears carefully examined and where any disease was discovered, of having it immediately treated. Dr. Alfred Young and Dr. Walter Downie also took part in the discussion. It was generally recognised that Dr. Love's demonstration was one of the best of a very good series. There was a large attendance of members.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

CONSUMPTION IN BELFAST.—At the weekly meeting of the Public Health Committee of the Belfast Corporation, held on March 5th, a letter was read from the Local Government Board asking what steps had been taken towards carrying out the Board's suggestion for preventing the spread of consumption in the city. These suggestions were contained in a circular, dated September, 1901, and included, it is reported, among other things, the establishment of municipal sanatoria. The Health Committee claim to have given serious consideration to the question, and profess to be willing to do anything in

their power, but they hesitate to impose the serious burden of municipal sanatoria on the rates. The Medical Superintendent Officer of Health (Dr. Whitaker) reported that he had carried out the suggestions of the Board as far as it lay in his province to do so. Literature has been distributed, and three female sanitary inspectors have paid large numbers of visits to houses in which cases of consumption have occurred, giving instruction to the people in hygienic matters. All cases of death from phthisis are to be notified to the Committee by the burial authorities, and efforts are being made to have consumption included in the list of notifiable diseases. The Health Committee decided to reply to the Local Government Board that they were doing all they could in the matter.

The chairman of the Health Committee made the somewhat astounding statement that Belfast is the healthiest part of the United Kingdom just now. But, as the *Northern Whig* remarks, it is hard to believe that statement when we find that nearly half the deaths in the city arise from "phthisis and diseases of the respiratory organs." In Dr. Whitaker's last monthly report he stated that 256 out of a total of 651 deaths in the period named were due to these causes, and this was not exceptional, for in the corresponding period of last year the death-rate from all causes was 20.8 per 1,000 per annum, and from chest affections 9.7 per 1,000 per annum. It looks, therefore, as if the statement referred to were due more to a leaning towards official whitewash for a dark stain on our city than to a desire to face the facts as they are.

Correspondence.

ROYAL ORTHOPÆDIC HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose copy of a letter which the secretary of this hospital was directed to address to me, and which sets forth that at a recent annual meeting of the Governors I was not re-elected. I was not present at this meeting, nor were any of the Governors who are opposed to the sale of the site, several of them having resigned, disapproving of that policy. I am not aware that any reason was given for my non-election, nor have I received any complaint about my work.

It remains to be seen if this unprecedented action will be in the interest of the hospital or to the credit of its management, but it is undoubtedly contrary to the laws of the hospital applying to the medical staff, and in that sense illegal. Law 40 provides "that no medical officer shall be removable except by the vote of a general or special court on the report of the Committee of management." But the Committee made no report that I have heard of or seen. Hence a serious step has been taken against me, and I have suffered injury unheard and without sufficient or any cause assigned. As this is a matter which affects the position of the medical and surgical staffs of all hospitals, it is one which, I venture to think, will attract the attention of medical journals, and, through them, of the profession at large.

I am, Sir, yours truly,

H. A. REEVES.

[COPY.]

Royal Orthopædic Hospital,

February 27th, 1903.

DEAR SIR,—I have to inform you that at the annual Court of Governors held yesterday you were not re-elected upon the Committee of Management, from which you some time ago gave notice of your intention to retire.

The Governors did not re-elect you either as one of the Honorary Surgeons, but thinking you would prefer to finish the treatment of certain of your patients no immediate steps have been taken regarding the appointment of a successor.

I am, dear Sir,

Yours faithfully,

TATE S. MANSFORD.

H. A. Reeves, Esq.

SEMI-TOTAL PLEDGE ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much obliged to Dr. Sers for calling attention to the words printed on the back of some of our pledge forms, issued in the first week or two of our existence "Total abstinence is always the best policy," because it gives me opportunity to explain.

These words I took exception to myself as soon as they were in print, and suggested the word "often" for "always." This the committee agreed to, and, as you will see from the enclosed, the form has already been printed with the word "often" substituted, and is now in circulation to the number of some 15,000 or more.

I may add that these forms are now superseded by the pledge card, which, of course, contains no such clause nor any other for that matter touching the question of total abstinence.

Your obedient servant,

G. H. F. NYE, Hon. Secretary.

35, Chapel Street, Belgrave Square, S.W.

March 5th, 1903.

COLLECTIVE INVESTIGATION OF PUERPERAL ECLAMPSIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The request of the Clinical Society of Manchester for reports of cases of eclampsia is meeting with a hearty response from medical men all over the country. The committee would like to point out that a diminution in the excretion of urea is coming to be regarded as an important physical sign of the pre-eclamptic state, more important, perhaps, than albuminuria.

The vital point is one on which they hope their investigation will throw much light, and reports which give quantitative estimations of urea, and daily quantity of urine, will be doubly valuable for this reason.

The use of the hypobromite process with Southall's Ureometer is very simple, and the apparatus is inexpensive (it can be obtained through any chemist for about 3s.) * It may perhaps be hoped that those who are favouring us with reports of cases will find time to furnish data, enabling us to correlate the output of urea with the gravity of the case.

We are, dear Sir

Yours faithfully,

T. ARTHUR HELME, President.

J. PRICE WILLIAMS, Swinton, Manchester,
Hon. Secretary for the Investigation.

J. HOWSON RAY,

Hon. Secretary Clinical Society.

22, St. John Street, Manchester,
March 4th, 1903.

Obituary.**DR. M. H. MACNAMARA.**

WE regret to announce the death of Surgeon-Major Macnamara, which event took place at his residence, 8, The Mall, Waterford. Dr. Macnamara belonged to an old Clare family who for centuries resided in the parish of Kilneboy, near Lake Inchiquin. The deceased gentleman in 1888 became a Fellow of the Royal College of Surgeons and a D.P.H. of the same College. Since he retired from the Army Medical Service he practised medicine in Waterford, where his kindly sympathetic nature won him hosts of friends, and his skill as a physician and his unremitting care of his patients secured respect and admiration from rich and poor.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Medical Sickness Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on 27th ult. There were present Dr. de Havilland Hall, in the chair; Dr. J. B. Ball,

Mr. Wm. Thomas (Birmingham), Mr. J. Brindley James, Dr. J. F. Allan, Dr. St. Clair, B. Shaflwell, Dr. M. Greenwood, Dr. J. W. Hunt, Dr. A. J. Rice Oxley, Dr. W. Knowsley Sibley, Dr. Walter Smith, Dr. Fredk. S. Palmer, Mr. F. S. Edwards, and Dr. Alfred S. Gubb. As is usual at this time of the year the Society is receiving a large number of claims for sickness benefit, and the claim list has been somewhat abnormally swollen by the epidemic of influenza. However, although numerous, the claims are for the most part of short duration, and the large reserves of the society continue to grow. The accounts for 1902 show that the sickness branch of the society's business has largely grown during the year, having, in spite of a heavy claim account, considerably increased its reserves. The number of those members who are permanently disabled, and in consequence drawing pensions, usually one hundred guineas a year, is still growing, and the disbursements in respect of these cases form an important item in the accounts. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary Medical Sickness Society, 33, Chancery Lane, London, W.C.

Congress of the Sanitary Institute.

THE twenty-first Congress of the Sanitary Institute will be held at Bradford, from July 7th to July 11th, 1903. President: The Right Hon. the Earl of Stamford. Section I.—Sanitary Science and Preventive Medicine—will be presided over by Professor Clifford Allbutt, M.A., M.D., F.R.C.P., D.Sc., F.R.S., J.P., D.L. Section II.—Engineering and Architecture—will be presided over by Maurice Fitzmaurice, C.M.G., M.Inst. C.E. Section III.—Physics, Chemistry, and Biology—will be presided over by Professor C. Hunter Stewart, D.Sc., M.B., C.M., F.R.S.E. The lecture to the Congress will be given by J. Slater, B.A., F.R.I.B.A. Eight Technical Conferences will also be held in connection with the Congress, presided over by Councillor W. C. Lupton, Professor Thomas Oliver, M.A., M.D., F.R.C.P., J. Spottiswoode Cameron, M.D., B.Sc., T. H. Yabbicom, M.Inst.C.E., C. Drabble, M.R.C.V.S., Mrs. Moser, James Kerr, M.A., M.D., D.P.H., and Mr. Isaac Young.

An Agile Nurse.

IN view of the recent outbreak of smallpox in Barnsley, certain precautionary measures were decided upon, *inter alia*, all leave of absence to the staff being withheld. However reasonable this measure may have been it was hardly to be expected that the nursing staff would acquiesce therein and consent without a murmur to cancel all engagements. One of them promptly gave notice and rather than miss her appointment she climbed over a ten-foot gate and regained her freedom which, as far as the guardians are concerned, she is likely to retain. It appeared that the Board had agreed to grant the nurse a testimonial, but in view of her escapade this decision was revoked.

The Medical Congress at Madrid.

THE Fourteenth International Medical Congress, which meets at Madrid in April, promises to be a success if the number of foreign delegates and members may be taken as an index. Upwards of 1,200 medical men from all parts of the world have intimated their intention of joining, and notice of close upon 250 papers has been given. Accommodation has been arranged for the reception of the members and their families, and extensive arrangements have been made in view of the social side of the meeting.

Trichinosis in Spain.

THE Duke and Duchess of Tarifa and a number of their friends are stated to be suffering from trichinosis consequent upon the consumption of some sausages which were partaken of on the occasion of a visit to the ducal estates in Andalusia. According to the text-books the disease is invariably fatal, but possibly the Spanish trichina may prove less lethal than its German colleague.

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.

THE ACQUISITION OF SWEDISH GYMNASTICS.

In reply to the enquiry of "Nurse Lever," an esteemed medical correspondent in Sweden has sent us the following information:—"The best address for her to go to will be Dr. A. Wide, Brunkebergstorg 13, Stockholm. The course will take two months, either April and May, or October and November. The fees to be paid are about £11. English is spoken, and the doctor has written a little book in English on Medical Gymnastics. He would be willing to give any further information, if the nurse wishes to apply to him."

Q. R.—The mortality from operation for the radical cure of hernia is under 5 per cent., in fact, it ought not to exceed 1 per cent. in uncomplicated cases. The ultimate success, that is to say the permanency, of the result is not a matter upon which one can dogmatise, but, on the whole, it may be regarded as promising.

ADRENALIN.—The application of solutions of Adrenalin, in the treatment of so-called "colds," cannot be more than palliative, but the relief, ephemeral though it be, is often very marked. Of course, the so-called "colds" are, in the majority of instances, nothing but microbial catarrh of the nasal mucosa, and are predisposed to by living in too confined an atmosphere.

V. G. S.—You have obviously rendered yourself amenable to disciplinary measures, and you would do well to disarm the authorities by an expression of regret, coupled, if it can be done conscientiously, with the assurance that your conduct was due to inadvertence, and will not be repeated.

"SPIRIT OF HUMANE BLOOD."

In 1684, as in 1903, there were many scientists bent on curing consumption, and in a Medical Journal of that date, with "Communications from diverse Learned Physicians," one of them writes a long and detailed article on the "Vertues of Humane Blood" for this disease. "A young lady, in whose Family the consumption was an hereditary disease, was not to be eased but by a reasonable remove from London into the French air, but she was so weak it was feared she would dye before she could go. Whereupon the author sent her some spirit of Humane Blood very carefully prepared, upon which she manifestly amended, and went in February to Montpellier, whence she brought home good Looks and Recovery." Perhaps Montpellier was a more powerful factor than the "humane blood" in bringing this about: "Hypophosphopathy" is the name given by a Boston paper to a cure for consumption.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 11TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. W. MacAdam Eccles: The Vermiform Appendix—Some Points in its Anatomy and Pathology.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Paper:—Mr. M. Shield: Some Recent Experiences in Diseases of the Breast.

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

THURSDAY, MARCH 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. I. Parsons and others. Paper:—Mr. S. Bishop: Procidencia Uteri, with Special Reference to an Operation upon the Sacro-Uterine Ligaments. Discussion continued.

FRIDAY, MARCH 13TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. W. MacAdam Eccles: The Vermiform Appendix.—Some Points in its Anatomy and Pathology.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, W.).—8 p.m. Card Specimens:—Mr. C. B. James, Dr. L. Buchanan, Mr. S. Mayou, Mr. A. Lawson, and Dr. W. E. Thomson. 8.30 p.m. Papers:—Mr. E. T. Collins and Mr. J. H. Parsons: Anophthalmos in a Chick. Mr. S. Mayou: Treatment of Trachoma by X Rays. Dr. W. E. Thomson and Dr. L. Buchanan: An Account of Certain Cases of Injury to the Eye of the Child during Labour. Mr. J. B. Lawford: Notes of a Case of Dislocation of the Eyeball.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (11 Chandos Street, Cavendish Square, W.). 4 p.m. Papers will be read and Cases shown by Dr. J. Horne, Dr. J. E. McDougall, Dr. Lodge, Mr. M. Collier, and Dr. D. Grant. 8 p.m. Annual Dinner at the Imperial Restaurant.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Papers:—Mr. T. S. Ellis, Skin Sliding. Dr. W. H. B. Brook: Spinal Curves with Total Paraplegia, Costotransversectomy with Complete Recovery. Mr. S. Paget: Successful Treatment of Prolapse of Bowel with Incontinence by Injection of Paraffin under the Mucous Membrane.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, Strand, W.C.).—8 p.m. Paper:—Dr. J. M. Wilson: Regulations under the Dairies, Cowsheds, and Milkshops Orders.

Appointments.

Adams, J. E., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Barbour, J. M., M.B., C.M.Glasg., Medical Officer of Health for Ramsey, Isle of Man.

Bevan, A., M.B., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Ear Department at St. Thomas's Hospital.

Boycott, A. E., M.A., M.B., B.Ch., B.Sc.Oxon., House Physician to St. Thomas's Hospital.

Bradford, A. B., M.B., B.S.Durh., House Surgeon to St. Thomas's Hospital.

Carpmael, N., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Flower, Frederick J., M.R.C.S., M.S.A.Lond., Medical Officer of Health for the Warminster Rural District.

Fox, Ida E., M.B., B.S.Durh., House Surgeon to the East End Branch of the Children's Hospital, Sheffield.

Glenville, W. M. G., B.A., M.B., B.Ch.Oxon., Junior Obstetric House Physician to St. Thomas's Hospital.

Guthrie, T., B.A.Cantab., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Skin Department at St. Thomas's Hospital.

Hedley, J. P., M.A., M.B., B.C.Cantab., House Surgeon to St. Thomas's Hospital.

Henderson, T. B., M.A., M.B., B.Ch.Oxon., House Surgeon to St. Thomas's Hospital.

Hudson, A. C., M.A., M.B., B.C.Cantab., Junior Ophthalmic House Surgeon to St. Thomas's Hospital.

Leach, R. E. H., B.A.Oxon., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Throat Department at St. Thomas's Hospital.

Loosely, A. E. A., B.A.Oxon., L.R.C.P.Lond., M.R.C.S., Senior Ophthalmic House Surgeon to St. Thomas's Hospital.

Nolan, W., L.R.C.S.Irel., L.R.C.P. & L.M., Clinical Assistant to the Chelsea Hospital for Women.

Rob. J. W., B.A., M.B., B.C.Cantab., House Surgeon to St. Thomas's Hospital.

Sears, C. N., L.R.C.P.Lond., M.R.C.S., House Physician to St. Thomas's Hospital.

Shipman, G. A. C., M.A., M.B., B.C.Cantab., Senior Obstetric House Physician to St. Thomas's Hospital.

Spriggs, E. J., M.D., M.R.C.P., Physician to Out-patients to the Victoria Hospital for Children, Chelsea.

Upcott, H., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Vacancies.

Durham County Asylum.—Second Assistant Medical Officer. Salary £180 per annum, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

London Fever Hospital, Liverpool Road, N.—Assistant Resident Medical Officer. Salary £120 per annum, with board and lodging. Applications to the Secretary.

Derby Borough Asylum.—Assistant Medical Officer. Salary £120 per annum, with board and washing. Applications to Dr. Macphail, Rowditch Derby.

The Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.—Assistant Resident Medical Officer. Salary £100 per annum, with board and lodging in the hospital. Applications at once to the Secretary, 34, Craven Street, Charing Cross, London.

Bracebridge Asylum, near Lincoln.—Junior Assistant Medical Officer. Salary £125 per annum, with furnished apartments, board, attendance, &c. Ladies only are eligible candidates. Applications to W. T. Page, Junior, Solicitor and Clerk to the Visiting Committee, 5 and 6, Bank Street, Lincoln.

St. Peter's Hospital for Stone, &c., Henrietta Street, Covent Garden, W.C.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary.

North-Eastern Hospital for Children, Hackney Road, N.E.—Resident Medical Officer. Salary £120 per annum, with board, residence, and washing allowance. Applications to T. Glenton-Kerr, Secretary.

West Riding Asylum, Wakefield.—Assistant Medical Officer. Salary £140 per annum, with apartments, board, washing, and attendance. Applications to the Medical Director at the Asylum.

Births.

BROCK.—On March 4th, at 77, Fellows Road, S. Hampstead, the wife of J. H. E. Brock, M.D., F.R.C.S., of a son.

DIHEL.—On March 5th, at Royal Palace Hotel, Kensington, W., the wife of Dr. Ludwig Diehl, of a daughter.

GOWLAND.—On March 3rd, at Newton Lodge, Faversham, Kent, the wife of Edward Lake Gowland, M.B. Lond., &c. of twin sons.

JOY.—On March 4th, at Bradford, near Reading, the wife of Norman H. Joy, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

CRONIN—TOWNSEND.—On February 28th, at Otway Station, Punta Arenas, Chili, Eugene Amyatt Cronin only son of Eugene Francis Cronin, M.D., of Old Manor House, Clapham Common, to Muriel, third daughter of Meredith Townsend, M.R.C.S.E., of Upper Phillimore Place Kensington.

EARLE—YEOMAN.—On the 5th March, at all Saints' Church, Northallerton, Walter George Earle, M.R.C.S., L.R.C.P., son of the late Frederick Earle of Burton-on-Trent, to Annie, younger daughter of the late John Yeoman of Rueberry, Osmotherley.

WYNNE—TICKELL.—On March 3rd, at Padstow Parish Church, John Kendrick Wynne, M.D., of St. Ives, Cornwall, to Gwen, youngest daughter of the late John Arscott Tickell, 3, Mutley Park Terrace, Mannamead, Plymouth.

Deaths.

CORNISH.—On March 7th, at 102, Shaftesbury Road, Brighton, of apoplexy, George Bishop Cornish, M.D., late of Taunton, aged 68.

EVANS.—On March 5th, at 57, Harley Street, W., the residence of her son-in-law, Dr. Heron Harriet Ursula Evans, widow of the late Charles Evans, M.R.C.S., and daughter of the late Francis William Cobb, of Margate, aged 88.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

VOL. CXXVI.

WEDNESDAY, MARCH 18, 1903.

No. II.

Original Communications.

TUBERCULOUS PERITONITIS.^(a)

By GEORGE CARPENTER, M.D. Lond.,
Physician at the Evelina Hospital for Sick Children.

TUBERCULOUS peritonitis is met with in practice under several fairly well-defined clinical conditions, and it is therefore possible to arrange these cases with some method. These clinical conditions are:—

1. A matted condition of the bowel which is often, but by no means necessarily, associated with tuberculous intestinal ulceration and caseous disease of the mesenteric glands; a disease called *tabes mesenterica*, which has the well-known clinical features of a tumid abdomen, abdominal pain, diarrhoea, wasting, and sometimes faecal fistula at the umbilicus.

2. A condition in which a child is out of health, has a full stomach, and complains of griping pains there. Under examination, hard and fixed lumps are felt in one part or another of the abdomen usually close under the parietes, but not always so. The disease is due to the luxuriant growth of miliary tubercles in large masses. This will often occur in the omentum, which becomes much thickened and contracted into a thick band, and stretches horizontally across the upper part of the abdomen. Sometimes a large mass, or plate, forms between the liver and the diaphragm, but here, of course, not recognisable clinically. At other times the omentum forms a thick apron, which lies in front of the intestines, and is adherent to them, and to the liver, spleen, and abdominal parietes. Such a thickened mass often has areas of varying density and induration, which may be felt as isolated nodules of superficial-lying thickening underneath the abdominal wall. Or, a mass may form in Douglas's pouch which can be detected on making a rectal examination. Again, tuberculous masses may be felt in any part of the abdominal cavity, and these are mostly intestinal coils matted together with tuberculous deposit outside the bowel, a fact which explains a clinical feature that is often puzzling, viz., that the tumours are constantly varying in size and definition. There is also another practical point of some interest and that is, the bowel may be obstructed by the tuberculous deposit enveloping it inducing tormina, borborygmi, and obvious peristaltic movements of the greatly distended gut which terminate at the seat of obstruction, and perhaps occasions thereby a group of symptoms which may lead to the suspicion of chronic intussusception. The tuberculous tumour, the most common variety of tuberculous peritonitis, is not often associated with much ascites. In the course of the complaint a certain amount of fluid may come and go, but the quantity is not often great, though it may be so large as to mask the underlying mischief.

Fixed lumps may be due to caseation of the mesenteric glands alone. Such glandular masses may be so matted together as to form a large fixed tumour,

or they may retain their original isolated positions and be felt through the abdominal wall and bimanually per rectum, as a characteristic grape-like mass. Such cases often find their way into the wards of a hospital, not for this complaint, but as instances of tuberculous meningitis, or of broncho-pneumonia, or of a child wasted to a skeleton and in a state of collapse from diarrhoea. Sometimes their abdominal condition is recognised during life, but intestinal ulceration and caseous mesenteric glands often escape detection, and are found in the post-mortem room. In a girl, æt. 10, a fixed tumour was due to the following condition:—The morbid changes were limited to the small intestine, commencing about two feet above the ileo-cæcal valve. Here, and for some little distance down to within six inches of the valve, there was extensive intestinal ulceration together with caseation and matting of neighbouring glands, the whole being knotted together by dense adhesions. Some of the ulcers were of cartilaginous hardness. The rest of the abdominal cavity was quite free from disease. There was secondary tuberculous lung disease. The limited extent of the disease suggests the idea that it might have started in a mild attack of enteric fever. In some instances, when an opportunity has presented itself of making a post-mortem examination of cases occurring in this group, I have also found caseation of the mesenteric glands and intestinal ulceration, and such are clinically allied to the group of cases occurring under heading No. 1.

The amount of febrile disturbance is not great, although exceptions do arise, and well-marked instances of remittent and intermittent types of fever are seen. A fairly constant feature is the large proportion of subnormal temperatures encountered in this disease. Day after day the temperature may be found ranging between 98° F. or 97° F., or even lower, with occasional rises to 99° F., or thereabouts. These cases often linger on week after week and month after month without any marked alteration either way, and frequently leave the hospital improved in regard to their general health, though the tuberculous tumour remains much as before.

Under heading 3 are cases that come under observation as examples of ascites. Throughout their illness the condition may begin and end as one of ascites. Perhaps a rectal examination may reveal some slight thickening in the abdominal cavity which would have escaped detection by the ordinary methods of examination. Ascites may mask the condition of tuberculous tumour just mentioned, and it is not until a paracentesis abdominis has been performed, or the fluid has become absorbed, that the underlying mischief is detected. The converse may also happen, but this is not so common. As an uncommon sub-variety may be mentioned that condition in which fluid is encysted among the intestinal coils, and under this variety may be grouped cases which come under notice as *localised tuberculous abscesses*. Variations are sometimes noticed in the character and behaviour of the abdominal contents. Thus in a case of abdominal distension, sometimes there may seem to be a large quantity of fluid, and at other times the contents appear to be chiefly gaseous. Such variations succeed one another quickly. When fluid

(a) Paper read before the Society for the Study of Disease in Children at the Discussion on Tuberculous Peritonitis, on December 13th, 1902.

seems to be present in the abdomen, and behaves in the manner described it is probable that fluid is really there, and that instead of being definitely encysted in one particular locality or free in the peritoneal cavity it is held by the intestinal coils, and that as these alter in position and distension so the evidences of the fluid alter and alternately appear and disappear.

The febrile symptoms and fever encountered in ascites are not marked. The temperature may be raised for a day or two to 100° F. or to 100° F., and usually quickly subsides. On the other hand remittent or intermittent types of temperature may be found in those who ultimately recover.

4. There is a type of tuberculous peritonitis in which the abdomen is greatly distended, tense, and drum-like, and offers great resistance to manipulation. It may happen that nothing abnormal can be felt by a bimanual examination, but, on the other hand, there may be a suspicion of peritoneal thickening, and sometimes dull areas may be mapped out on percussion of the abdominal walls, quite apart from obvious thickening. Given fever of a remittent type, pea-soup-like motions, possibly some splenic enlargement, moist sounds in the chest, drowsiness, and some delirium, all of which may happen in combination in such a case, and it is not difficult to mistake the condition for that of enteric fever. Subsequently there may be effusion of fluid, or definite lumps may make their appearance, or the bowels may be found to move under the hand *en masse*. On the other hand, the primary condition may clear up without any further developments. In infants and young children, the condition which is most likely to be mistaken for it is that of chronic gastrointestinal catarrh from improper feeding; a bimanual examination in such a case may prove decidedly helpful.

The foregoing remarks are the outcome of a study of ninety-one cases of tuberculous peritonitis which have been under the writer's care during past years. Of these cases fifty-five were males and thirty-six were females.

Phthisical History.—In thirty-two of these cases there was a family history of phthisis or other tuberculous affection; in twenty-nine cases there was no history of such; and in thirty cases the notes were not sufficiently precise on the subject to make them of value. About half the number of cases, where an inquiry had been made, gave a history of tuberculous affections.

Age Incident.—Their ages were as follows:—

| Months. | Years. |
|-----------------|-----------------------------|
| 3 6 9 12 18 | 2 3 4 5 6 7 8 9 10 11 12 13 |
| Cases:— | |
| 2 0 2 8 4 | 15 19 4 12 3 5 5 3 5 3 0 1 |
| Total—91 cases. | |

A little more than one-sixth of the total number of cases arose within the first 18 months of life. From this period to within six years of age there were no less than fifty cases—or close on five-ninths of the total number of cases; the disease appears, therefore, to be more common about this period of childhood than at other times.

Enlargement of the Liver.—During and within the first two years of life four cases, or two-sevenths of the number were associated with an enlarged liver; one child died, and its liver was found to be "nutmeg." From two years to within six years of age there were five cases, or one-tenth of the number; one died, and its liver was found to be fatty. Of these cases, in every instance but one, the spleen was also enlarged.

Enlargement of the Spleen.—During and within the first two years of life there were five cases with enlarged spleens, or in five-sixteenths of the cases; one of them died. From two years to within six years of age there were eight cases of splenic enlargement, or eight-fiftieths of the cases, and three of these died. Of the deaths one was that of a child just over two years old; its spleen, though enlarged, was free from tubercles. In the other instances the enlarged spleens contained miliary tubercles. The most prolific periods for splenic enlargements from all causes are first, during the first eighteen months of life, and secondly, and to

a less extent from then up to the fourth year. (a) A. these stages splenic enlargements are quite common. Splenic enlargements associated with tuberculous peritonitis have been, in my experience, infrequent and uncommon, in comparison.

Phthisis.—This occurred in sixteen cases, and in four of them within the first two years of life. Of the four cases three died, and in one there was caseous pneumonia, and in another miliary tuberculosis of the lungs. In my experience obvious phthisis has not been a common clinical complication.

Pleurisy.—Of this complication I possess but one clinical record, viz., that of a child, æt. 3, previously mentioned, who succumbed to empyema.

Tuberculous Disease of the Male Genitalia.—Five of the cases of tuberculous peritonitis were associated with the above complications. In a boy, æt. 11, the vesiculæ seminales were tuberculous. In a boy, æt. 5, there was tuberculous of the seminal vesicles, the prostate, and the body and epididymis of one testicle. A boy, æt. 6, had caseous epididymitis with a corresponding caseous seminal vesicle. In a boy, æt. 2½, the seminal vesicles and the prostate were tuberculous. In a child, æt. 18 months, both seminal vesicles were tuberculous, and the epididymis on one side.

Tuberculous Disease of the Female Genitalia.—My records of this complication have been gained by the use of combined rectal and bimanual examinations during life and also in the post-mortem room. In a child, æt. 9, the Fallopian tubes were enlarged and caseous; tuberculous extension had taken place from the perineum, and they had been invaded at the fimbriated extremities. In a girl, æt. 4, the ovaries were matted to the Fallopian tubes, the extremities of which showed cavities filled with caseating material; she had tuberculous intestinal ulceration, together with tuberculous brain tumours, but no peritonitis. In a girl, æt. 7, I found an enlarged uterus, the right Fallopian tube was the diameter of a lead pencil, and there was a tuberculous lump the size of a pigeon's egg just above the top of the sacrum. I subsequently lost sight of her. A girl, æt. 7, who had tuberculous ascites, had a rounded tumour the thickness of the index finger and three inches in length, attached to the top of her uterus. This tumour subsequently disappeared. She is a healthy woman now. In a child, æt. 2 years and 2 months, there was considerable peritoneal thickening in the hypogastric region and its neighbourhood, and the left ovary, which I found to be enlarged, was attached to this. This child had tuberculous glands in the neck and an enlarged spleen also. In a child, æt. 2½, there was a tuberculous lump involving the right lumbar, iliac, and the hypogastric regions. The left ovary and Fallopian tube were healthy, but the mass had invaded the tube and ovary on the corresponding side. In a child, æt. 14 months, there was a hard lump occupying the umbilical and the hypogastric regions, and the right ovary was connected with it. In a girl, æt. 6, there was a tuberculous lump in the right inguinal, lumbar and umbilical regions, together with a typical omental thickening. The uterus was normal. Passing from it to the right was a curly tube, the size of the little finger, which could be looked down, when an oval lump was felt which was undoubtedly an enlarged ovary. The left Fallopian tube was not so enlarged, and it did not curl; its corresponding ovary was not enlarged. In a girl, æt. 3, the abdomen was lumpish, and this lumpishness extended on the right side to the inguinal region. The uterus was normal. The right Fallopian tube was the size of a penholder, and it could be traced into a thickened and hardened mass, which was possibly the tube and ovary combined, and the whole was finally lost in the abdominal lumpishness previously mentioned. In a girl, æt. 14 months, there was lumpishness in the epigastric, umbilical, hypogastric, left iliac and lumbar regions. The uterus and right ovary were enlarged. The left ovary and tube merged into the abdominal lumpishness. In a girl, æt. 1, there was lumpishness

(a) Vide Syphilis of Children. By George Carpenter, M.D. Pp. 48-49. Diagram 19.

in the umbilical, lumbar, iliac, and hypogastric regions. The right Fallopian tube was rounded and the size of a cedar pencil; it ended in the abdominal lumpishness. The corresponding ovary could not be detected. The left Fallopian tube was much larger, but not quite so distinct as that on the other side. It ended in a smooth lump the size of a walnut kernel, which was probably the ovary. The uterus was not enlarged.

I have had no experience, clinical or pathological, of primary tuberculous infection of the uterus and the adnexa in children.

Tubercle of the Choroid.—My examinations of the eyes in these cases has not been systematic, but I have made a considerable number of negative observations, and in three cases I found tubercles in the choroid. One, a female child, *æt.* 4, with caseous Fallopian tubes and tuberculous brain tumours, previously mentioned, had bright tubercles at the yellow-spot regions. Another, a male, *æt.* 2½, with intestinal ulceration and caseous mesenteric glands and miliary tuberculosis, had double optic papillitis and a large tubercle at the yellow-spot region (*vide* "Reports of the Society for the Study of Disease in Children," vol. I, plate 8, fig. 4, article "Tuberculosis of the Choroid," by George Carpenter, M.D., and Sydney Stephenson, C.M.). A third, *æt.* 4½, with intestinal ulceration, caseous mesenteric glands, tuberculous peritonitis, and tuberculous meningitis, had double papillitis and a choroidal tubercle in the right fundus oculi.

Tuberculous Meningitis.—This has not been a common complication in my experience, but two of the fatal cases developed it. In one of the cases in which it occurred the abdomen became retracted.

Unclassified.—Occasionally acute peritonitis supervenes on the chronic; this happened in one case of omental tuberculosis. Protrusion of the umbilicus is seen in some cases, as also a red blush or pink halo round it. Fæcal fistula is not a common occurrence. Enlarged abdominal veins are the rule, and occasionally there is some slight œdema of the abdominal walls.

Diagnosis.—Next arises the question of diagnosis, and, before all things, I would strongly urge the importance of *rectal exploration* associated with bimanual examination, either with or without an anæsthetic. A full account of the method will be found in "Pediatrics" ("On the Value of Rectal Exploration as an Aid to Diagnosis in Diseases of Children," by George Carpenter, M.D., June 1st, 1896, pp. 481 to 507) in "The Scalpel" (July and August, 1896), and in the *British Gynecological Journal* (May, 1896). By means of an examination conducted in this way not only can the whole of the true and false pelvis be explored with its contained organs, but in young children, from birth to 4 or 5 years of age, it is possible to examine a considerable area of the abdominal cavity outside the pelvis. Not only can abdominal lumps and tumours generally be explored with great ease by such an examination, but it is also possible to detect an amount of peritoneal thickening which would escape the most careful abdominal examination conducted in the ordinary way. In the healthy abdomen, the finger in the rectum and those on the abdominal wall should be separated by what appears to be the thickness of the abdominal wall merely, but when there is peritoneal exudation the separation of the examining fingers is often found to be more than that; thus, in the same case, one part of the abdomen may be found normal and another appreciably thickened. Comparison here comes in useful. Before such an examination is undertaken an enema should be given, the bowel cleared of its contents, and the bladder emptied; this will facilitate examination and prevent errors in diagnosis. Difficulties not infrequently occur in differentiating tuberculous conditions from other abdominal diseases. Thus a boy, *æt.* 14, was suddenly seized with pain in the abdomen, seventeen days previously, thought to be due to eating a holly-berry. For seven days and nights he suffered from pain and vomiting, and on the third day he passed a "pint of dark blood" by the bowel, and blood appeared in his stools for two succeeding days. He had a daily evacuation of the bowels until within two days of his attendance at the

hospital. He was losing flesh very rapidly. When seen he was pale, emaciated and evidently ill. The abdomen was easily manipulated. About two fingers' breadth above the umbilicus a resistant sausage-like tumour, a trifle tender on pressure, extended transversely across the abdomen. A simple soap enema was administered, and this brought away formed fæcal masses, but no blood. A rectal examination revealed nothing abnormal. His organs were healthy. For a fortnight he passed natural motions, and was for the most part free from pain. The tumour was then not so hard, or so distinctly rounded. He was emaciating. For another period of fourteen days he was occasionally sick and abdominal pains were a variable feature. His bowels acted regularly after enemata. In two or three days from then acute symptoms supervened, and it was thought necessary to perform laparotomy. An ileo-colic intussusception was found, which was reduced, but he died within a few hours. Intussusception was suspected at the time he first came under notice, but this was negated on the following grounds:—(1) the emaciation, (2) the flaccidness of the abdomen; (3) the passage of formed fæces; (4) the situation of the tumour; and the absence in it of contractions, which were carefully sought. The suspicious feature of the case was the passage of such a quantity of blood; blood in the stools is not common with tuberculous intestinal ulceration.

A girl, *æt.* 3½, who was suffering from whooping-cough and broncho-pneumonia, made satisfactory progress in regard to her illness during a period of three weeks. Then she complained of abdominal pain; she was slightly sick at times, and retched continually. Her legs were drawn up, and her face was pale. She had not passed a motion for two days, but on the day following the attack she had a slight action of the bowels attended by abdominal pain. An abdominal examination revealed a collection of several rounded masses in the abdomen, manipulation of which caused a little pain. The abdomen was perfectly flaccid. The mass was chiefly centred round the umbilical region, its lower limit being the last lumbar vertebra, and its upper was bounded by the top of the umbilical region. The tumour was semi-elastic and gave the impression of enlarged mesenteric glands. She suffered greatly from abdominal pain, and frequently vomited, but passed neither blood nor mucus by the bowel. The tumour was free from intestinal contractions. She was collapsed and lay on her back with her legs drawn up. After a rectal examination she passed a loose motion associated with some formed material. Abdominal section was performed. She had an intussusception which was limited to the small intestine. She died half an hour after the operation. In this case the acuteness of the onset, the sickness, the great abdominal pain, and the collapse were unlike tuberculous peritonitis, though the physical signs were in favour of it. Take another illustration. An infant boy, *æt.* 11 weeks, was sent to me with the following history: Since three weeks of age he had not passed anything solid from the rectum, only black fluid which was very offensive, and there had been frequent vomiting of what was stated to be fæcal matter. A fortnight before I saw him he had three fits. He was a pale-faced, poorly-nourished, weakly-looking infant, with a distended abdomen over which the cutaneous veins were very pronounced. Abdominal palpation did not afford any information so I made a rectal exploration. Situated in the right inguinal, hypogastric, and umbilical regions was a freely-movable, smooth, oval tumour, from three to four inches long and from one and a half to two inches broad, and roughly estimated about the size of a kidney—indeed, there was some suspicion as to the presence of a hiium, though I could not be certain about that. The kidneys could be felt in their normal positions. A sense of fluctuation in the tumour could not be appreciated with absolute certainty. Several enlarged glands varying in size from a pea to an almond, were felt about it, and one was behind it. Attached to it were some small nodules. To the right of the tumour the intestines felt contracted and empty rather than infiltrated with inflammatory material. Was it a tuberculous abscess? The enlarged glands were certainly sus-

picuous. An abdominal section was performed, and the tumour was found to be a mesenteric cyst firmly attached to the intestine. Two ounces of fluid were drawn from it, which contained white and red blood-corpuscles and one-twenty-fourth of albumin. Several supposed tuberculous glands were also found in the mesentery at the time of operation; but the child died, and, on post-mortem examination, the glands were found not to be tuberculous. Here is another interesting case: A boy, *æ*t. 2, who was brought to the Evelina Hospital for whooping-cough was found to have broncho-pneumonia and an abdominal tumour. A combined rectal and bimanual examination led me to form the opinion that the abdominal tumour was a horse-shoe kidney, and the child was admitted into the wards with that diagnosis. There, those in charge were equally positive it was a case of tuberculous peritonitis. The child subsequently died, and the original diagnosis was then proved to be correct. Abdominal malignant disease offers considerable difficulties to diagnosis. In malignant disease there is the same rolling-up of the omentum when this part is attacked, and tumours, similar to the touch to those met with in abdominal tuberculosis, may be felt through the abdominal walls. A girl, *æ*t. 3½, had been ailing for three months, and three weeks before she was examined her abdomen began to swell. On examination it was enlarged, measured twenty-one inches at the umbilicus, and was dull in the flanks. This dullness did not shift on change of posture. Large blue veins coursed over its parietes, which were flaccid. Lumps were detected chiefly on the right side, and here and there was a rounded and nodular mass which was situated in the right inguinal region. In the right nipple line, some little distance below the costal margin, was another rounded mass. These rounded tumours were united by ill-defined thickening. In the left iliac fossa there was a tumour the size of a walnut, which was thought to be the ovary. Behind, half an inch below the twelfth rib on either side, could be felt smooth rounded masses which were considered to be the lower ends of the kidneys. Her feet and legs were œdematous; the urine was normal. She was under treatment sixty-two days, and finally died of exhaustion. At the necropsy a tumour was detected as described arising from the right iliac fossa. The intestines were turned aside. The lower mass was found to involve the cæcum; it formed a distinct tumour there, and at the same time diffused into the adjoining mesentery. It bound down several coils of intestine, and one especially thick deposit passed towards the rectum. The upper swelling was a round, well-defined growth of the size of a small orange, situated in the mesentery adjoining the intestinal growth. The left ovary was replaced by new growth. A new growth the size of a broad bean was found in the wall of the right ventricle. The tumours were small, round-celled sarcomata. Recto-peritoneal sarcomata may also occasion difficulties, and I recently published in the "Reports" a case of suprarenal sarcoma ("A Case of Suprarenal Sarcoma," by George Carpenter, M.D., vol. II., pp. 69-73), with implication of the mesenteric glands, which could not be distinguished clinically from tuberculous peritonitis, save that it did not react to tuberculin. Further vaginal polypi (sarcomata), of which there are some few cases on record, with secondary implication of the pelvic organs and their neighbourhood, must be borne in mind.

There are cases of simple effusion into the peritoneum, no doubt, allied to the similar conditions which occur in the pleural cavities, though I cannot call to mind, in a very large acquaintance with simple pleural effusions an instance of ascites which was associated with pleural effusion. I have seen purulent peritonitis, associated with empyema, which was non-tuberculous and also simple purulent inflammation of the peritoneum, apart from empyema, of which the following case is an example:—A male infant, *æ*t. 11 months, attended at Evelina Hospital with the following history. He had suffered for fourteen days from severe abdominal pains accompanied by nausea and vomiting, and he had lost flesh. There was a remote history of consumption on the maternal side. When seen he was pale, but fairly

nourished. The abdomen was distended and prominent. Around the umbilicus was a well marked local projection which was reddened, tender to the touch, and considerably indurated. There was dullness in the umbilical, left inguinal and lumbar regions, but no fluid thrill could be obtained. The following week there was no material change, though if anything the abdomen was not quite so swollen. About a fortnight later pus appeared at the navel, and he then developed a faecal fistula, large loose yellow motions mixed with pus passing from it. He subsequently died. On opening the abdomen a large abscess cavity was seen, mostly situated to the left of the umbilicus, and stretching across the middle line to the right iliac fossa. Beneath this lay many coils of intestine, which were not matted together. On slitting up the intestines, the mucous membrane immediately surrounding a perforation which led into the abscess cavity from the upper part of the ileum was found to be perfectly healthy. The abscess evidently opened into the bowel. The organs were healthy.

I have also notes of a case of non-tuberculous peritonitis in a boy, *æ*t. 7, who, after many months of illness, associated with abdominal abscesses, which cropped up in various situations, finally made a good recovery, and has now reached a healthy adolescence.

There are other abdominal conditions which may occasionally give rise to a mistaken diagnosis. In young children the urachus and obliterated umbilical vein may be felt through the abdominal wall as indurated cords—a knowledge of this will prevent error. Ovarian tumours, cystic, malignant, and dermoids, may also prove puzzling, and rectal exploration should here prove of value. I have diagnosed an ovarian cyst with tubal implication in a child, *æ*t. 22 months, and this was verified by a surgical operation.

The full abdomen seen in infants and young children, suffering from gastro-intestinal catarrh may, on inspection, suggest the idea of tuberculous peritonitis, but a rectal exploration should here render valuable assistance and prevent any error in diagnosis. Appendicitis, which is comparatively infrequent in children has to be borne in mind to prevent mistakes; and abdominal hydatids, of which I have seen several examples in children, may occasion difficulties, but the use of the exploring needle should prevent any confusion in that direction.

Treatment.—In all the cases the usual line of treatment was adopted, and cod-liver oil, maltine, careful dieting, and rest in bed, formed the chief measures, and when the child could undertake the journey it was sent to a convalescent home in the country. Many drugs were used, chiefly arsenic, chloride of calcium, and the hypophosphites of sodium, but in several of the cases hypodermic injections of perchloride of mercury (one-thirtieth of a grain) were administered once a day, and some benefit did appear to be derived from these administrations. This treatment produced cutaneous indurations, but suppuration did not occur. Local mercurial applications, in one form or another, to the abdomen were adopted in nearly all cases. The bowels were kept relieved by enemata. Abdominal pains were treated by Dover's powder in doses of four grains or so three or more times daily for a child of five years, and so on in proportion, according to the amount of pain and the effect produced. My experience of abdominal section for this complaint has not been large, but from what I have seen I do not think it has any advantage over milder measures, and I have not been favourably impressed by it. Three cases of mine treated in this way developed a faecal fistula at the cicatrices, and faecal fistula at the umbilical cicatrix in my experience has been a rarity in children that I have medically treated. Abdominal section for the free drainage of a tuberculous abdominal abscess is, I take it, good practice; but abdominal section for tuberculous ascites is another matter. Tuberculous ascites recovers by the older-fashioned methods of rest in bed, mercurial inunction, and so forth, and inasmuch as it is not easy to see in what respect such extensive surgical treatment differs materially from the much milder form

of it in the shape of paracentesis abdominis, I prefer, when the belly is distended with fluid, to use Southey's trocar and cannula, and repeat the application when necessary.

Of fifty-four cases into whose subsequent history I made inquiries, nineteen died, ten are recorded as having recovered, sixteen improved while under treatment, and the fate of nine of them was not known. From this it would appear that tuberculous peritonitis is not infrequently cured, and perhaps more often resolves than any other form of tuberculosis; nevertheless, it must be looked upon as a very fatal disease. Treatment should rather be directed to preventive measures than to therapeutic, for at present there is more hope to be derived from the exercise of the former than by the use of the latter. In this respect the separation of the young from phthisical and tuberculous patients, a more efficient control of the milk and food supply, and the provision of a more healthy environment will occur to the minds of all.

A PERFECTED METHOD OF CHLOROFORM ADMINISTRATION. (a)

By MR. A. VERNON HARCOURT, F.R.S.

DURING many years past I have been concerned with the measurement of light, and to provide a standard light for this purpose I have used a volatile hydrocarbon, which is called pentane, as being the fifth member of the series of paraffins. In dealing with this liquid I have accidentally inhaled some of its vapour, and observed that it produced sensations similar to those caused by the inhalation of small quantities of chloroform. Since the substance is readily obtained in a nearly pure condition, it is little liable to chemical change, and is almost insoluble in water, it occurred to me that it might be serviceable as an anæsthetic. With the co-operation of Professor Gotch, the trial of its physiological properties was made by giving white rats a mixture of air and pentane to breathe. Anæsthesia was readily produced, but it was preceded by a period of excitement; the proportion of vapour to air required was rather large, involving a course of corresponding diminution in the proportion of oxygen, and recovery was slow and uncertain. The results of our inquiry formed the subject of a paper read by Professor Gotch in the Physiological Society in 1895. To form a judgment of the effects of pentane upon rats as compared with those of another anæsthetic, chloroform was administered in the same manner, and I may confess to having been a little disappointed when it appeared that chloroform was the better anæsthetic of the two.

In making these experiments it seemed desirable to find some means of regulating the proportion of air and anæsthetising gas, and of determining what the proportion was. Confining myself now to the case of chloroform, I tried a method of determination depending upon the action of a hot alcoholic solution of potash. The results were approximately right—about 95 per cent. of the chloroform, of which a weighed quantity had been brought into a flask filled with air, was represented by potassium chloride in the solution. But whatever care was taken the result was always a little too low, and I therefore sought and succeeded in finding a better method.

When a platinum wire is heated to bright redness by the passage of an electric current in a mixture of air, chloroform and steam, the chloroform is burnt on the surface of the platinum by the oxygen in the air, and the chlorine, which is probably formed in the first instance, reacts, also under the influence of the heated wire, with the steam forming hydrochloric acid and oxygen.

(a) Read at the meeting of the Society of Anæsthetists, March, 1903.

A small quantity of water placed in the flask containing the mixture of air and chloroform serves both to supply steam when the bottom of the glass is heated, and to dissolve the hydrochloric acid which is formed. After twenty minutes the operation is completed, and it remains only to determine the amount of hydrochloric acid in the flask, which may be done by means of a standard solution either of silver nitrate or of alkali. A full account of this method, and the record of the testings with weighed amounts of chloroform, by which its trustworthiness was established, is given in the "Transactions of the Chemical Society for 1899."

In the same paper there is also described a method for charging a current of air with a proportion of chloroform vapour, which might be fixed at any desired limit. This method consisted in sending a stream of air through a mixture of alcohol and chloroform and then through water. If the mixture contains only a small proportion of chloroform, then but little chloroform evaporates into and mixes with the air if the proportion of chloroform in the liquid is larger the amount that evaporates is larger also. By passing the mixture of air with the vapours of alcohol and chloroform through or over water the alcohol is removed, and only air and chloroform pass on in a proportion determined by that of chloroform and alcohol in the liquid mixture. That the liquid used for diluting chloroform in order to diminish its rate of evaporation should be itself volatile is advantageous, since, when the quantity of both liquids diminishes as evaporation proceeds, the composition of the mixture remains more nearly constant than if only one was evaporating.

After writing this paper it occurred to me that a method might be made on the same principle for the administration of chloroform as an anæsthetic. In order to provide for its administration in sufficient quantity, and with a minimum respiratory effort, I changed the form of the apparatus.

If air travels over a liquid for a sufficient distance saturation is complete, and the resistance is far less than if the air bubbles through. I had found by trial of various proportions that a mixture of eighty parts of alcohol by weight with twenty of chloroform yields, when air is passed over it, a mixture of ninety-eight volumes of air with two of chloroform vapour. I had found, and subsequent experience has confirmed the conclusion, that 2 per cent. of chloroform is the maximum amount ever required in producing anæsthesia. To reduce this proportion to any smaller proportion that may be desired I made an arrangement of stop-cock and valves, by which the 2 per cent. mixture may be diluted to any amount with pure air, a pointer moving on a scale indicating the percentage thus produced.

This apparatus was tried at the Oxford Infirmary by Mr. Parker, a surgeon who had had large experience of anæsthetics during the South African War. The tank filled with water, which holds the two boxes containing respectively alcohol mixed with chloroform and water, was supported on a staging beneath the trolley on which the patient lay, and the face-piece was connected with the outlet of the apparatus by caoutchouc tubing.

The management of the amount of chloroform administered presented no difficulty, and the result was satisfactory, but Mr. Parker represented to me that for ordinary medical use a portable apparatus was necessary. For this purpose the limitation of chloroform by dilution had to be given up, and I substituted for it a limitation of the surface of chloroform from which evaporation takes place. After trying vessels of various size, I found that air passed at the ordinary rate of human respiration through the upper part of the bottle containing chloroform, whose diameter was about $1\frac{1}{2}$ in., took up 2 per cent. of chloroform. This proportion does not vary as might be expected with the rate at which air is drawn through. When the air enters the bottle slowly it passes from inlet to outlet without complete admixture with the air and chloroform lying over the surface of the liquid, and thus a

smaller quantity of air is mixed with a smaller quantity of chloroform. On the other hand, when air enters more rapidly it blows upon the surface of the liquid and causes more rapid evaporation, and thus a larger quantity of chloroform.

▶ The original instrument had the form of a straight stem to which the face-piece was attached, with branches connecting through a stop-cock with this stem, and at their other end with two valve-chambers, one opening into the air, the other attached to a small Woolfe's bottle holding chloroform. The handle of the stop-cock terminated in a pointer moving on a divided arc. According to the position the stem was connected either with one branch or the other, or partly with both. A prolongation of the stem upwards ended in another valve-chamber which allowed passage to expired, but not to inspired air.

Since the amount of evaporation depends not only on the area of liquid from which evaporation is taking place, but also upon the temperature of the liquid, the operator must be provided with some ready way of observing temperature. A thermometer cannot be read very quickly, and its insertion would require the provision of a third tubule. Specific gravity bulbs are easily seen and answer the purpose well, since the density of chloroform changes rapidly with its temperature.

By providing two bulbs, one of which is between floating and sinking when the temperature of the chloroform is 15° C. (59° F.), and the other when the temperature is 12.5° C. (54.5° F.), and placing these in the bottle with the chloroform, it can be seen whether the temperature is above 15°, for then both bulbs sink, or below 12.5°, for then both bulbs float. The temperature should be maintained, so far as is possible, between those temperatures, and when this is so, one bulb is floating and the other sunk.

Since anaesthetising and operating rooms are kept at much higher temperatures than 59° F., I used at first bulbs which were adjusted for several degrees higher; but the cooling of the chloroform by evaporation is so great that frequent applications of the hand to the bottle were needed to maintain the higher temperature. Also the proportion of chloroform with a bottle of the size I used was, at a higher temperature, rather more than 2 per cent.

I have made several other changes in this inhaler, to which I propose to give the name of chloroform regulator, since I read a paper on the subject to the Royal Society.

To enable the face-piece to be placed in any position, I have divided the stem into two parts by a cross-branch, and have provided each part, as well as the cross-branch, with swivel-joints. The longer piece of caoutchouc tubing connecting the chloroform bottle with one of the valve-chambers, which allowed the bottle to retain a vertical position when the stem was inclined, is now shortened, since the stem can be held upright. The upper valve-chamber has been removed and the valve transferred to the face-piece. This has the advantage of making expiration easier, and limiting it to the face-piece, so that none of the patient's breath passes into the body of the instrument. The bottle has been made slightly conical, enlarging downwards. As the chloroform evaporates the interval between the surface and the air-inlet necessarily increases, and this is balanced by an increase of area.

The valve consists of discs of celluloid held in position by a short neck or continuous strip of the same material, the end of which is fastened down. By cutting this neck of a suitable width, the spring, which holds down the disc against the tube which it covers, may be made just sufficiently strong to support the weight of the disc in an inverted position.

The movement of these valves gives useful information. That on the face-piece shows clearly whether respiration is full or regular, those connected with the two branches show, by the height to which they are raised, how much of the 2 per cent. mixture is being inhaled, and with how much air it is being diluted. The proportion is also shown by the position of the

pointer on the divided arc. For example, if it is in the middle, equal quantities are being inhaled of air mixed with 2 per cent. of chloroform and of pure air, that is to say, the mixture being inhaled contains 1 per cent. of chloroform. From any other position of the pointer upon the scale the percentage of chloroform which is being administered can be read off.

I have been present at four or five operations at University College Hospital, and, so far as I could judge or learn afterwards, the assistant to whom the management of the regulator was committed found no difficulty in maintaining the desired degree of anaesthesia. The proportion of chloroform required to produce anaesthesia in from five to ten minutes was, with adults, between 1 and 1.5 per cent., and for its maintenance subsequently between 0.5 and 1 per cent. I think it possible that the actual figures should be lower than these, some uncertainty arising from imperfect fitting or occasional displacement of the mask. But here I am on unfamiliar ground, and I hope an account which will be much more trustworthy of the use of the regulator and its advantages, as compared with other apparatus or methods for administering chloroform, will be given to the Society by its President, to whose encouragement during the past two months I am greatly indebted.

THE VALUE OF ARTHROTOMY IN THE TREATMENT OF CERTAIN JOINT LESIONS. (a)

By P. LOCKHART MUMMERY, F.R.C.S.Eng.

MANY cases of what may be called subacute septic joint lesions follow or occur contemporaneously with septic infections—*e.g.*, influenza, scarlet fever, measles, or pneumonia. Other cases occur after some septic lesion, such as a whitlow, or oral sepsis; and the organism has been demonstrated in the joint fluid. Certain cases known as chronic rheumatism, or rheumatoid arthritis, may be really pyæmic in origin, and comparable with gonorrhœal arthritis. The fineness of the capillaries in the synovial membrane, or some antecedent trauma, may determine the localisation in the joint of organisms circulating in the blood. Drs. Poynton and Paine have produced in rabbits a subacute or chronic arthritis by the intravenous injection of a diplococcus. There are two types of septic arthritis following infection of the blood—the acute and the subacute—sometimes called pyæmic arthritis, but not part of a general pyæmia. The primary focus from which the blood is infected is often insignificant.

Acute septic arthritis is generally the result of direct infection from a wound, and is not common from blood infection, except as part of a general pyæmia. It does occur, however, as in the following case: In one patient, *æt.* 21, who was out of health, a slight abrasion of the finger caused a pustule. Five days later he felt a sudden pain in the left ankle. Four days later he was admitted to hospital, very ill, with a temperature of 102°, and the left ankle much swollen and inflamed, and evidently containing pus. The finger had nearly healed. Incisions were made into the ankle, which was treated with a continuous water-bath. The incisions had to be opened again a week later, and ultimately septicæmia rendered it necessary to amputate. After this the patient recovered. There was no history of traumatism, no previous joint disease, and no general pyæmia. The infection seemed to come from the finger; and

(a) Read before the Harveian Society of London, March 5th, 1903.

earlier opening of the joint would probably have saved the limb. In such cases the occurrence of pus should not be waited for. For although many patients may recover without opening the joint, the risk of delay is infinitely greater than that of early incision. All that is said in favour of early operation in septic lesion of the peritoneum applies with equal, if not greater force to septic joint lesions. It seems to be thought that the best that can be expected in septic joint lesions is a stiff joint. But with early opening, irrigation and draining, the results would be much better.

Subacute septic arthritis may follow sepsis after pregnancy or the acute fevers or gonorrhœa. Treated by rest and lotions these cases show frequent formation of adhesions, or recurring attacks of synovitis; whereas opening the joint and washing it out gives excellent results. The joint lesions are often mistaken for acute rheumatism, but the condition does not react to salicylates. The joints should be opened, adherent lymph removed, the cavity washed out, and the wound closed. The process greatly reduces the time during which the patient is incapacitated, and prevents further damage to the synovial membrane. The patient is usually able to use the joint freely in ten days or a fortnight after the operation.

In gonorrhœal arthritis there is a marked tendency to the formation of adhesions, and recovery is very slow. But, with opening and washing out the joints, especially if done early, the disease usually rapidly subsides.

In the more chronic cases of septic joint, massage and movement should first be tried. If unsuccessful, arthrotomy should be performed, and the joint irrigated. In many cases in which firm fibrous adhesions have formed, opening the joint and dividing the toughest bands is often better treatment than attempting to break down the adhesions by force. Arthrotomy again is the best treatment where hæmorrhage has occurred into a joint as the result of injury.

It is only fair to mention the use of arthrotomy by Dr. O'Connor, of Buenos Ayres, in cases of acute rheumatism. It is claimed that this treatment lessens the duration of the disease, and the liability to cardiac lesions. Dr. O'Connor believes that the joints form the infected foci from which the heart is affected. In this country, where rheumatic fever seems to react to the use of salicylates, it seems difficult to believe that arthrotomy is needed.

With regard to the operation, in the case of the knee-joint, the best incision is a vertical one on the outer side of the joint one and a-half to two inches in length. In this way the scar is less likely to become adherent to the bone. In the ankle-joint a vertical incision should be made just behind the external malleolus. Through the incision the joint fluid is evacuated, some being kept for bacteriological examination. The joint is then thoroughly washed out with sterilised hot water, or saline solution, any adherent lymph being carefully removed. Antiseptic solutions are probably useless, and may injure the synovial membrane. The joint should next be dried with aseptic sponges, and the edges of the wound closed, the edges of the synovial membrane being well approximated. It is often unnecessary to put in a drain, except in acute cases. If drainage is necessary, gauze wicks are best. Tubes are apt to be nipped between the bones, while gauze can be more easily placed in the part of the joint where drainage

is required, and a depressed scar is less likely to result. The gauze can be removed in from twenty-four to forty-eight hours. To drain the knee-joint efficiently the patient should be placed in the prone or the lateral position, so that the incision is at the lowest point. In bad cases of septic arthritis of the knee, where drainage is difficult or the symptoms are not relieved, it is well to expose the joint by dividing the patella transversely. After dealing with the synovial membrane, proper drainage is provided and the patella wired. No splint should be applied, as a slight amount of movement assists drainage. After the wound is dressed firm pressure should be applied by cotton wool to prevent the accumulation of fluid. The joint should be moved daily from the day succeeding the operation, voluntary movement being preferable. Massage may be necessary in the more chronic cases when the muscles have become wasted.

I regard the operation as simple and practically free from risk, the open method being infinitely superior to aspiration. Before closing the wound it is important that all bleeding should be stopped.

The Out-Patient Departments.

TABES DORSALIS WITHOUT ATAXIA.

BY C. H. CATTLE, M.D., M.R.C.P.,

Assistant Physician to the Nottingham General Hospital.

A MAN, *æt.* 49, came with neuralgia in the head and stabbing "lightning pains," not only in the legs but in other parts of the body. He had influenza five years ago. His worst trouble, which has been persistent for the last two years, is a fixed dull pain running round the right half of the body at the level of the twelfth rib, occupying pretty correctly Head's twelfth dorsal area. This is in all probability a "root-pain" due to sclerosis involving the posterior columns in the lumbar enlargement which is, of course, in close proximity with the dorsal portion of the cord. So this symptom, apparently isolated, becomes of importance in diagnosis when taken in connection with some other signs I am just about to mention. It is noticed, for instance, that the left eyelid droops a little and that the eye is not so well opened as the right. Indeed, the patient says that a week or two ago the left eye was still more closed than it now is. Here then is another sign of early tabes, *viz.*, temporary paralysis of one or more of the ocular muscles. Another symptom he mentions, apparently of a casual nature:—Three months ago while at work he was seized with a sudden sharp pain in the abdomen, which culminated in an attack of diarrhœa, the effects of which caused him to lie up for a fortnight. Very likely an "intestinal crisis," we say to ourselves! And indeed the diagnosis is no longer in doubt, for we see the pupils are small (spinal myosis), and do not contract to light, but contract consensually when the patient converges to look at a near object. Finally no amount or degree of tapping avails to procure the knee-jerk.

The patient can, however, stand quite steadily with toes and heels apposed and eyes shut (absence of Romberg's sign); also he walks quite steadily across a room with closed eyes, does not bring his feet down with a slam, or feel as if walking on wool. He made no complaint of vision, but I was particular to notice that the optic discs were quite normal, for I was reminded by a medical man who spoke when the patient was shown at a medical meeting that cases which develop early optic atrophy are late in developing ataxia. Now ataxia depends, to a great extent, upon degeneration of the sensory fibres of the posterior columns of the spinal cord, which chiefly convey impressions of muscular sense, such as position, weight, tension, &c. Absence of ataxia in such a case as this would not negative the opinion that the posterior columns are diseased; it only shows that the sensory path is not, as yet, sufficiently involved to produce the symptom. Cases of tabes are occasionally arrested at any stage, but there is every probability that this man will

eventually become ataxic. He denied ever having had syphilis. There is a strong disposition on the part of our best modern authorities to attribute both tabes and general paralysis to syphilis. Undoubtedly syphilis can be proved in the case of a large majority.

Treatment.—The patient had heard wonderful accounts of the effects of the X-rays and requested to have them. I consented, knowing the obstinate character of the pain (for which he chiefly sought relief), and being aware also that the pain of cancer even, although the disease may not have been otherwise influenced, has been eased by this treatment. The first effect of the X-rays was to give great relief, perhaps partly owing to mental influence, just as a few years ago we used to read glowing reports of improvement after "suspension." But within a month the pain was as bad as ever. A second month of treatment was advised, during which an X-ray burn or "reaction" occurred. By this is meant an inflamed, reddened and discharging surface, in this case as large as the hand, on the patient's flank. The effect is very similar to that caused by blistering, and the man said it had given him more relief than anything. I have not seen him since, but have heard that he still has the pain, though it is not so severe.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 13, 1903.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

MR. T. S. ELLIS (Gloucester) read a paper
ON SKIN-SLIDING

as a means for preventing and for removing cicatricial deformity.

The process of skin-sliding or stretching was devised by the author in the belief that when the skin in the neighbourhood of a cicatrizing wound is made to slide freely and all adhesion of the cicatrix at the margin of the wound to the tissues beneath is prevented, the contraction of the cicatrix, acting on the skin, will draw it towards and over the area of the wound, interstitial growth in the extended skin compensating for the extension it has undergone. Lantern slides were shown of a case of severe burns involving destruction of both ears and of the whole of the integuments from a line across both cheeks and above the chin down to one just above the clavicles. Here the principle had been applied, but only to the lower margin of the neck wound. At the daily dressing the skin was picked up at and below the margin of the wound with the finger and thumb and gently drawn outwards. The wound healed along the line of the lower jaw, the neck being covered with normal skin, having a very sharply defined margin, while above, on the upper side of the same wound, where healing had been allowed to proceed without disturbance, large masses of keloid extended up the cheeks. Keloid also formed on the other wounds. A tattoo-mark is now at a much greater distance from the margin of the skin than when it was first made. This and a similar change sometimes seen in the position of stitch-marks is suggestive of growth at and from the margin of the skin towards the wound, even if there be also interstitial growth in the skin at a distance. Moreover, if an attempt be made to cover a granulating wound with skin derived from the margin, and this margin consists of skin mixed up with old cicatrix tissue the result is a failure. If the supply of new skin were entirely due to the traction influence of the cicatrix with interstitial growth in the skin at a distance, then presumably the traction influence would be the same whether the marginal skin were free from cicatrix tissue or not. On the other hand it is easy to imagine that the difference would be material if there be really growth at the margin. The keloid on the face has been partially removed by excision, and when the skin has been persistently stretched by the use of cicatrix calipers and by drawing it outwards with the hand, compelling it to freely slide, any remaining scar tissue can, if necessary, be excised. Then even in an extended

position, there will be no tension on the cicatrix which, being in a line of folding when the skin is relaxed, will have the full benefit of complete coaptation in the position of rest. Thus a minimum of scar may be predicted. For the effacement of a cicatrix of any kind not only is the attainment of freedom from attachment indicated, but also such mobility and such redundancy of skin around it as shall, for a time, give freedom from even the small degree of tension to which, under ordinary conditions of skin, the cicatrix would be liable. This indication may often be completely fulfilled by persistently sliding the adjacent skin towards the cicatrix and using the skin (made redundant) as a handle wherewith to lift the cicatrix from its attachment.

Mr. BARKER referred to a valuable report which had been published in their "Transactions" on the behaviour of keloid, in which it was pointed out that keloid sometimes underwent spontaneous cure. He mentioned a case of his own in which skin grafts had been followed by such rapid growth of keloid that it was thought to be sarcoma, though the subsequent history showed that this was not the case. Obviously, however, they required to know more about the natural history of keloid before they could safely accept any alleged curative action thereon.

Dr. W. H. B. BROOK asked what was the exact manner of picking up the skin and for what period of time daily it had to be picked up.

Mr. ELLIS, in reply, said that in the interval that elapsed before keloid disappeared the skin around it had time to develop. In his mind the whole question was whether the skin around had become freely movable. All that was required was to pick up the skin with the finger and thumb for a minute or two daily.

Dr. W. H. B. BROOK, Surgeon to the Lincoln County Hospital, showed a case of

TOTAL PARAPLEGIA DUE TO CARIES OF THE MID-DORSAL VERTEBRÆ, FOR WHICH THE OPERATION OF COSTO-TRANSVERSECTOMY WAS PERFORMED WITH COMPLETE RECOVERY.

Arthur A—, a clerk, æt. 17, was admitted into the Lincoln County Hospital on September 22nd, 1902, suffering from angular curvature of the spine of one year's duration, for which he had worn a plaster jacket. During the previous four weeks he had gradually increasing loss of power in his legs, with incontinence of urine. When admitted he presented well-marked angular curvature, the sixth and seventh spinous processes being the most prominent. There was no tenderness, nor were there any signs of any collection of pus. There was well-marked girdle sensation at the level of the epigastrium, with great impairment of sensation below this level. The legs could be moved but not well; the knee-jerks were exaggerated, and there was incontinence of urine. For six weeks he was treated by extension applied to each leg, but his condition became steadily worse, the paraplegia becoming complete, with incontinence of urine and feces, and the appearance of bedsores in spite of the greatest care. A skiagraph showed blurring in the region of the seventh and eighth dorsal vertebrae, confirming the diagnosis that tuberculous matter was present. On November 8th, the operation of costo-transversectomy was performed, the right transverse process of the eighth dorsal vertebra being cut down upon and removed together with the head and neck of the eighth rib, so that access was obtained to the seat of the disease, and the broken down bodies of the vertebrae were carefully scraped away with a specially designed curved sharp spoon, care being taken not to wound the dura mater or the pleura. The wound was drained, injected with iodoform emulsion containing 1.40 carbolic acid, and tightly packed with iodoform gauze. The extension was continued. Sensation began to return on the following day, and movement on the day after. At the end of three weeks sensation was perfect and movement good, but it was seven weeks before the patient regained perfect control over the bladder and rectum. The drainage-tube was discontinued on January 8th, the wound was healed by January 25th, and on February 15th the patient was able to sit up, after having been fitted with a steel spinal support. He is now able to walk quite well.

Mr. JACKSON CLARKE showed the skiagram of a lady, *æt.* 47, seen in consultation eighteen months ago, when she complained of girdle pain followed by paraplegia and sensory and motor paralysis. They decided to perform laminectomy, but after doing so, in passing the aneurysm needle backwards, he opened up an abscess cavity, which he evacuated and washed out. Muscular power subsequently gradually returned. Six months later an abscess formed under the lateral scar, which was opened and left an aseptic sinus. He thought an abscess in this situation could best be opened by a lateral incision, and he admitted that they might have dispensed with the laminectomy. He also referred to several other cases in which he had operated in this way. Keetley's method of trephining was, he thought, dangerous, in that it exposed the cord to serious risk of damage.

Dr. BROOK, in reply, said that on the whole he preferred straight spoons to curved ones.

Mr. STEPHEN PAGET read a paper on TWO CASES OF PROLAPSE OF THE BOWEL, AND A CASE OF PROLAPSE OF THE UTERUS TREATED BY THE INJECTION OF PARAFFIN UNDER THE MUCOUS MEMBRANE.

The first case was that of a man, *æt.* 65, who in 1897 had undergone excision of the rectum for cancer. Ever since the operation he had suffered from prolapse of the bowel with loss of control, and had been compelled to wear a rectal plug. On January 15th paraffin was injected into the prolapse, forming two hard round nodules under the mucous membrane, so that the opening into the bowel was closed by a sort of valve. Since then there has been no prolapse; the patient had left off his plug and had kept perfectly clean. The second case was that of a patient of Dr. E. Lycett Burd, of Shrewsbury. She was *æt.* 70, and had suffered prolapse of the bowel for twenty-two years, and had undergone five operations. Prolapse occurred on the very least effort, and if the motions were loose she had no control over them. On February 15th paraffin was injected under the mucous membrane, forming a hard collar round more than half of the bowel: this produced a great improvement, but there was still a very slight prolapse at times. On March 1st a second injection was made, and the opening into the bowel was also narrowed by Mayo Robson's incision and suture. This second operation was followed by some severe pain, but no prolapse has occurred since it was done. The third case was that of a woman, *æt.* 63, who for twenty-eight years had suffered prolapse of the uterus. An operation (? Alexander's operation) had been performed fourteen years ago. The prolapse now occurred even when she was in bed, if she only coughed or turned over. By day she supported it with a napkin. The vagina was so greatly dilated that it would not retain a pessary, and there was complete prolapse of both walls and of the cervix, which was greatly enlarged. On February 25th paraffin was injected in various directions under the mucous membrane of the vagina, mostly in the posterior wall, and under the mucous membrane of the cervix. Since this injection she has had no prolapse, not even when she has strained at the closet, or has borne down forcibly in the erect posture. The cervix is high up, both walls of the vagina are indurated, and the recto-vaginal septum is about half an inch in thickness. Mr. Paget said that he brought these cases thus early before the Society because he felt sure, from his experience of the use of paraffin in forty cases of sunken nose, that the good results in these cases of prolapse would be well maintained. If it were at any time necessary to add a little more paraffin this could easily be done.

Mr. BARKER mentioned one case of prolapse in which he had adopted this method for incontinence with complete success. He used a mixture of soft paraffin and olive oil.

Dr. ROBINSON confirmed the excellent result obtained in the author's third case, but suggested that the operation would hardly be suitable in a woman who was still capable of child-bearing, and in view of the narrowing of the vagina it might conceivably interfere with coitus.

Mr. PAGET, in reply, said it would be necessary for him to go thoroughly into the history of the operation in

order to find out exactly what the risks were in regard to embolism. Two cases had been reported, but under circumstances which obviated any surprise at the occurrence. He protested that his experience of the method in this connection had been very small and the results were necessarily very uncertain although so far in favour of the operation.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, MARCH 5TH, 1903.

The President, DR. W. WINSLOW HALL in the Chair.

MR. P. LOCKHART MUMMERY read a paper on "Arthrotomy in the Treatment of Certain Joint Lesions," an abstract of which will be found on page 266.

Mr. PHELPS, having worked for the last three years with Dr. O'Connor, was able to speak very favourably of arthrotomy and irrigation in septic and gonorrhœal arthritis. As regards the treatment of acute rheumatism by arthrotomy, doubt has been thrown on the nature of Dr. O'Connor's cases; but Mr. Phelps could only say that those he saw presented all the clinical features of the disease. They appeared, however, to be less influenced by salicylates than cases in England. The amelioration of constitutional symptoms following the disease was very marked, and the patient was usually able to leave the hospital within fourteen days. In no case had a recrudescence of the disease or endocarditis occurred. Of course, it would be absurd to treat every patient, especially children, by arthrotomy; but there occur cases in which the disease for a time is localised in a few joints, especially those of the lower limbs. In these cases the treatment is well worth consideration.

Dr. SYDNEY PHILLIPS said that it was never claimed that salicylates absolutely prevented cardiac disease; Arthrotomy might; but he had no experience, and therefore no opinion in the matter. As regards septic joints, he thought they were now very rare as a sequel to the infectious diseases. There was, in fact, very little evidence of actual arthritis after the exanthemata. Scarlet fever occurring in patients with joint disease does not affect the course of that disease.

Dr. JOHN BROADBENT inquired what was the age of the patients on whom arthrotomy for acute rheumatism was performed. In adults the joints are usually attacked, while the heart frequently escapes. In children, on the other hand, the heart and pericardium may be repeatedly attacked with little or no obvious affection of the joints. He did not consider it proved that the joint affection invariably precedes cardiac lesions. He would be glad to know if a bacterial examination was made in Dr. O'Connor's cases.

Dr. S. VERE PEARSON had been struck by the number of patients who suffered from acute or subacute arthritis of a doubtful origin. The difficulty at present is to say which cases are suitable for surgical treatment. He considered the exploring syringe useful for withdrawing fluid from the joints for bacterial investigation. He could see little advantage in arthrotomy for acute rheumatism. The type of the disease differed according to locality, and perhaps in Buenos Ayres was more amenable to surgical than to salicylate treatment. He did not believe the heart lesion to be secondary to the arthritis, for there is evidence to show that the endocarditis is present simultaneously with the active synovitis.

Mr. PHELPS replied that in Dr. O'Connor's cases bacteriological examination had unfortunately not been properly carried out.

Mr. LOCKHART MUMMERY had found records of joint lesions after measles and pneumonia, and in some cases of influenza bacteria had been found in the joints. Staphylococci had been found in the majority of septic joints, sometimes associated with other organisms. Aspiration he hardly thought worth while, as an anæsthetic would be required, and the joint might as well be opened. A bacteriological examination of fluid withdrawn from the joint would take time, and prevent the good result of early operation—if the result were waited for.

LARYNGOLOGICAL SOCIETY OF LONDON.
MEETING HELD MARCH 6TH, 1903.

DR. P. MCBRIDE, the President, in the Chair.

DR. A. BRONNER showed a microscopic specimen of columnar-celled carcinoma of the naso-pharynx from a case which had been under observation for four and a half years.

Sir FELIX SEMON remarked that it was a well-known experience that malignant disease in the nose and naso-pharynx usually pursued a slow course.

Dr. W. H. KELSON showed (1) a man showing dislocation of the bones of nose due to polypi, and (2) bleeding polypus in a girl, with microscopic section.

Dr. H. TILLEY showed a case illustrating the result of operative treatment of adhesion of the soft palate to the posterior pharyngeal wall in tertiary syphilis.

Mr. F. J. STEWARD showed a case of clonic contraction of the palate, adductors of the vocal cords and certain other muscles. The patient had a staggering, reeling gait and slightly increased knee and patellar reflexes, but no other signs indicative of lesion of the nervous system.

Sir FELIX SEMON considered the gait was not typically tabetic, and suggested the probability of cerebellar tumour.

Mr. CRESSWELL BABER showed (1) a tumour of vestibule from a woman, æt. 26, with microscopic section, and (2) a tongue depressor for exposing the tonsil.

Dr. D. VINRACE showed a case of lupus (?) of nose and face in a woman, æt. about 60.

The case was discussed by Drs. Fitzgerald Powell, Wm. Hill, Dundas Grant, and Mr. F. H. Westmacott.

The PRESIDENT showed a case of anosmia in a man, æt. 39, who had lost the sense of smell in the beginning of 1901, with a view of obtaining opinions as to diagnosis and also for suggestions as to treatment. The principal feature of interest in the case was the intermittent character of the anosmia.

The case was discussed by Mr. Baber, Drs. de Havilland Hall, D. Grant, J. Donelan, L. H. Pegler, and P. Watson Williams.

Dr. H. L. LACK showed various microscopic specimens and the case of a man (shown at the January meeting) who was suffering from spastic aphonia affecting the speaking, but not the singing voice. He had now completely recovered his power of speech.

Dr. T. DONELAN showed a case of perforation of the nasal septum (? trauma or syphilis).

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

GENERAL MEETING HELD MARCH 2ND, 1903.

DR. URBAN PRITCHARD in the Chair.

RESUMED discussion on
TUBERCULOSIS OF THE EAR, NOSE, AND NASO-PHARYNX.
(See MEDICAL PRESS, February 25th, 1903, pages 192-3.)

Mr. RICHARD LAKE described two cases in which, although there was well-marked tuberculous disease of the tympanum and aural accessory centres, yet the pus which flowed down the Eustachian tube had not infected the larynx. He thought that cases of tubercle of the middle ear coming on during pulmonary tuberculosis were far commoner in this country than on the Continent. He would not advise grafting after operating upon a mastoid for tuberculous disease because of the risk of shutting in tubercular granulations.

Dr. DUNDAS GRANT quoted a case showing how insidious may be the origin of tuberculous disease of the middle ear, even in a very robust-looking individual. The case was probably one of direct infection from a female suffering from advanced tuberculosis of the lungs. He warned against the idea that all cases of sudden discharge not preceded by pain were of tuberculous origin. He favoured operating by stages in the case of advanced tuberculous ear disease occurring in an otherwise tuberculous subject.

Mr. C. H. FAGGE thought that many of the large sequestra which had been brought before the Society were tuberculous.

Replying to the discussion, Dr. Wingrave said that the difficulty of finding tubercle bacilli in aural discharges was often due to the thoroughness of local treatment. He discussed the origin of their acid-fast property. He had only found tuberculous lesions in 1% of many adenoid growths which he had examined, but tubercle bacilli were present in greater proportion on the surface of these growths. Strong evidence of direct infection of the middle ear by way of the Eustachian tube was also adduced. The extensive mastoid necrosis in children was not surprising owing to the late development of the air cells in that process, while the proclivity of the stapes to tuberculous disease was possibly due to its peculiar development round the stapedial artery and its later ossification compared with that of the other ossicles. Cases were quoted showing the excellent results following combined local and constitutional treatment.

In reply, Dr. JOBSON HORNE still maintained that the absence of pain in many tuberculous cases of ear disease was due to the chemical action of micro-organisms. Mr. Ballance had also upheld the view that in primary tuberculosis of the ear it was better to remove the infected glands first, and later, having thus localised the disease, to attack the bone lesion. Dr. Whitehead had shown from his hospital statistics that in the primary cases, death was commonly due to meningitis. Dr. Horne, referring to bovine tuberculosis as a cause of bone tuberculosis in man, said that he thought it would eventually be shown that the danger of infection arose solely from already infected human beings. He thought it would be unwise to depend on the sense of smell in the diagnosis of tuberculous ear lesions, however characteristic the factor of the pus might be in these cases.

Dr. MILLIGAN, referring to the question of tuberculous infection of adenoids and their influence upon tuberculosis of the ear, said that an adenoid vegetation might act merely as a culture bed without itself becoming tuberculous at all, and the infection might then pass on to other organs. He thought tuberculous cases should be sent to the southern, as opposed to the northern or eastern, seaside resorts. The discussion had shown that primary tuberculous disease of the ear was more common than had been supposed; and hence the primary focus of the disease should be removed and the whole question of operation should be determined by the general condition of the patient.

Dr. MILLIGAN thought that the finding of tubercle bacilli was of especial value in reference to prognosis in aural tuberculosis. He also advised grafting in tuberculous cases because the disease did not often invade the bone deeply, and it was quite possible to eradicate it in the majority of cases. In his experience the stapes was seldom thrown off as a sequestrum in non-tuberculous cases, the reverse being the case in tuberculous disease.

Dr. C. H. Fagge, Mr. A. H. Cheatle, Dr. Wm. Milligan, Dr. Horne, and Dr. J. Kerr-Love showed other specimens, micro-photographs and skiagrams of tuberculous disease of the middle ear, and the meeting adjourned.

SOCIETY OF ANÆSTHETISTS.

MEETING HELD MARCH 6TH, 1903.

MR. WALTER TYRRELL, President, in the Chair.

MR. A. VERNON HARCOURT, F.R.S., read a paper on his new Chloroform Regulator, which will be found on page 265.

The PRESIDENT, in introducing Mr. Vernon Harcourt, referred to the report of a paper read by the author before the Royal Society on the "Percentage Dosage of Chloroform." Since then he had been invited to become a member of the committee of the British Medical Association on the Dosage of Chloroform, and

had asked that committee to allow him to show his apparatus, and read a paper on the "Percentage Dosage of Chloroform" before the Society of Anæsthetists.

In opening the discussion, the PRESIDENT recalled that half a century ago Dr. Snow had invented an inhaler with two orifices through which the inspiration was made; through one of these the inspired air passed over chloroform, and the other was an inlet for pure air, and by slowly diminishing the size of the latter, more and more of the inspired air passed over the chloroform until the desired anæsthesia was produced. This is exactly what Mr. Harcourt's apparatus did, but nobody before has been able to show approximately what percentage of chloroform was being inhaled at any given moment. Mr. Glover had given them a percentage of chloroform, but without any accurate means of regulating it. Junker's inhaler, with its many modifications (made mostly by members of this Society), and various other methods, all tended towards the desired end of regulating the quantity of vapour inhaled, but it was only now that they had learned what the percentage really was. He gave notes of a few cases in which he had used the instrument. He said that a child, æt. 8 years and 3 months, had been satisfactorily anæsthetised for an elbow operation and glands of the neck without ever exceeding 0.5 per cent. of chloroform. He had had several adult cases, including iridectomy for glaucoma, removal of breast, appendicectomy, &c., which had not required more than 1 per cent., and in no case had any patient of his required the maximum amount or 2 per cent. In one case pallor and failing pulse occurred while using 1.4 per cent., which is an instance of what cannot be too strongly insisted on, viz., that a percentage only sufficient to produce anæsthesia is dangerous to a certain number of individuals. The most striking thing about the administrations was the greatly diminished amount of excitement, in fact, in several cases this was entirely absent.

DR. DUDLEY BUXTON said they had before them that night an actual dosimeter of chloroform. In the apparatus before them they had certainly a means by which they might accurately and definitely know percentages of chloroform. There was one idea they, as practical men, had to dispute, *i.e.*, that a 2 per cent. of chloroform was capable of carrying them through all exigencies. Affairs such as they had to face to-day in the operating theatre were very different from those of fifty years ago. In those days operations which required a death-like stillness were not performed, and absolute quietness of the patient was neither asked nor expected. Not only were they now asked to render the patient anæsthetic, but to push necrosis to such an extent that vitality was distinctly lowered. They were asked to act on the medulla oblongata, and things had to be pushed thus far in order that the surgeon might carry out his operation. They (the anæsthetists) had to do as they were told. He was quite sure that 2 per cent. would not carry them through all operations. Would it not be possible to alter the apparatus in order to provide a 4 per cent. vapour if such were required? The experience he had had with the apparatus had agreeably surprised him, more particularly as he was somewhat averse to new chloroform-regulating inhalers, as so many had been failures. None of them expected to give chloroform with absolute safety, and most of the apparatuses patented had fallen short in some important detail. With Mr. Vernon Harcourt's he had expected to have moderate success, but the success obtained had exceeded his expectations. It produced a quiet anæsthesia, with little or no struggling; the patients had gone under with a low percentage beginning with .5, sometimes .25 per cent. In a case of abdominal section for gastro-enterostomy, where a deep degree of anæsthesia was required, he was unable to produce it, and the surgeon asked him to get the patient more deeply under, but he had failed. That, perhaps, was owing to want of skill, and he was quite ready to be told that he should have tried longer, but in an ordinary hospital this was impossible unless a higher percentage could be obtained. Short of that, he could speak in the

highest terms of the apparatus. It was necessary to be careful of the position of the bottle, but there was no difficulty in warming it with the hand. Up to the present he had no unpleasant experiences, but on that point it was necessary to say a few words. It would be most deplorable if the public thought, and a patient could say, "give me a 2 per cent. and there will be no danger." In giving chloroform at any percentage there was a certain risk; in fact, although the danger might be lessened by using a low percentage, yet there was no absolute immunity. The real action of chloroform was not yet known. There were so many factors to consider that mere percentage dosing was not sufficient to insure safety; for instance, inspiration might be normal but expiration insufficient, and thus the chloroform would accumulate in the system, and the nervous tissues become more and more soaked. There were so many other factors that it was beyond the power of man to say that salvation was in any percentage.

MR. HARVEY HILLIARD observed that he had used the apparatus, and had been very much struck with the quiet way in which anæsthesia had been induced, beginning with .25 per cent. and working up to 1 per cent., which had been sufficient to produce anæsthesia but not to a sufficiently deep degree, and he had had to push on in his first case (which had been the worst and was an abdominal section) to 2 per cent., but this was insufficient to abolish all rigidity. He was working in a temperature of 75° F., but without the specific gravity bulbs, and to try and get a deeper anæsthesia he warmed the bottle, which had only been half filled, with the hand. A little later, however, the boy showing signs of vomiting there was no time to try and deepen the anæsthesia with this apparatus, so he changed to a Skinner, returning to Mr. Vernon Harcourt's apparatus when things were smoother, but with the same result. He agreed with Dr. Dudley Buxton that 2 per cent. was not sufficient to produce a deep enough anæsthesia in all cases, especially some abdominal operations. Mr. Hilliard thought at first that his difficulty was due to the face-piece not fitting, but made sure that it was, for the valves were acting perfectly. Mr. Hilliard also mentioned other cases nearly similar. Induction was perfect in all his cases, four-sixths of which were abdominal, but 2 per cent. anæsthesia was not sufficient to deepen the anæsthesia to dilatation of the pupil, and in one case without warming the bottle he could not abolish the corneal reflex. One most satisfactory case was that of a woman, on whose fœtus craniotomy was performed; anæsthesia was induced and maintained at 1.5 per cent.; the patient remained under satisfactorily except when the head was being crushed, then, however, there was a little straining, and the chloroform bottle had to be filled up to three-quarters and the hand placed round it; this was sufficient to deepen the anæsthesia. The temperature of the room was 60° F. Acting on his experience with the method, the speaker said he now always filled the bottle three-quarters full. In reply to a question by Mr. Norton, Mr. Harvey Hilliard said induction of anæsthesia took about eight minutes. In his first case eight to ten minutes. He considered a slow induction, gradually working up from a low percentage, was best, the induction then being most quiet.

MR. BELFRAGE thought possibly the face-piece and the apparatus might be connected by means of a flexible tube. This would leave the anæsthetist's hands more free.

MR. EASTES wished to know how much liquid chloroform was required to produce a given amount of vapour.

MR. VERNON HARCOURT replied that one volume of liquid chloroform gave 300 volumes at ordinary temperature and pressure.

MR. EASTES remarked that he constantly used Glover's regulating chloroform inhaler, and found it the best apparatus he had ever used. The great advantage was that the measured maximum percentage of vapour was all measured out beforehand, and this, he thought, was better than making your own percentages as the case proceeded.

Dr. McCARDIE being asked for his experience when experimented on with Mr. Harcourt's inhaler, answered that it was short, but pleasant. At first Mr. Dudley Buxton had given him .5 for five minutes, which had had no effect. After an interval of five minutes he had received 1 per cent. : this was very much stronger, so much so that he had lost consciousness in about one and a half minutes. He believed anæsthesia was so deep that conjunctival reflex was abolished. The anæsthesia produced was sufficient for such tests as pinpricks upon his hands, but he did not know if it would be deep enough for abdominal operations. Two per cent. he considered ought to be deep enough for all ordinary operations and for average anæsthesia. But he thought for experts it would be a great advantage if Mr. Harcourt's apparatus could be made to give up to, say, 4 per cent., but for the ordinary medical man it was perhaps an advantage to have the low percentage beyond which he could not go.

Mr. VERNON HARCOURT, in answer to the various questions and suggestions to which his paper had given rise, said, with regard to that about one hand being always employed in raising the temperature, his experience with the bottle was small. He had seen an operation under Mr. Victor Horsley which lasted a full hour. The assistant seemed to have one hand free the whole time, the other feeling the pulse or round the bottle of chloroform. He considered that in the high temperature of a theatre an occasional application of the hand ought to be enough. Certainly something more simple than applying the hand was desirable if it could be found. Concerning the using of more than 2 per cent. he had carefully watched the stop-cock at an operation. The 2 per cent. limit was never reached. He thought that as the common way of giving chloroform was with a loosely-fitting mask, possibly Mr. Hilliard's difficulty to obtain in cases a sufficiently deep anæsthesia was due to his not fitting the face-piece with sufficient accuracy, although the valves might still be working. If only two-thirds of the whole inspiration passed through the apparatus and one-third round the face-piece that would make a very considerable difference in the dose. It is quite easy to increase the percentage of vapour by increasing the size of the bottle. If the cross-section of the bottle were doubled it would give double the percentage of chloroform vapour. In reply to the suggestions of an india-rubber tube, that would be easy, but he was advised to give it up on the ground that the air in the tube would be re-breathed, and that it was best to make the distance as short as possible. There would be no difficulty, if preferred, to have it made so that it stood on a stand, yet these tubes were liable to kink.

Dr. COPESTAKE, of Derby, then showed his apparatus for administering ether, chloroform, or a mixture, and said that the apparatus remained practically the same as that which he described in the year 1900, the only alteration being the substitution of a glass jar to contain hot water to heat the ether when by evaporation it gets too cold, for the less satisfactory method of warming it by the anæsthetist's hand. He also read notes of some 69 cases he had anæsthetised with the apparatus with very satisfactory results. He claimed for the apparatus that the amount of sickness was less than when ether was given in the ordinary way, that the discomfort was less to the patient, and that the consumption of ether was less.

The PRESIDENT asked if gas were given as a preliminary to the ether, and how long it took to induce an anæsthesia.

Dr. COPESTAKE replied that gas was not given and that induction took from eight to ten minutes.

The PRESIDENT remarked that in London they were always in a hurry, and in hospital practice could not spare ten minutes over the induction of each case.

Mr. HARVEY HILLIARD said that he had seen Dr. Copestake use his apparatus that afternoon in one case, and that the result was entirely satisfactory although induction was long.

The meeting then adjourned.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 15th, 1902.

ANOTHER SIGN OF PULMONARY TUBERCULOSIS.

M. FERNET read a paper before the Académie de Médecine on the presence of ganglions in the axilla as a precursory sign of consumption. According to the lung affected the adenopathy was found in right or left axilla, and sometimes in both where the lesions were bilateral.

M. Guérin made an interesting communication on the micro-organism of the air, insisting on the utility of antiseptic sprays in hospital wards, preferring for that purpose oxygen water to every other antiseptic. M. Walther considered that the disinfection of the operating room could be easily effected by vapours of formol, and in order to remove the irritating vapours it sufficed to pour on the ground a little liquid ammoniac.

ÆSTHETIC ABLATION OF OVARIAN CYSTS.

In order to avoid an ugly cicatrix produced by laparotomy executed in the classical way M. Morestin adopted a method in the case of two young patients which gave entire satisfaction.

The patient placed in a slight horizontal position, the operator made a transversal incision on the mons veneris, two and a half inches in length, and over the part covered normally with hair. The skin and cellular tissue being cut through and the upper edge of the pubis brought to view, the upper lip of the incision was dissected from the aponeurosis and raised high enough to render apparent the median white line. At this point the peritoneum was opened and the cyst, pressed forward and downward, bulged in the aperture, whence it was quickly evacuated and finally removed, and the wound closed. Six months after the operation the incision was almost invisible.

According to M. Morestier, the operation was applicable whenever the cyst was mobile or but slightly adherent, as was frequently the case in young patients. There was another advantage derived from the method described, perhaps more important than non-disfiguration, and consisted in the fact that by making the incision in the region of the pubis, the walls of the abdomen were not weakened and eventration was not to be feared.

RICKETS.

Prof. Comby, who is an authority on children's diseases, in speaking on rickets, said that the malady was the natural consequence of prolonged digestive troubles in young children, and was to be met with between the ages of ten months and three years. It first appeared in the articulations, wrist and ankles as a hard osseous swelling, painless, and without any sign of inflammation. They took the form of a bracelet around the joints, and might be considered as precursory signs preceding incurvation but disappearing before that deformity. The incurvations or exaggeration of the natural curves of the bones affected notably the legs; the tibia was bent in different directions, convex in front, flattened at the sides (sword-blade); concavity extreme, with the knees touching each other (genu valgum), and the reverse. The genu valgum was the deformity they most frequently met with. The child rarely walked before two or three years of age.

Rickets of the trunk affected chiefly the sternum, the ribs, and the vertebral column, Lesions of the pelvis were inconstant, but should be borne in mind in the female on account of their effect on gestation. Cephalic rickets consisted in frontal and parietal

bony tumours. The anterior fontanelle widely open in the first months closing late (at two years instead of 15 months) was a very important sign of rickets.

The treatment he employed with the best results was:—

Cod-liver oil, 500 grms. ;
Sal. of lacto-phosphate. of lime 50 p.c., 150 grms. ;
Syrup of lacto-phosphate, 350 grms. ;
Gum adigante, 5 grms. ;
Tincture of cinon., 20 grms. ;
Two to five teaspoonsful a day, or
Oil of sweet almonds, 70 grms. ;
Sugar, 30 grms. ;
Phosphorus, 0.01 grm. ;
Ess. of lemons, 2 drops ;
One teaspoonful a day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 14th, 1903.

At the Medical Society Hr. Levin related a case of
TUBERCLE OF THE KIDNEY.

It was one of pure tubercle of the kidney and bladder with recovery under treatment. The patient had first complained, five years before, of pain in the region of the right kidney. A year later there was tenesmus, desire to micturate so marked that when the patient first came under the speaker's treatment urine had to be passed every ten minutes. The patient weighed 106 lbs., the urine was cloudy, distinctly acid, and contained 20 per cent. albumin, numerous tubercle bacilli, pus cells, but no casts. The right kidney was very much enlarged, easily felt, and tender on pressure. The left kidney was also enlarged. A cystoscopic examination showed ulceration of the bladder, a large ulcer being at the orifice of the right ureter. The case was therefore one of descending grave tuberculosis of the kidney and bladder. The patient was sent to the Jewish Hospital for possible operation, but the surgeon, James Israel, declined this on account of the albuminous urine, and because the condition of the left kidney was doubtful. The speaker then submitted the patient to a course of hygienic dietetic treatment (he had never suffered from fever) and sent him into the country, ordered excessive feeding, local washing out with sublimate solution and creosotic guaiacol injections. The condition had gradually improved, for six weeks the urine had been almost free from albumin, the tubercle bacilli had disappeared from the urine, and inoculation experiments on animals had had negative results. Cystoscopic examination now showed no pathological changes in the bladder. The patient had only to pass urine every two hours, he weighed 131 lbs. and he felt well. Great care was, of course, still necessary. Spontaneous cure in such cases was rare, and had been doubted altogether by some authors.

Hr. Oestreich showed a preparation of
CEREBRAL SYPHILIS.

The disease lay in the left Sylvian fissure of a man, æt. 30. The diagnosis had been made *intra vitam* in the Third Medical Klinik. In the arterial walls, but especially in the external and middle coats, were greyish-yellow foci. In a narrow spot, in the middle of the course of a vessel, not at dividing point, was a small thrombus, also a patch of softening. In the spinal column, discoloration of the cord, no arterial disease, grey infiltration in the arachnoid.

At the meeting of the 16th ult., Hr. Schaedel, of Badenauheim, gave an address on

CHLORIDE OF BARIUM AS A CARDIAC REMEDY.

He said that formerly this drug had been used as a remedy in cardiac cases in place of digitalis, which had

so many drawbacks, but that it since had been forgotten. Lisfranc had recommended it as exercising a tonic effect on the cardiac muscle and on the vessels. It had then, as was often the case with new remedies, been ordered for all sorts of conditions, and it naturally failed, then it was said to be useless. The speaker had experimented with the drug on himself in a horizontal posture, and after a time had noted the pulse frequently and had measured the blood-pressure. The dose given was 0.01 to 0.025 grm., and even 0.08 grm. After a dose of 0.01 grm. no change was noticed. The drug was always taken as a powder, along with some sugar of milk, twice a day, two hours after food, and the effects noted two hours afterwards. When the dose was 0.02 grm. the blood pressure was considerably increased, and the pulse curve showed marked elevation. A similar effect was produced with a dose of 0.05 grm. There were no other after effects. The drug was then tried on patients in the Rostock Clinic in thirteen cases of various forms of heart disease. Here the dose given was 0.02, 0.03, and 0.05 grm. twice or thrice daily. In the case of a woman with mitral insufficiency, with small rapid pulse and low blood-pressure, the latter was distinctly increased, and the pulse became strong and was not slowed. The same effect was produced in the same way two days later. In a second experiment on the same patient the blood-pressure rose as before, the pulse became strong, and the action of the drug was kept up for three days. In a man, æt. 66, with myo degeneration of the heart, a pulse of 72, arrhythmic, œdema of the lips, cyanosis, albumin in the urine, and collapse, so that speedy death was expected, the action of the chloride of barium was striking. After 0.02 the blood-pressure rose, after 0.05 the pulse slowed and the arrhythmia disappeared, the œdema and the cyanosis also disappeared, the appetite became good and only traces of albumin remained in the urine. This patient, who was given up, recovered so as to be able to leave the hospital. In three patients, of ages between 62 and 68, a similar favourable action was noted. In a tailor, æt. 38, with cardiac asthma, the blood-pressure increased to 150 mm. In a case of aneurysm of the aorta, with a blood-pressure of 105 mm. and a pulse of 100, the latter fell after a dose of 0.03 grm. to 78, and the blood-pressure rose to 120. In a man, æt. 20, with mitral insufficiency, the pulse rate also fell with increase of blood-pressure. In a case of nervous tachycardia the pulse became quite normal after a dose of 0.03 grm. Also in a woman with low blood-pressure from great loss of blood, a large rise in blood-pressure took place. He believes that we have in chloride of barium a cardiac remedy far superior to the uncertain digitalis. In reply to a question from Hr. Fraenkel, he said diuresis was increased, and to a question by Aronson he said no effect on the bowels were noted from the small doses employed. The short time at his command had not permitted him to go into the subject more fully on that occasion.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 14th, 1903.

TRANSMISSION OF SYPHILIS.

In further discussing Matzenauer's paper on the transmission of syphilis, Kassowitz said that every mother of a syphilitic child was herself syphilitic, and although no symptoms of the disease may have appeared during the pregnancy, condylomata were frequently observed at a later period. The same might be said when a mother was under specific treatment; a healthy child might be born without any appearance of the disease; thus the immunity of the mother could often be explained by the transmission of the toxin to the child while

the antitoxin product may have acted first on the mother. He was not disposed to disagree with the view of several previous speakers, who held that the early descendants of a syphilitic mother were more severely affected than the subsequent offspring—*i.e.*, the intensity of the poison acts so violently on the generative organs that an abortion is the usual event; the next offspring may be premature, and later the intensity fades away until a healthy child is born. The same is true of the father, who may again induce a fresh infection of the mother and give rise to the same cycle. The peculiarity of this poison is the classical separation of its separate stages or manifestations which gradually diminish in intensity until the disease becomes non-infectious in its tertiary stage, which possibly leads to a great deal of confusion in the carefully observed cases.

Riehl brought forward a female who, thirteen years ago, was infected with syphilis. She had now had six abortions and two healthy children, which he thought might be of interest to those taking part in the discussion that was now going on in this association with so much enthusiasm. One of the healthy children was born before the infection of the mother while her first husband was alive, and the second healthy child by the second husband, who was syphilitic, but the birth was long after she had taken a course of specific treatment. Along with this he showed an eight months child with typical hereditary syphilis in the secondary period—papules and syphilitides. It still had the tertiary remnants, such as saddle nose, &c. This one was born some years before the second healthy child.

GANGRENOUS OPERATION OF THE BOWEL.

Ullman showed tissues taken from a female, who after an abortion had perforation of the uterus, which was followed by gangrene of the mesentery and bowel. Laparotomy was performed, and 16 cms. of mesentery removed, the uterus sewn up, and a large segment of bowel removed.

The parts were then attached to the abdomen till stretching was completed, when a decalcified cylinder was inserted in the bowel and the ends brought together. The patient is now in a fair way to perfect recovery.

Eiselberg said that he had often performed this operation without any decalcified cylinder with excellent results.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, March 13th, 1903.

At the recent meeting of the Royal Hungarian Medical Society, Dr. Pollacsek brought forward a case of
TOTAL BLINDNESS CAUSED BY NECROSIS OF THE
SPHENOIDAL BONE.

Diseases of the sphenoidal bone play a very important rôle in regard to sight, the reason being obvious. The optic nerve, encapsuled in the foramen opticum, is covered with a very thin bone-plate. On account of this it can be readily understood that the spreading of purulent inflammations to the optic nerve is very probable, and also that the consecutive atrophy of the optic nerve is mostly unilateral. Mendel—on the ground of the cases found in literature, and also those under treatment—states that every case of unilateral atrophy of the optic nerve, which is not brought about by tumours, is undoubtedly produced by the purulent inflammations of the sphenoidal sinus. Bilateral atrophy is of a rarer occurrence, and we assume that it is the

consequence of the pathological change, very extensive, (purulent destroying processes, taking place in the nasal cavity) of both sphenoidal cavities. The primary cause is mostly syphilis.

The patient, æt. 30, suffered from considerable headache for two years, this being specially localised in the occipital region. Four years ago he was afflicted with a nose trouble. Small bone particles have escaped from his nose, and later on, after one year's illness, during which he underwent an anti-syphilitic cure, the bridge of his nose became sunken. Three years ago his sight began to get bad, and it grew steadily worse, so that at last he became totally blind. On this account he went to the ophthalmological clinic, where the following condition was found:—*Synechiæ posteriores oculi dextri, maculæ corneæ, atrophía nervi optici e neuritide oculi utriusque.* Assuming the possibility of a rhinogenic origin, Dr. Pollacsek examined the patient very carefully, in order to detect any rhinological disease. The nasal mucous membrane was yellowish, odourless, covered with dry crusts, the septum—excepting a small piece of it—being entirely wanting. Also the turbinals had been partly destroyed. After cleansing the nose on the right side, at the opening of the sphenoidal duct a little fresh pus was seen. The sound passed went into a small cavity, the size of a hazel-nut. The sound burrowed very easily into the median soft bone-wall of this cavity.

Similar soft bone has been felt also on the left side. In this case the destruction of the bones had spread on the rostrum and body of the sphenoidal bone directly from the septum, and afterwards, causing perineuritis; it had led to atrophy of the optic nerve. Taking into consideration the case being a long-standing one, treatment did not afford much hope as to a quick improvement, as in acute cases. Operative interference is, however, more open to question because if nothing be done we are menaced by complications which can easily occur in the cavernous sinus and on the cerebral membranes.

SIX RECOVERED CASES OF ECTOPIC GESTATION.

Dr. Kubinyi related six cases and showed preparations of ectopic pregnancy. Up to this date, ninety-eight cases of extra-uterine gestation have been treated in the Second Obstetrical Clinic. In the course of last week five cases have been the subject of operation. In two, laparotomy has been necessary by reason of internal hæmorrhage. In the other three cases he had to deal with the consecutive symptoms of rupture of the oviduct. The recovery of all these patients was entirely undisturbed.

A NEW METHOD OF DETECTING THE TUBERCLE BACILLUS IN PLEURITIC EXUDATIONS.

Dr. Zimmermann says that the methods which are employed to ascertain the existence of tubercle bacilli in pleuritic exudations are in some respects wanting. To this it is due that in 50 per cent. of the cases we are unable to arrive at positive results. The reason of this is found in the fact that the number of bacilli contained in pleuritic exudations is comparatively small. In order to be able to cultivate tubercle bacilli from serous pleuritic exudations, we need a nutritive soil of large surface suitable for cultivating the bacilli. The best nutritive soil consists of potatoes mixed with 5 per cent. glycerine solution. But even this is of no avail in recognising the tubercle bacilli from pleuritic exudations, on account of the small extent of the surface within the test-tube, and on account of the small quantity of fluid we can pour over the nutritive soil. We can increase the surface of the soil by cutting long, thin pieces of potato. Five-tenths of a cubic

centimetre of the serous pleuritic exudation, drawn off by means of the needle, is likely to contain one or two bacilli, which will reach the surface of the potatoes. The nutritive soil, prepared according to the above, principle, gave them in all the three cases experimented on, positive results. The potato plates are laid on glass tubes within a glass box prepared correspondingly. The boxes are filled up to the lower surface of the nutritive soil with 5 per cent. glycerinated water, being previously sterilised in an autoclave at 120° C. The whole fluid (5-10 cms.) should be squeezed upon this plate. If the fluid inoculated on the plate contains only one virulent Koch bacillus, it will surely grow there, and on the twenty-first to twenty-third day we can easily recognise the tubercle bacilli in the shape of a colony.

The only disadvantage of this method is its long duration, but its advantage is its simplicity, and the fact that in comparison with the animal experiments the tubercle bacilli can be recognised even when they have lost their virulence.

The President of the Royal Hungarian Society of Pharmacists proposed to the committee the writing of a memorandum to the University College of Physicians of Budapest, requesting the committee to give issue to a decree wherein physicians are warned against writing illegibly. This became necessary on ground of a very sad fact, viz., a boy had brought to a chemist a prescription which contained among others the following: P. cascari. But the writing was so bad that the chemist mistook it for pil. corrosivæ, with the result that the patient, after taking them, succumbed. Otherwise, the chemist had taken every precaution; and he labelled the pills "Poison." The unfortunate chemist was, however, sentenced to two years' imprisonment for his carelessness.

This is a very instructive lesson in favour of doctors taking more care in writing prescriptions.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

INTESTINAL OBSTRUCTION SECONDARY TO PYO-SALPINX.—MR. BATTLE operated on a married woman, æt. about 35, who had been admitted a week previously with symptoms of intestinal obstruction of some four or five days' duration. The symptoms were well marked: vomiting, abdominal pain, with peristalsis, constipation, and distension. The patient had refused to have anything done on admission, and it was only the continuance of pain, although some of her other symptoms were relieved by treatment, that induced her to consent. The abdomen was less distended than when she was admitted, and her condition was somewhat improved, although she looked very ill and had a rapid pulse. When the peritoneum had been opened a large coil of small intestine was found extending towards the pelvis, where it was evidently fixed, as it could not be drawn up, and returning coils were found to be collapsed. In the pelvis was what appeared to be a large uterus, but the right side of this enlargement appeared to fluctuate and was softened, so that the suspicion that it was a pyo-salpinx adherent to the uterus was come to. Posteriorly, also, there appeared to be a kind of sulcus which increased the impression of its nature. The intestines were packed away with gauze plugs and abdominal sponges, and the pyo-salpinx was removed. The pus was yellow and offensive, and escaped from a tear in the enveloping wall during removal; but with con-

siderable difficulty the whole was cleared from the pelvis, and the right side of the uterus ligatured and cut away. After careful cleansing of the parts and changing of sponges, the cause of the intestinal obstruction was investigated; this was due to the fact that a coil of small intestine had become adherent to the back of the pyo-salpinx and then taken an abrupt turn forward, so that it was acutely kinked at that point; it was necessary to separate this from the margin of the cavity that had contained the pyo-salpinx, and although the point of immediate attachment had been much diminished in size, it was not apparently altered in structure, the bowel beyond was empty and small. A second coil was also adherent over a greater extent, but had not been kinked or obstructed in any way, still it took some force to separate it, and the peritoneum was considerably changed where the adhesions had been. The amount of shock resulting from the operation was at first very severe, and it was necessary to give a saline infusion. The glass tube which had been introduced into the pelvis was retained for three days and then removed, as the discharge was without odour and small in quantity, and a stitch which had been inserted at the operation was now tied so as to close the tube opening. The progress was not marked by any rise of temperature, and all symptoms of obstruction ceased. Mr. Battle said that the obstruction was due to an unusual cause; that one hardly expected to find such urgent symptoms dependent upon a disease which was evidently itself of a chronic character. He pointed out that the operation required in the patient's then condition was necessarily very severe, but the woman had to face the risk of removal of the pyo-salpinx and the after freeing of the intestine, as the latter alone might have caused a leakage from the pyo-salpinx at the point of separation, and this must have been followed by a fatal septic peritonitis. In many cases of removal of a pyo-salpinx, especially when the adhesions are dense, he said, the shock is severe, although the patient is in a good condition and ready for the operation; in the present case the woman was already weakened and very ill as the result of some days' intestinal obstruction. The result of the operation was satisfactory, and the patient left the hospital three weeks after operation.

The Medical Act Amendment Bill.

A BILL with this title has been introduced by Sir John Tuke, which is practically the same as that introduced last year. Its object is to extend the penal powers of the General Medical Council and to enable licensing and diploma-conferring authorities to withdraw the diploma of any practitioner whose name has been erased from the *Medical Register*. The Bill is fourth on the list for Friday, April 24th.

Typhus Fever in Glasgow.

SEVERAL cases of typhus fever have occurred in Glasgow, the victims being children inhabiting filthy tenements in the Bridgetown district. The occurrence of this disease at the present day is a reproach to the municipal administration of the locality, and it is assuredly high time that the municipality of Glasgow awakened to a sense of their grave responsibility in the matter.

A Pasteur Institute for India.

THANKS to the munificence of Mr. Henry Phipps, a Pasteur Institute is to be founded in Southern India in order that the inhabitants may enjoy the same benefits as those which have been conferred by the Punjab Institute.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 18, 1903.

A PROPHYLACTIC AND CURATIVE SERUM FOR TYPHOID FEVER.

THE Press, lay and medical of the present day is periodically flooded with specious reports of the discovery of preventive and curative sera. Were a tithe of these alleged discoveries founded on fact the era of infectious diseases would be rapidly approaching its close. Unfortunately for the human race, for we cannot admit that the sacrifice of life due to these diseases is a useful phase of the selection of the fittest, the majority of the remedial sera are found wanting so soon as they are weighed in the balance of experience. In spite of repeated discouragements, however, enough good work has been done in this direction—*e.g.*, small-pox, diphtheria, tetanus, and possibly streptococcal infection, to justify the hope that we are on the right track and that products will ultimately be evolved from the laboratories of the world capable of conferring immunity or, what is of infinitely greater importance, of staying the destructive course of the acute infectious diseases which at present deprive the world of such an incalculable number of promising lives. It were greatly to be desired that those who are engaged in this department of research would withhold publicity until their results are commensurate with their hopes. Science would gain in the long run and public confidence in laboratory and clinical research would not be subjected to the oft-repeated strain of disappointment. These remarks are prompted by the paper presented by Lord Lister, on behalf of Dr. Macfadyen, of the Jenner Institute, to the Royal Society, in which the discovery is announced of a serum endowed with marked prophylactic and curative powers in respect of typhoid fever. Coming as it does close upon the very equivocal success of Professor Wright's anti-typhoid serum

a feeling of qualified scepticism is with difficulty resisted. The reputation of Dr. Macfadyen, however, is such that we feel justified in accepting the facts upon which the paper is based, the more so because we may be sure that his conclusions have been carefully scrutinised before being endorsed by Lord Lister and admitted to the honour of a public lecture at the Royal Society. The method of preparation is entirely novel, and is based on the assumption that the virus of the typhoid bacillus is contained in its intracellular juices. These are isolated from the organism itself by a highly ingenious application of natural forces only recently placed at the disposal of the investigator. The bacilli are crushed in liquid air which offers an absolutely neutral medium while providing an exceedingly low temperature incompatible with the occurrence of any secondary changes in the product during the process of manipulation. The intense cold, which has no effect on the vitality of the bacteria, renders possible the process of porphyrisation, and after the latter the bacteria are no longer capable of active life. We are thus placed in possession of a substance containing the active contents of the bacteria apart from the continued vitality of the latter. This substance has been proved by experiments on animals to be powerfully antitoxic and bactericidal, that is to say, it is not only inimical to the living typhoid bacillus but it is also destructive of the virus which it generates in the animal organism. The experiments upon which these conclusions are founded admit of no doubt whatever on this point, but—and the "but" is important—the ultimate test, that of clinical proof on human beings, apparently remains to be applied. Although there is nothing in the information so far rendered accessible to justify the assumption that the effects of the serum have already been tried on the human being, it is highly probable that such has been the case, and we shall await with extreme interest the results that cannot fail to be forthcoming within the near future.

HOSPITAL DECENTRALISATION.

THE determination of the authorities of St. Bartholomew's Hospital to extend their existing premises will naturally rouse a good deal of interest for some time to come in the centralisation of medical charities. For our own part we doubt the wisdom of a policy that locks up in bricks and mortar and in City land of fabulous value a huge sum of money that would suffice to build a suburban hospital on a palatial scale. The St. Bartholomew's authorities, however, think otherwise, and it remains to be seen what view the charitable public will take of the situation. There is little doubt that the money will be forthcoming, even in the times of financial depression that are now being registered by a high income tax and depressed Consols. At the same time it is clear that the gain of St. Bartholomew's will be the loss of other medical charities. The almsgiving capacity of the community stands at a sufficiently steady average to insure that result.

For that matter it would be difficult to find a more striking illustration of the wastefulness begotten of the selfish competition that exists between the hospitals. The question still remains to be answered whether in the case of St. Bartholomew's commensurate advantages will be secured by so great an outlay, especially as the institution stands in the centre of a diminished and still diminishing resident population. The fact is beyond dispute that our great central hospitals are all left more or less derelict by the steady exodus of Londoners from the central districts to the suburbs. In spite of this obvious and vital change of environment, however, some of the hospitals are at the present moment extending their premises and crowding a sick population upon the acreage in a proportion that runs counter to the elementary propositions of sanitary science. It is not surprising to find that other central hospital boards are beginning to turn an introspective eye upon their own position. During the past week it has been announced that St. George's is seriously contemplating the question of removal. In that case we have a large general hospital planted on a costly site in one of the wealthiest districts of London. The area covered by the hospital buildings is so cramped that it is impossible to provide the necessary accommodation for patients and medical and nursing staffs required for the 356 beds which it contains. The acquisition of fresh ground for extension is out of the question, even were it desirable. Owing to its environment there is practically no poor population, and the only excuse, so far as the needs of the district are concerned, is to be found in the large number of domestic servants who reside in the houses of the wealthy. According to the views of some persons, well-to-do employers should be called upon to pay for their sick or disabled servants, rather than hand them over to a public charity. It is true that a certain number of accidents come into St. George's, just as they would come into any hospital in any part of any great city. As we have already pointed out, the removal of a great hospital does not necessarily mean that a sufficient building could not be left behind for the reception of accidents and of acute sickness. We do not for a moment doubt that the field of usefulness of St. George's Hospital could be immensely widened and multiplied by its removal to a suburb, such as Clapham Junction, where hospital accommodation is urgently needed by a large working population. Of late years the critical spirit of the times has shown a determination to thresh out the economic relations of the medical charities to the community at large. There is no other point for a moment comparable with that of hospital centralisation in its far-reaching importance. Those institutions that are wise in their own generations will do well to approach this question in a spirit of anxious and impartial inquiry, and to keep before them the crucial fact that the medical charities owe their existence to the desire of humane persons to alleviate the sufferings of their poorer brethren in the manner

most advantageous, not only to the bestower but also to the recipient of charitable relief.

UNIVERSITY EDUCATION IN IRELAND.

THE long-expected report of the Royal Commission on University Education has at last been issued, and the suspense which existed in many minds has been removed. The Commission has laboured hard to accomplish the task that was set before it. It has sat for many days in different parts of Great Britain and Ireland, and has heard some hundreds of witnesses; it has produced a report which is sixty-seven pages in length, and which contains nineteen general conclusions and recommendations signed by eleven out of the twelve members which constituted the Commission, and, finally, it finishes its labour with a note by the chairman, Lord Robertson, in which he states that, to put it briefly, the scheme prepared by the Commission is an admirable one, provided that it is not adopted. Truly a Hibernian ending to a Hibernian Commission. We cannot here enter into the scheme proposed by the Commission. It is already before our readers in the columns of the daily papers, and our space is limited. There are, however, a few questions which may be asked. What is the cause of such a report, a report which carries on the face of it evidence that it is not meant to be taken seriously? What will be its result? A Commission is appointed to report on a complex subject; it knows its recommendations will not be acted upon; the only statesmanlike solution of the question is tabooed, and the result is a scheme "the best adapted to the complicated situation to which it is applied," but which cannot be recommended for adoption. And yet Lord Robertson's reservation is a very proper one. Can anyone doubt what would be the condition of Ireland in thirty years if the scheme of the Commission were adopted—anyone, that is, who is familiar with the country? Ireland would be divided into two parts by a hard line. The northern and the smaller part would be painted orange on the map, and the southern and the larger would be painted green. The inhabitants of the one, already separated from the other by religion, would then be trebly separated by the absence of every bond that goes to unite communities. There are surely enough bars to the union of north and south in existence without making a greater one, and paying for it with the money of the nation. Still the report is not wholly bad. It contains a paragraph in one of the numerous dissentient notes which, if impressed on the minds of its readers, would go far to save the work of the Commission from complete inutility. The words of Dr. Starkie Resident Commissioner of National Education, are the one redeeming feature of the report: "In my opinion, the national welfare imperatively demands that, during their most formative years, Irishmen should associate together, either in a common college, or, if that is impracticable, less intimately in a common university." Dr. Starkie apparently recognises what so many able men cannot—that what Ireland wishes for is not always

what Ireland requires, and he has the courage to state his opinion. There is no doubt that at present there is a very widely-spread demand for a denominational university. There is even less doubt that the fulfilment of that demand would be fatal to the best interests of the country. The only hope for its future prosperity lies in the co-operation and union of its inhabitants, but co-operation of the kind the Royal Commission terms a federal university is not included in the category. The country is a small one, and distances are every day becoming shorter. What is required is to bring the youth of Ireland together into a national and undenominational university in which the fullest protection is afforded to their several religious convictions, and in which all creeds are upon the same footing, and so to give the country at last an opportunity of getting on speaking terms with itself. Dublin University is the national university of the country in name, and while the present report is being pigeon-holed, it will have an unrivalled opportunity of making itself so in fact. It must, however, if such is to be the case, make concessions. It must look ahead and see what is best for the country, and it must endeavour to afford the Government a just and proper reason for refusing a denominational university, for refusing it, not because one or other denomination wants it, but because undenominational education and the free intercourse of young Irishmen "during their most formative years" are required in the interests of the country. The adoption by the Government of a hand-to-mouth policy has been the cause of many of the past and present ills of Ireland. Is there any hope that such a policy may be discarded in the present case, and one adopted which will lead to the establishment of higher education on the basis of what is statesmanlike and provident, and not on a tottering foundation of expediency?

Notes on Current Topics.

Amateur Physicians.

It is very necessary to sharply distinguish between the motives and methods of the selfish quack and the sympathetic "amateur physician," and Dr. W. S. Colman, in his essay on "Three Distinguished Amateur Physicians," after dealing with the "touching" of the Merry Monarch, Charles II., for the cure of "scrofula" or "King's evil" and the "stroking" of Valentine Greatrakes, the country gentleman and magistrate of Waterford, indicates the efforts of John Wesley in bringing "the healing art" to many sufferers in the eighteenth century. Wesley was a man of wonderful gifts, limitless energy, and wide culture. He was not only a magnificent organiser and an acute controversialist, but a man of deep religious feeling, full of sympathy and tenderness for all sufferers and destitute. "Marriage, dress, diet, and the sanitary arrangements of his community were matters of his constant vigilance, together with care of the poor, a system of loans for the struggling

and provision for the orphans." Wesley was an indefatigable traveller, covering over 250,000 miles in the fifty years of his ministry, and until he was seventy, entirely on horseback. He was therefore intimately acquainted with the ignorance and superstition of the people in all medical and hygienic matters. He clearly saw that much of the medical practice of the day was empirical and often lacking in precision and common sense. His practical mind, therefore, could not rest until he had compiled his "Primitive Physick, or an easy and Natural Method of Curing most Diseases," which to his surprise had at once an enormous sale and yielded handsome profits, which he devoted entirely to charity. The work ran through no less than thirty-six editions, the last appearing as late as 1840. There is much, as might be expected, in this book which at the present day arouses amusement and excites our astonishment at the temerity of the author, but it is clear that in many ways Wesley had a clear grasp of the importance of sanitation, and there can be but little doubt that he considered hygienic conditions quite as important as drug treatment. In our just condemnation of charlatanism and quackery in all its many and varied forms, it is well that we should remember to accord due regard to such "amateur physicians" who in honesty and humility have in days of mediæval medicine sought to furnish help to the helpless.

The Diagnosis of Typhoid Fever.

THE diagnosis of typhoid fever at as early a moment as possible in the course of the disease is a matter of extreme practical importance, but though many pathologists and clinical physicians have endeavoured to find a simple method of making it, it cannot be said that as yet success has crowned their efforts. The much adopted Widal reaction has never been regarded as affording a certain proof, and moreover it rarely furnishes any positive evidence before the second week of the disease. The latest authority to declare its insufficiency is Professor Koch, in his address on the means of suppressing typhoid fever at the Kaiser Wilhelms Academy. Professor Koch disapproves of the Widal method for the reason we have given, and he also condemns all methods which follow the principle of using a medium that delays the growth of the typhoid organisms until after the colonies of *Bacillus coli communis* have attained a vigorous growth. As a result of his research on the subject, he considers the method which has been elaborated by Drigalski and Conradi to be the best. The principle of this is that, instead of retarding the growth of typhoid colonies, their growth is accelerated by means of a culture medium which has a restraining effect upon the large number of intestinal bacteria other than those belonging to the coli group. It then remains to distinguish between the typhoid and coli organisms, and for this purpose the nutrient medium is tinged with litmus, which gives an easily recognised colour distinction

between the strongly acid-forming colonies of coli and those of the *Bacillus typhosus*. The last step in the test consists in confirming the presence of typhoid colonies by the serum agglutination test. Professor Koch considers that he can give a reliable diagnosis by this means in from twelve to twenty-four hours, and thus recognise the presence of typhoid organisms on the second day of the disease.

Psychical Research and Psychological Derangement.

MUCH attention has recently been directed to that section of the realm of the unknown into which so-called "psychical research" students, "spiritualists," and investigators of the perplexities of psychology have sought to throw out experimental "connections." The recent work of Mr. Podmore, the posthumous volumes of Mr. Myers, the address of Sir Oliver Lodge, numberless essays in current periodical literature, revelations in our law courts, and even advertisements in the daily papers and public streets, only faintly indicate the widespread interest and, as we think, at least for some personalities, the dangerous entanglements of a fascination which is not without many serious elements of danger to those of unstable mind and with ill-balanced emotions and mental tendencies which may readily lead to actual psychological derangement. It is useless for medical men to ridicule and scoff at these "recreations" or "researches" as mere manifestations of superstition and idle dealings with "spooks." It is for them to make themselves acquainted with the influences at work in the minds and lives of those who are or may be their patients, and by a recognition of the trend of psychological researches seek to restrain those coming under their direction or seeking their advice from pursuing studies in an unworthy or irrational fashion or confusing the study of physiological and psychological processes with pathological manifestations. Medical men will do well to understand that in the prevailing fashion for so-called "psychical research" there are many elements of danger which a clear understanding and wise discretion may do much to avert.

The Question of Nomenclature.

AT first sight questions of nomenclature may appear to savour of over-niceness, but, to quote from an interesting editorial on the subject in the current number of the *Polyclinic*, names useful, and, indeed, necessary as servants, once bestowed, are apt to become our masters, and thus to acquire undue authority and influence, hence the necessity for selecting them with care. It is a sound general rule that a name should indicate facts and should not imply adhesion to a theory. Failure to conform to this ideal has been responsible for much confusion of thought and for the perpetuation of many erroneous ideas. We have but too often had to protest against a tendency, which still obtains in certain quarters, to dub new remedies with names supposed to be descriptive of their principal therapeutical indications, a practice which cannot fail to be productive of inconvenience

later on when their properties have been more fully investigated. That a name should be as descriptive of facts as possible is an unquestionable advantage; hence the absurdity of using the names of discoverers in this connection, since this gives no clue to the nature or properties of the thing. The worst of it is that even the collapse of a theory does not always entail the disappearance of the name based upon it, for once fixed in the vocabulary it acquires the sanction of custom and tradition, and may survive to confuse and mislead succeeding generations.

The Physiological Action of Boracic Acid.

THE physiological action of boracic acid and its salts is a subject upon which we are urgently in need of precise information in view of their extensive employment as preservatives in articles of food. Dr. Merkel, of Nuremberg, has just published the results of a series of observations undertaken by him on the internal administration of the acid. He gave from fifteen to thirty grains in aqueous solution to a number of patients suffering from slight ailments for periods varying from two to eight days, and he obtained unequivocal evidence of gastro-intestinal irritation. The symptoms were excessive formation of gas in the stomach and intestines with eructations, colic, epigastric pain, and diarrhoea. Invalids proved much more sensitive to its influence than healthy individuals, the latter being able to take moderate doses of the acid without manifest inconvenience. The moral is that boracic acid is not suitable for use as a preservative in articles of food intended for consumption by invalids or by the young; and it is particularly objectionable in milk, since it has to be used in comparatively large quantities, and the adulterated article is likely to be taken by those persons in whom it is likely to cause more or less distressing digestive disturbances.

Conditions Simulating Appendicitis.

IN these days when every practitioner is on the look-out for symptoms of appendicitis, the fact that the symptoms of the latter may be simulated by lesions of very different origin is a matter of considerable interest. The paper on this subject read by Mr. Eve at a recent meeting of the Medical Society of London is, on the whole, rather reassuring than otherwise. He was able, it is true, to refer to five cases of tuberculosis of the cæcum in which the symptoms closely simulated those of appendicitis, and it is evident that malignant disease in this situation might also mislead even an experienced observer. More to the point, because of more frequent occurrence, is the difficulty in some instances of distinguishing between affections of the kidney and gall-bladder, to say nothing of right ovarian mischief, salpingitis, and extra-uterine pregnancy. The fact remains that surgeons themselves often are unable to make a precise diagnosis until they have recourse to an exploratory incision, and the incision is usually made in such a situation as to admit of dealing with one or other of the alternative conditions. The

question which presents itself to the surgeon, indeed, is less whether to operate but when to operate, the precise nature of the lesion being of less importance in regard to the treatment than the inconvenience to which it gives rise and the risk which it entails.

The Dangers of Cheap Thermometers.

FROM the columns of a contemporary we learn that New York has been suffering of late from an epidemic of cheap thermometers which has destroyed hospital records and led to many errors in diagnosis and treatment. The officials of a prominent hospital, whose name is not given, have discovered that the thermometers in use in the wards vary so much as to render valueless the temperature charts which the nurses have made. The physicians have been brought to a rude recognition of the fact that many patients whom they had supposed to have been pyretic had a normal temperature, whilst others had been discharged as cured with temperatures that were far from normal. In some cases variations from the accurate registry of as much as 2.5° F. were found in the thermometers, a variation which might be fraught with the most serious consequences. Our contemporary is distinctly hard upon the hospital authorities, and says that the present intolerable state of things is the inevitable fruit of a policy which endeavours to divorce economy and efficiency. Reliable instruments cost money and cannot be obtained at the cheap rates at which so-called clinical thermometers are frequently sold. The same condition of affairs as existent in New York is probably also in existence in this country. We should greatly like to hear the result of a general testing of thermometers throughout one of our large hospitals, particularly in one in which the nurses are allowed to buy their own instruments. It is not necessary to insist upon the abolition of all cheap thermometers. All that is necessary is to make it the duty of some official of the hospital to hold a monthly inspection of thermometers, comparing them with a standard, and ruthlessly destroying all that are found to possess an error of more than one or, at most, two-fifths of a degree.

Physiological Aberrations in Athletes

THE close observation of long-distance runners, and, in general, of persons addicted to exhausting physical feats, is a study replete with interest and instruction. Such observation enables us to ascertain the immediate and ultimate effects upon the organism, and upon the circulation in particular, of intense physical strain. Judging from the results tabulated by Drs. Blake and Larrabee in a recent communication (a) marked differences were observed in the effects—in this instance after a twenty-four mile run. Although the pulse rate was invariably increased in frequency the increase was very often small, but although the mouth temperature was sometimes above, sometimes

(a) *Boston Medical and Surgical Journal*, February 19th.

below, that of the rectum was always above normal, the difference between the two being often very great, in one instance as much as 7° F. The secretion of urine is lessened, albumin was always present, and the excretion of both urea and chlorides was reduced for the ensuing twenty-four hours. The most marked and constant feature was a fall of arterial tension, but opinions are divided as to the mechanism by which this is brought about. It may conceivably be due to loss of fluid by sweating, or, on the other hand, it may represent an attempt on the part of the nerve centre to relieve the work of the heart by increasing the calibre of the arterioles, the latter view being confirmed by the state of the peripheral circulation as seen in the skin. It is obvious, moreover, that heart fatigue must play a part in bringing about the reduction of tension, it being least marked in those who are in best form. Evidence of cardiac dilatation was observed in a large proportion of the runners, but it was usually ephemeral, hypertrophy being much more common in professional athletes.

Local Therapeutics.

THEORETICALLY when we are called upon to treat disease localised in a particular structure, such as a joint, it would be advantageous to administer the remedy *sur place*, that is to say, in, or in the immediate vicinity of, the part. A drug given by the mouth passes into the blood and only an infinitesimal part thereof can reach the organ at which, so to speak, it is aimed. It follows—or it would follow if the premises were sound—that a much smaller quantity of the drug would suffice to determine the required effect and that the organism as a whole would be spared the perturbation associated with the introduction into a general blood current of a substance foreign to its normal composition. The principle may hold good in a limited class of cases, as, for instance, in the salicylate treatment of a rheumatic affection of one large joint, but its application must necessarily be limited by the fact that although the manifestation may be local the local lesion is, as a rule, merely the expression of a constitutional impairment. Even rheumatism of a large joint is not in reality a purely local disease, since it owes its origin to the existence of what, for convenience, we may term the rheumatic diathesis. Whether mercury could act more energetically if injected in the neighbourhood of a gumma than if given by the mouth is open to question, but it may possibly do so, and there can be no objection to the attempt to influence local manifestations by local measures. Dr. Bouchard, indeed, claims to have obtained marked success by dealing in this way with rheumatic and syphilitic manifestations, and it may be worth while to bear the suggestion in mind in suitable cases.

The Working Life of High-Grade Students.

THERE is a general idea that the most brilliant student does not always prove subsequently to be the most useful and prosperous worker. Pro-

essor E. G. Dexter has sought to submit the problem, as far as it concerns the American student, to serious statistical investigation. His method is, perhaps, open to objections, but his conclusions go to show that the high-grade college man maintains his status in after life. Generally speaking, as regards the medical student, we are of opinion that, as Sir James Paget used to show, what a student was in college days such he usually proved as a practitioner. The worker remained a worker, the loafer continued to shirk. But not a few exceptions are met with, perhaps one of the most striking being that of the great Darwin, whose undergraduate days certainly gave no promise of the rich and strenuous years of painstaking labour and tireless observation. We should be glad to see an analysis made of the medical students who have passed through our British Universities and Metropolitan schools during the past forty years.

Sight-Restoring Pretenders.

ALTHOUGH it is not the "silly season," the readers of the daily Press have been entertained during the past week with much cheap copy on the subject of the alleged discovery by a French professor of a means of making the blind see. Such statements may be treated with the contempt which one is justified in expressing towards those who lay claim to have discovered the secret of perpetual motion. Sight, that is to say, sight with definition of objects, is obviously unattainable except by the aid of a highly-complicated and, unfortunately, exceedingly delicate apparatus, such as we find in the visual organ of man and animals. It may be possible to restore vision when only the parts concerned in the transmission of stimuli are concerned, but when the receptive apparatus or optic nerve has become useless the restoration of useful vision is impossible. Stimulation of certain cerebral areas may conceivably give rise to the sensation of light, but this is the utmost that can be hoped for.

Cerebral Hydatid Cysts.

OF cerebral troubles amenable to surgical treatment one of the most difficult to deal with, and one of the latest to be successfully operated on, is hydatid cyst of the cerebrum. When, in 1890, Dr. Graham and Mr. Grubbe diagnosed in a lad, *æt.* 16, such a cyst, and successfully removed it, they reflected credit on Australian surgery and on the art in general. Fortunately, the case was a favourable one for operative interference. The tumour consisted of a single hydatid cyst which, on opening the dura mater, bulged out and was easily removed. All cases are not, however, so favourable for operation, and in the unfavourable ones Drs. Rennie and Crago recommend that the cyst be removed in two operations, after the method they adopted in October, 1900, in a very unpromising case of a man, *æt.* 29, in New South Wales. The cyst was located in the ascending convolution of the right cerebral hemisphere. Four ounces and a half of fluid were drawn off by a fine trocar, the wound was then closed. Ten days afterwards

Dr. Crago opened the wound afresh and excised the cyst. We think the method recommended, which in the case referred to was attended with success, offers a better chance to the patient in severe cases than the usual one of completing the operation at one sitting, particularly if, as in this case, the cyst be tapped by puncturing it through the dura mater, as Dr. Crago did. When we remember that hydatid cysts have, as Dr. Davies Thompson has shown, penetrated the bone and projected through the cranial bones and been removed by incising the scalp, it seems strange that it did not occur to any surgeon prior to 1890 to trephine the skull and excise them.

Death under Nitrous Oxide.

DEATH so seldom occurs under the influence of nitrous oxide gas that Dr. Maughan deserves the thanks of his professional brethren for bringing his case of death under the influence of the anæsthetic before the Society of Anæsthetists. A young nervous woman was given nitrous oxide gas to facilitate the removal of a tonsil, she being in an easy chair, partly undressed, with a prop between her teeth. Anæsthesia was quickly induced to the stage of loss of light reflex, two breaths of air having been given with the gas. At this point the face-piece was removed, but at the same moment the patient was observed to have stopped breathing. Howard's method of artificial respiration was resorted to, and the operation of laryngo-tracheotomy performed without success. As we read the case we believe the girl died from fright, which paralysed her vaso-motor nervous system, and she bled to death into her veins. In this respect fright and shock are identical in their effects, and that fatal results may follow is common knowledge. In a well-known case a very nervous patient believed the anæsthetic was being administered when he was breathing pure air. After a few gasps he stopped breathing, and in spite of every effort could not be resuscitated. Surgeons must recognise that the patient who dreads an operation is even a worse subject for anæsthesia than the drunkard. Death under anæsthesia brings the most useful class of drugs into popular disfavour, and every death makes the next patient more nervous. For these reasons, if for none other, the utmost care should be taken to safeguard the patient from fright, and unless the operation is urgently necessary, to postpone it until the patient has acquired confidence in his powers of living through the ordeal.

Sterilisation by Cooking.

It is probably only by the process of evolution that man has taken to cooking his food. Primeval man was necessarily in his first days an eater of roots and fruits and of the raw flesh of animals killed in the chase. The practice of cooking meat was most likely acquired at an early period of his cleavage from the rest of the mammals, if we may judge from the evidence of burnt bones in the deep stalactite floors of some of the caves which contain the earliest traces known to us of primeval man.

The conclusion that cooking made meat more valuable to the eater was most likely arrived at by slow degrees, and in the first instance was probably no less fortuitous than the discovery of the virtues of roast pig by the Chinese observer made famous to all succeeding time by the pen of Charles Lamb. Modern science has now put the stamp of scientific approval on the cooking instincts of early man. The exposure of food to a high temperature for a sufficiently long time, says the bacteriologist of to-day, destroys evil-working bacteria, whether the latter be residents or simply visitors. The most recent illustration is yet fresh in the mind of the man in the street, namely, the disastrous nature of imperfectly cooked cockles. Experiment has shown that cockles from contaminated sources are rendered sterile by boiling for three and a half minutes, whereas they contain numerous living and harmful organisms after being boiled for one minute only. The ordinary cooking of the cockles is entirely misleading, as it consists merely of plunging a mass of the shell-fish into boiling water. Similar principles apply to whitebait, mussels, oysters, and other estuary fishery foods.

Further Experience with Diphtheria Antitoxin.

In spite of the early criticisms of the curative value of diphtheria antitoxin the returns from all parts of the world are practically unanimous in confirming its claim to be regarded as the most effectual, indeed, the only trustworthy, agent in averting the lethal consequences of this erst terrible disease. The recently issued report of the Metropolitan Asylums Board shows that the mortality from this disease in the Boards' hospitals which, on the introduction of the antitoxin treatment in 1895 fell from 29.6 to 22.5 per cent., has been still further reduced, since in 1901, on nearly double the number of patients, the proportion of deaths was only 12.5 per cent. The laryngeal cases, taken separately, yielded a mortality of 21.1 per cent., but although comparatively high the figures show a startling reduction on pre-antitoxin days. The most useful lesson to be deduced from the report is that furnished by the comparative statistics in respect of the date of commencement of the antitoxin injections. At the Brook Hospital in 723 cases patients were treated with antitoxin during 1901, with a mortality of 10.79 per cent. In 38 it was possible to commence the treatment on the first day and of these none died; in 170 cases it was begun on the second day with a mortality of 4.1 per cent.; in 192 cases on the third day with 12.4 per cent. of deaths; while in 186 cases it was only begun on the fifth and subsequent days and the mortality attained the maximum figure of 16.6 per cent. It is unnecessary to dilate upon the importance of these figures, especially in view of the fact that at this hospital there has not been a single death among the patients injected on the first day of the disease for five years past. The lesson that appears to be inculcated by these returns is that it is unwise to await bacteriological confirmation of the diagnosis,

but to inject the serum forthwith in every case which clinically appears to be diphtheria. The treatment in itself is harmless if properly carried out and the risk is notably enhanced by every day's delay.

The XIVth International Congress of Medicine, Madrid.

MR. D'ARCY POWER, the Hon Sec., points out that it is of the utmost importance that members of the Congress who intend to visit Spain next month should comply with the requirements of the railway companies in regard to the issue of tickets at reduced rates. Each passenger must be provided with a letter of invitation signed personally by the President of the Congress, and he must send this letter of invitation, with his card of membership (*a*) to Messrs. Cook and Son, Ludgate Circus E.C., and they will make all the necessary arrangements through to the destination; (*b*) to Mons. Sartiaux, Ingenieur en Chef de l'Exploitation, Chemin de Fer du Nord, Paris. Mons. Sartiaux will endorse the letter of invitation, and on its return tickets can be obtained at a reduced rate at Charing Cross or Victoria to Paris. Passengers must re-book in Paris at the Orleans station, and again present their letter of invitation, and it is probable that they must book again at Irun. No letters of invitation have yet been received by members in England so far as is known, and it is desirable, therefore, that each member should write to the Secretary General at Madrid—Dr. Fernandez-Caro, asking that one shall be sent to him as soon as possible. In the eyes of the railway companies the letter of introduction is a much more important document than the card of membership, and unless it is presented properly *vis-à-vis*, no reduction of fare will be granted. Members who wish to travel from Paris by the Sud Express Luxe should book their places beforehand. Sleeping-car places by the night express from Paris should also be engaged beforehand by writing to The Continental Inquiry Office, S.E. and C.R., Victoria Station, S.W. The supplement for place on the First-class fare is rather more than £2.

Exploratory Incision in Gastric Ulcer.

THE treatment of extremely severe and chronic cases of ulcer of the stomach lays a severe tax upon the skill and the patience of the medical attendant. When hæmatemesis has occurred, and all remedies have failed to check the recurrence of pain upon movement and the digestion of moderately soft diet, then the question of an exploratory incision should be considered. If dilatation be present there should be no hesitation in urging the operation, as in that case the removal of cicatricial contractions in the neighbourhood of the pylorus may effect a speedy and brilliant cure. The incision may reveal non-malignant stricture of the pylorus, or an ulcer that may be excised or stitched up in a fold of the outer coat of the stomach. The risk attending a properly performed exploratory incision is so slight—modern surgery has reduced it to something like 5 per cent.—that there need

be no hesitation in advising a patient to submit to the operation, especially when his condition and outlook are deplorable and obstinate to other measures.

Anti-Tuberculous Sera.

THE air is full of claims to priority in the discovery of a serum for the cure of tuberculosis, but the serum itself is still, scientifically speaking *in nubibus*. Dr. Tizzoni, of Bologna (Italy), and Dr. Marmorek, of Vienna, both proclaim their success in the production of a serum which is destructive of the bacillus of tuberculosis. We are not at present in a position to criticise their respective claims, but it is worthy of note that Dr. von Behring, who has succeeded in rendering calves immune to the disease by repeated inoculations, hesitated to apply his method to human beings, warned no doubt by past failures. He, however, advocates the feeding of children, especially those of tuberculous antecedents, on milk from cows which have been inoculated and whose blood is therefore rich in antitoxins. He believes that such children may thereby be rendered proof against tuberculous infection, but he is careful to disclaim the pretension to have discovered a means of protecting or curing adults.

Proposed Sale of the Manchester Royal Infirmary.

DURING past years we have on many occasions drawn attention to the ineffectual efforts which, from time to time, have been made to replace the mediæval Royal Infirmary at Manchester by a hospital worthy of the city and adequate for the needs of its sufferers. Nothing, however, has hitherto been done. At last the City Council, we understand, has offered £400,000 for the present site, and since the old Board of Management has recently been in great measure replaced by the appointment of many progressive citizens, it may be hoped that something will be accomplished without further delay.

Advanced Teaching of Physiology in London.

IN time, it is to be hoped, London University will be a living reality. There are signs that in the near future adequate equipment for the teaching of the fundamental sciences on which effectual medical knowledge must be built up will be provided in or near the Imperial Institute. Already a beginning has been made, and the physiological laboratory and lecture room, illustrations of which appear in the current issue of *Nature*, afford a promise and foretaste of what is in store. Meanwhile, however, London University is only "in making," but we trust the period of development will be expedited.

Accommodation for Post-Mortem Examinations.

IN virtue of the adage "out of sight out of mind," the provision made for carrying out post-mortem examinations in most towns, and even in many districts of the metropolis, is woefully inadequate, not to say disgraceful. The matter is one to which

we have for many years called attention, and little by little improvements are being made. On grounds of both public decency and technical efficiency it is incumbent on well-ordered authorities to provide proper accommodation for the derelict dead and to place at the disposal of practitioners a place in which the necessary facilities for making these examinations are available.

PERSONAL.

SIR JOHN WILLIAMS has retired from practice and is leaving London shortly to take up his residence in Wales.

THE President of the Local Government Board has appointed Mr. Henry Monteith as his honorary assistant private secretary.

SURGEON-LIEUTENANT-COLONEL MATTHEW BAINES, V.D.; Mr. Reginald Harrison, F.R.C.S., and Dr. F. M. Sandwith have been appointed Knights of Grace of the Order of St. John of Jerusalem.

THE Prime Minister has been nominated to the Presidency of the British Association for the advancement of Science at its Cambridge meeting in 1904. It is proposed to hold the gathering for 1905 in South Africa.

PROFESSOR CLIFFORD ALLBUTT, of Cambridge, will give the opening address introductory to the summer Post-graduate Course of Lectures and Demonstrations in connection with the Mount Vernon Hospital for Consumption and Diseases of the Chest.

Special Correspondence.

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

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

OUTBREAK OF TYPHOID.—It was reported at a meeting of the Lisburn Urban Council last week that there was an outbreak of typhoid fever at Stoneyford. No further details have been published, but it is said that there are six cases of typhoid in the catchment area of the Stoneyford reservoir, from which a large part of Belfast is supplied with water. Only a few weeks ago in this column I alluded to the report of the Belfast Water Commissioners, in which it was stated that several farms on the Stoneyford catchment area had been purchased, and from which it was inferred that as far as that part of our supply went we were safe from risk of typhoid. This news is therefore somewhat disconcerting, and it is to be hoped that the Water Commissioners will lose no time in taking vigorous action in the matter.

RISKS OF FIRE.—The authorities of the Belfast District Asylum have decided to take the very wise precaution of having their premises examined by the head of the Belfast Fire Brigade, who will report as to the present means for dealing with an outbreak of fire, and what further means, if any, should be provided.

ACTION AGAINST A BELFAST MEDICAL MAN.—The members of our profession are pleased, and the gossip-mongers deeply disappointed, at the news that the action for breach of promise of marriage brought by a nurse against a well-known Belfast practitioner, who is also a Professor in Queen's College, has been withdrawn. The action has been referred to several times in the daily papers in connection with an application made by the defendant for a change of venue. None of his friends or colleagues, however, believed for a moment

that he had made the statements attributed to him by the nurse and all will be pleased at the collapse of an annoying and costly action.

Correspondence.

DARWIN AND VIVISECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Is there not a good deal to be said on the scientific side of vivisection? You seem to admit this in your leaderette on the above subject.

Apart altogether from emotion and sentiment take the question of the condition of the vivisected animals in experiments on the vaso motor mechanism. In a paper published in the *Journal of Physiology* some thirteen years back on "Plethysmographic Studies," by Messrs. Sewall and Sandford, the writers, say, "It is well, before transferring to human physiology the conclusions arrived at from manipulations of the lower animals in the laboratory, to consider, as far as possible, what might have been the special effect of the conditions of the experiment upon the results obtained."

We are all aware that drugs affect more or less profoundly the whole vaso-motor mechanism, and Dittmar has shown that he found in his experiments that the feeblest stimulative of the sensory nerves—even when so slight as not to be felt by the animals—caused elevation of the blood-pressure.

If you operate on your animals without anaesthetics, or if you do so under the completest and most approved system for the prevention of pain, we have an abnormal state of affairs that must be a very poor guide—in some cases at least—to the indications of normal physiological conditions.

I am, Sir, yours truly,
EDWARD BENROE, M.R.C.S., L.R.C.P. Ed.

** [This argument does not carry us very far. We have to deal with precisely similar conditions of artificially heightened arterial tension in the human being, and although no one pretends that the results can be applied in their integrity to other species of animals than the one experimented upon, any suggestive or other useful deductions may be, and have been, drawn from such experiments and observations.—ED.]

TUBERCULOSIS AND COW'S MILK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The repetition by Dr. Nathan Raw of his opinion that tabes mesenterica is due to the ingestion of infected cow's milk—although he accepts Koch's doctrine that bovine tuberculosis is not communicable to the human subject—compels me again to draw attention to this subject.

Dr. Raw takes up the peculiar ground that "tabes mesenterica and other tuberculous affections," occurring in children, "are probably bovine tuberculosis conveyed by milk, and are not in any way related to human tuberculosis, although the bacillus of Koch is found in them all." This argument appears to me to be self-destructive.

The late Sir R. Thorne-Thorne, while admitting that tuberculosis had diminished to the extent of 50 per cent. among adults in the last quarter of a century, stated that it still claimed a large percentage of the mortality among children, and he founded upon this the argument that this incidence of the disease was due to the fact that children consumed such a large amount of milk—were fed with milk as their chief diet. Now the hard fact is just the very opposite; for it is generally recognised that tabes mesenterica occurs chiefly, if not entirely, among the children of the poor and indigent, who seldom or never have milk as an article of diet properly so-called. But lest it should be thought that, in this statement, I am drawing upon my imagination, like the author just referred to, I beg to call attention to a table published by Mr. R. Henry Rew in the "Journal of the Royal Statistical Society" in June, 1892. In that table Mr. Rew shows that the amount of milk consumed by the various classes of the community is in direct proportion to their purchasing powers, and

in inverse proportion to the incidence of the disease—that is, that the greater proportion of milk consumed the less is the incidence of tuberculosis and *vice versa*. Reduced to figures the extreme proportions come out as follows—viz., West End of London, 34 gallons per head per annum; East End of London, 3 gallons. As Mr. Rew points out, this reveals, incidentally, a significant fact in connection with the dietary of the poor. This is, indeed, a very significant fact, and I should like to know what Dr. Raw thinks of it. Even he tells us of the "pennyworth" of milk bought by poor people, probably for the whole household. To my unsophisticated mind it points clearly to the conclusion that the want of cow's milk is the determining factor, as far as milk is concerned. Otherwise we must assume that the milk consumed in such small quantities is of a different character from that consumed by the well-to-do population—a wholly unwarrantable assumption. In the face of these facts, which go to support Koch's doctrine, I am at a loss to understand how the doctrine of infection by milk can be sustained. Here I would remind Dr. Raw that there is not on record—and I have the authority of Professor Koch for the statement—a single instance which goes to sustain even a suspicion of infection by milk.

It may help Dr. Raw to arrive at a more legitimate conclusion if I also remind him that the injection into the peritoneum of the pus of a psaos abscess or caries—which has not yet been shown to contain the tubercle bacillus—produces the most virulent tuberculous peritonitis characterised by an abundance of tubercle bacilli. Whence, then, have come these bacilli? The more legitimate conclusion, therefore, is that we must look to the amount and character of the food ingested—as food—and not to the presence of bacilli in it, for the determining factor.

I am, Sir, yours truly,
GEO. GRANVILLE BANTOCK.

London, March 14th, 1903.

THE SEMI-TOTAL PLEDGE ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I be allowed to acknowledge the courteous recognition in your columns by the Hon. Secretary of this Association of the mistake in their pledge form on the subject of "total abstinence," to which I called attention in a previous number?

As the declaration now stands it is, I apprehend, one with which no thoughtful mind can find fault, and I think the Association will receive the hearty congratulations of the medical profession on its recent start on the crusade against intemperance. This may, however, appear to the lay mind as a new faith, yet I think I am correct in saying our profession has recognised the soundness of their principle well-nigh from all time. The Association also can embark on its campaign with the conviction and perfect assurance that, whatever the sum total of its achievements in the near or distant future, their efforts can be productive of nothing but good. On the other hand, although the "total abstinence" section of the community have held the field for generations unmolested, they have not consulted the profession as a body on the question of total abstinence as a purely hygienic question, which has, on the contrary, been handled by them often with very discouraging results ever since the scheme was embryonic in conception. What has probably brought the fatal practice of "nipping" between meals into vogue is the increasing struggle for existence among all classes, and those of feeble will power resort to this method of stimulation under the mistaken idea of recruiting exhausted strength, a practice which we know too well can only end, sooner or later, in collapse, and, if my hypothesis be a correct one, it only shows the accuracy of aim the Association has in meeting this difficulty. The doctrine of this Association, viz., "moderation in all things," especially as applied to alcohol, cannot only be truthfully brought home to the rising generation, but can, moreover, be laid down as a dogma and principle in hygiene even in an infant-school,

and it is one, I venture to assert, which secures the general appreciation of our profession.

I am, sir, yours truly,

CLEMENT H. SERS,

Queen's Road, Peckham, S.E., March 12th, 1903.

Literature.

MEDICINE FOR THE MIND. (a)

THIS little brochure may be described as excellent in design and unique in construction, and although no author's name appears on the title-page, and he is content with modestly signing his preface with the initials R. H. B., the diseases are so accurately diagnosed and the remedies withal so judicious of application, that he need not fear adverse criticism should he venture at some future time to attach his name thereto. Needless to say that drugs do not enter into the composition of medicine herein prescribed. It is rather a book of self-help in those many common failings and lapses from perfection in character, to which all are more or less prone, and to which the Baconian precept that "every defect of the mind may have a special recipe" might be applied. The author first describes some "ills of the mind," such as conceit, selfishness, slander, vacillation, despondency, &c., followed by brief practical quotations from ancient and modern philosophers by way of remedies, and he must indeed be a dullard who cannot apply them for his own particular mental affliction. He then gives some general rules for healthy mental life on the principle that it is well to cure but better to prevent a distemper; finally, showing what a solace we may find in Nature, in gardening, art, music, reading, and the like. We have read the little book from cover to cover, its compilation is evidence of great industry, careful thought, and diligent reading of the best authors, and we can only wish that its teaching might become universal, as the world would be better for its adoption.

THE DIAGNOSIS AND TREATMENT OF CONSUMPTION. (b)

DR. ARTHUR LATHAM has been well advised in collecting the various papers dealing with pulmonary tuberculosis, which he has written during the last few years, and issuing them in so convenient and attractive a form as that presented by the book before us. The work is certainly one which is likely to fulfil the author's wish that it may prove "of service as a practical guide to the diagnosis and treatment of pulmonary consumption." The volume is manifestly intended for the busy practitioner and intelligent layman rather than the chest specialist. It is necessarily perhaps somewhat dogmatic in its methods of expression, but the presentation of the subjects dealt with is clear and incisive, and the style is not lacking in a certain amount of literary distinction. The work is divided into chapters which, however, vary much in length and value. The pathological considerations are all too meagre, chief stress throughout being laid on clinical features. Sharp distinction is made between the acute and chronic forms of pulmonary consumption. The former are discussed under (1) the broncho-pneumonic, (2) the lobar pneumonic, and (3) acute miliary forms; while the latter are classified as (1) the fibro-caseous or ordinary form, and (2) the fibroid form. Considerable attention is given to the evidences which should allow of early recognition of the disease. Careful directions are given for the use of Koch's old tuberculin as a diagnostic agent. Dr. Latham is of opinion that tuberculin may prove of much value in assisting the early detection of tuberculosis, and endeavours to show that if rationally employed is free from risk. A very suggestive and practical chapter is devoted to the avoidance of reinfection. Perhaps

(a) "Medicine for the Mind, from the Storehouse of the World's Greatest Thinkers." London: St. Martin's Press, 1903. Price 2s. 3d.

(b)—"The Diagnosis and Modern Treatment of Pulmonary Consumption, with Reference to the Early Recognition, and the Permanent Arrest of the Disease." By Arthur Latham, M.A., M.D. Oxon., M.A. Cantab., Assistant Physician at the Brompton Hospital for Consumption and Diseases of the Chest, &c. Pp. 215. London: Baillière, Tindall & Cox. Price 5s., 1903.

the most interesting portion of the work is that which deals with the principles of the open-air method of treatment as carried out in a sanatorium, and also employed in a private house. Dr. Latham's views will not meet with universal approval, but he nevertheless presents a desirable ideal in a particularly attractive form. And some of his rather too dogmatic assertions will at all events do much to arouse interest and stimulate thought and inquiry. A special section deals with some of the much lauded methods and preparations of recent years such as tuberculin, potassium cantharidate, formic aldehyde, creasote, and urea. One of the most useful chapters to the general practitioner is that dealing with the treatment of special symptoms. This little work should do much to arouse all to the great importance of securing early recognition of the disease and the necessity of providing adequate hygienic treatment in the first stages of the pathological process. We cordially commend Dr. Latham's monograph to the attention of all practitioners.

OBSTINATE HICCOUGH. (a)

WE cannot but admire the industry of the author, who collected and brought together so many cases of hiccough. The symptom is in our opinion common to many widely different pathological conditions, and calls for treatment of the exciting cause. It occurs at all ages from the cradle to the grave, and not unfrequently in aged drunkards it presages death. It is, however, so distressing a symptom when it persists that the profession cannot but be grateful to Dr. Knuthsen for telling us all that is known of it, both of its pathology and its therapeutics. The author classifies the causes as inflammatory, irritative, specific, and neurotic; with this we find no fault, and it will hold its ground until we have fuller information on the subject. As a book of reference Dr. Knuthsen's book fills a useful place in the physician's library, and will doubtless often prove helpful.

THE CLINICAL SOCIETY'S TRANSACTIONS. (a)

WE notice with much pleasure that the Council of this Clinical Society has decided to recommend a revision of the rules of the Society, which prohibits the publication elsewhere of all papers read before the Society. The early publication of new facts is equally in the interests of the medical profession at large and of individual authors. The present volume contains thirty original papers and a large number of reports on the clinical cases exhibited before the Society. In all respects the present volume is fully equal to the best of its predecessors. It is difficult to select from so many interesting papers one to illustrate their excellence. Consequently we select a few dealing with unusual pathological conditions and offering difficulties in diagnosis. Of these some of the more unusual are Mr. Clarke's note on "A Painful Condition of the Twelfth Pair of Ribs"; Mr. Bryant's paper on "Displaced Strangulated Femoral Hernia"; the series of papers on "Operations on the Fifth Nerve"; and Mr. Arthur E. Barker's paper, "Cerebellar Abscess, with Sudden Paralysis of the Respiratory Centres." We know no more useful volume for the physician, and surgeon who desires to keep abreast with the progress of medicine.

YEAR-BOOK OF PHARMACY. (a)

IN the present volume of the "Year-Book of Pharmacy," the medical practitioner will find much interesting matter concerning the practical application of the discoveries of physiological chemistry—discoveries which have led to important results. Of these, one of

(a)—"Obstinate Hiccough: its Pathology and Treatment." By L. F. B. Knuthsen, M.D. Edin. London: J. & A. Churchill, 1902.

(b)—"Transactions of the Clinical Society of London." Vol. XXXV. London: Longmans, 1902.

(c)—"Year-Book of Pharmacy, containing Abstracts of Papers relating to Pharmacy, Materia Medica, and Chemistry, contributed to British and Foreign Journals from July 1st, 1901, to June 30th, 1902; with the Transactions of the British Pharmaceutical Conference, August, 1902." London: J. & A. Churchill, 1902.

the most interesting is the isolation of adrenalin by Jokichi Takamine, to which he has added a highly instructive, though brief account of its physiological effects. Hardly less important is the separation of the proteolytic enzyme of the thymus gland, by F. Kutscher. The discovery of erapsin by O. Cohnheim is well calculated to modify our views on intestinal digestion, and to modify our dietetic treatment of typhoid fever. We have merely touched the fringe of the wealth of information of this excellent year-book, which we heartily commend to both students and practitioners.

Literary Notes and Gossip.

MOUNTAINEERING has for long proved a favourite pursuit with many members of the learned professions, and not a few medical men have found in the irresistible fascination of the Alps a force which has renewed physical vigour and re-created the powers for mental research. To such Mrs Aubrey Le Blond's new work, "True Tales of Mountain Adventure," will appeal with a peculiar attraction.

MR. ARTHUR SHERWELL, whose work as joint author of "The Temperance Problem and Social Reform" gained for him recognition as a serious student of sociological questions, has recently issued a valuable brochure on "The Drink Peril in Scotland," which seems to indicate that while drunkenness is fortunately diminishing in England, inebriety is seriously increasing among dwellers north of the Tweed. We think Scotchmen would do well to confirm or correct Mr. Sherwell's contentions, for the subject raised has far-reaching hygienic and medical aspects as well as economic and moral considerations.

THE last issue of the *Caledonian Medical Journal*, the representative organ of the society of that name, contains contributions of interest to a wide circle of the profession. The first place has been given to a long and interesting article on the late Rudolph Virchow, physician and scientist, embodying a sketch of his life and citations of his many works and treatises. The other contributions published are entitled "Impressions of a Visit to a German Medical School," "The Requisites of Vision Testing," and "Sprains and their Treatment." This society has now 200 members, and is gradually becoming a more potent influence in the medical world. It is interesting to note a large percentage of its members specialise in mental diseases. Membership is limited to medical graduates of a university who have Celtic blood in their veins, and its aims are the diffusion among its members of professional knowledge.

THE late Sir Walter Besant had the ambition to be the historian of London in the nineteenth century just as Stow had been in the sixteenth, and certainly the work (although in its full design incomplete) which he accomplished places all lovers of the Empire's Metropolis under a lasting debt of gratitude. In the posthumous work recently issued, "London in the Eighteenth Century," which in itself is a monumental volume worthy of its author, and reminding us only too clearly of our loss by his all too early removal, there is much of peculiar interest to medical men. We may refer in particular to the attractive sketch of the condition and position of the members of the healing art in the eighteenth century and the revelation of the extensive quackery which prevailed at that period. A chapter is devoted to "Bedlam," and there are valuable studies relating to the duration of life, food and drink, and other matters connected with the health of the people. Comparisons are not always odious. The twentieth century is brighter than the eighteenth—at least, in things medical.

ANTHRAX has been more or less prevalent in Kidderminster for some time, and two more men have just succumbed to the disease. Their deaths are attributed to contact with Persian wool, considerable quantities of which are dealt with there.

NEW BOOKS AND NEW EDITIONS.

The following have been received since the publication of our last list.—

FELIX ALCAN (Paris).

Les Obsessions et la Psychasthenie. By Professors F. Raymond and Pierre Janet. Pp. 543.

BAILLIÈRE, TINDALL & COX (London).

A Manual of Toxicology. By Albert H. Brundage, A.M., M.D., Ph.D. Second Edition, Revised and Enlarged. Pp. 375. Price 6s. net.
Cancer: Its Causation and its Curability without Operation. By Robert Bell, M.D. Glas., F.F.P.S., &c. Pp. 271. Price 5s. net.

CHIATTO & WINDUS (London).

The Feeding of the Soldier: The Lesson of the Great Boer War. By Dr. Yorke-Davies, Reprinted from an article in the "Gentleman's Magazine," 1902. Pp. 37.

J. & A. CHURCHILL (London).

The Elements of Pathological Anatomy and Histology, for Students. By Walter Sidney Lazarus-Barlow, B.A., M.D. Camb. Pp. 705. Price 24s. net.
A Manual of Family Medicine and Hygiene, for India. By Sir William Moore, K.C.I.E. Seventh Edition, revised by Major J. H. Tull Walsh, I.M.S., F.L.S. Pp. 680. Price 12s.

ARCHIBALD CONSTABLE & Co., LTD. (London).

The Prevention of Disease. Translated from the German, with an Introduction by H. Timbrell Bulstrode, M.A., M.D. Cantab. Pp. 1,063. Price 31s. 6d.

EYRE & SPOTTISWOODE (London).

Statistical Report of the Health of the Navy for the year 1901. Pp. 173. Price 2s. 9d.
Thirtieth Annual Report of the Local Government Board, 1900-01. Supplement in continuation of the Report of the Medical Officer for 1900-01. On Lead Poisoning and Water Supplies. Pp. 224. Price 8s. 10d.

J. J. KELIKER & Co. (London).

Three Distinguished Amateur Physicians. By W. S. Colman, M.D., F.R.C.P. Lond.

P. S. KING & SON (London).

Some Food Dangers. By Sir James Crichton-Browne, M.D., LL.D. F.R.S. Pp. 37. Price 6d. net.

H. K. LEWIS (London).

Practical Handbook of the Pathology of the Skin. By J. M. H. Macleod, M.A., M.D., M.R.C.P. Pp. 408. Price 15s. net.

E. & S. LIVINGSTONE (Edinburgh).

Catechism Series: Histology. Pp. 96. Price 1s. net.

NEW SYDENHAM SOCIETY (Agent: H. K. Lewis, London).

An Atlas of Illustrations of Clinical Medicine, Surgery, and Pathology. Compiled for the New Sydenham Society. (A Continuation of the "Atlas of Pathology.") Fasciculus xv. (Double Number) or liii. and iv. of New Series. Xanthelasma and Xanthoma, with especial Reference to their Association with Functional and Organic Diseases of the Liver. Price, to non-members, £1 1s.

THE OBSTETRICAL SOCIETY OF LONDON.

Transactions of the Obstetrical Society of London. Vol. XLIV. For the year 1902. Part IV, for October, November, and December. Edited by Amand Routh, M.D., and Alban Doran, F.R.C.S. Price 10s.

REBMAN, LTD. (London).

Clinical Obstetrics. By Robert Jarline, M.D. Edin., M.R.C.S. Eng. Pp. 657. Price 15s. net.

W. B. SAUNDERS & Co. (London).

Atlas and Epitome of Diseases of the Mouth, Pharynx, and Nose. By Dr. L. Grunwald. Second Edition, Revised and Enlarged. Edited, with additions, by James E. Newcomb, M.D. Pp. 219. Price 13s. net.
Atlas and Epitome of Human Histology and Microscopic Anatomy. By Johannes Sobotta. Edited by Carl Huber, M.D. Pp. 248. Price 18s. net.

THE SCIENTIFIC PRESS, LTD. (London).

Burdett's Official Nursing Directory, 1903. By Sir Henry Burdett. K.C.B. Pp. 442. Price 3s. net.

SIMPKIN, MARSHALL, HAMILTON, KENT & Co., LTD. (London).

Education: Disciplinary, Civic and Moral. By D. J. Wynn Williams, B.Sc. Pp. 192. Price 2s. 6d. net.

SMITH, ELDER & Co. (London).

Gastric Ulcers: Their Surgical Treatment. Two papers republished from the *Lancet*, with Introduction and Notes by C. B. Keetley, F.R.C.S. Pp. 47. Price 2s. 6d.
Saint Bartholomew's Hospital Reports. Vol. 38, 1902. Edited by Norman Moore, M.D., and D'Arcy Power, F.R.C.S. Pp. 206.

JOHN WRIGHT & Co. (Bristol).

First Aid to the Injured and Sick. By F. J. Warwick, B.A., M.B. Cantab., and A. C. Tunstall, M.D., F.R.C.S. Edin. Third Edition, revised. Pp. 236. Price 7s. 6d.
The Medical Annual, 1903. Pp. 959. Price 7s. 6d. net.

T. FISHER UNWIN.

The Green Republic. A Visit to South Tyrone. By A. P. A. O'Gara, M.D. Pp. 244. Crown 8vo.

Laboratory Notes.

IRISH WHISKEY.

FOR years past our columns have drawn attention to the liquor put on the market for Irish whiskey. And years ago when Mr. O'Sullivan, an Irish Member of Parliament, saw what havoc the stuff sold as Irish whiskey was making with the industry in Ireland and the health of the people he brought the matter before the House of Commons. In time a Commission was issued and experts were examined, and oil was poured on the troubled waters, and the public were assured by a cloud of witnesses that there was no cause for alarm, the stories of dementia and mania following on the drinking of the spirit commonly called Irish whiskey were stated to be wild exaggerations begotten of the vivid imagination of the Celt. Quite a number of witnesses impressed on the committee the fact that ethyl alcohol underwent no change by keeping in cask or bottle, that it was a pure spirit, and that it was quite as fit for use when fresh as it would be after many years. It was further stated that patent stills ran a perfectly pure alcohol, and, unless alcohol was to be counted a poison, a perfectly innocuous one. Unfortunately, Irish distillers were not prepared for this evidence, and so the public were left in possession of a veritable truth which, being misapplied, falsified the whole evidence, and did an incalculable injury to the country and to the health of the people. We will try to place the matter before our readers with as few chemical or other technicalities as possible. Ethyl alcohol is familiar to all members of the medical profession as rectified spirits of wine. It has the formula C_2H_6O , and is the menstruum of the greater number of our tinctures. This spirit, commonly known as alcohol, remains unchanged if properly kept, and it was of it the analysts spoke when they said time had no mellowing effect on alcohol. But Irish whiskey is not alcohol. It is the product of a pot-still, not a patent still, and in the process of distillation from malt a very mixed product is carried over, of which the principal ingredients are ethyl alcohol, butyric-alcohol, amylic-alcohol, together with some aldehydes and esters. These mixed products have a tendency to split up and re-arrange their constitutional parts in time, and the longer the spirit is kept the greater the percentage of ethers and esters that are produced. Of the alcohols the amylic and butyric give the peculiar bouquet and flavour to Irish whiskey which is so much admired, and which vendors of silent spirit and potato spirit from the Continent try to produce by flavouring agents added to these products. The flavour of a ripe pineapple is largely due to amylic ether, hence the name pineapple whiskey so often applied to pot-still whiskey. Butyric ether gives the peculiar flavour to jargonelle pear, and develops by time from the butyric alcohol. The effects of the amylic alcohol may be formed from the well-known physiological action of amyl nitrite, and is familiar to all unfortunates who have drunk fresh whiskey; the feeling of bursting in the skull, the sensation of the ground rising and falling, and the general tremor of the voluntary muscles indelibly fix the effect on the mind. Now, in the distillation of whiskey from corn, or the addition to malt of corn increases the percentage of amylic alcohol and calls for a longer time for the maturing of the spirit. But as the analysts pronounced that alcohol was unaffected by time and quite as suitable for drinking when fresh made as it would be five or ten years afterwards. Mr. O'Sullivan's praiseworthy attempt to insure that imitation whiskey was not put on the market was defeated.

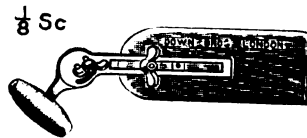
Unfortunately the vendors of the so-called brands of whiskey were not satisfied with the profits made by adding corn whiskey and silent alcohol to malt whiskey, they sought larger profits, and obtained them by introducing foreign spirits. Potato and molasses spirit was imported and blended with some Irish whiskey

and the product sent out as the product of Irish pot stills, for the Revenue officers do not interfere with spirit in cask being wrongly designated, though they will not allow spirit in bottle to be so labelled. Thus it has come to pass that the English and American market is supplied with potato or molasses spirit doctored with a tificial flavouring agents, and perhaps a small percentage of Irish pot-still whiskey—a blend that is maddening and poisonous. The only way the purchaser can obtain Irish whiskey in small quantities is by buying a bottle of some well-known brand that has been corked and labelled in bond. By taking this precaution, pure, wholesome Irish malt whiskey is obtainable. There is no other safeguard, and in cases where whiskey is medicinally prescribed it should be followed, for the market is overrun with poisonous compounds which are sold as old Irish malt whiskey.

NEW INVENTIONS.

A NEW SPLINT FOR COLLES' FRACTURE.

MR. JAMES S. ASHE, the Adelaide Hospital, Dublin, has invented a new splint for the above fracture, for which the following advantages are claimed:—



Simplicity. It can be used for both arms. An extension movement can be obtained and any degree of adduction or abduction. It consists of two parts (a) the splint proper, (b) the crutch.

The Splint Proper is a piece of wood about 5 ins. by 3 ins. by $\frac{1}{4}$ in., with a screw at one end which allows the crutch to be racked out to any degree according to the size of the arm, &c., and there fixed.

The Crutch is T-shaped, and is composed of metal, the cross piece being wood is the part held by the hand, the limb has a cut-out groove in it which slides up and down on the screw of the splint proper, another screw allowing it to be fixed at any angle. The accompanying illustration explains the working fully. Messrs. Down Brothers, Limited, London, are the makers.

Medical News

Ankylostomiasis in Westphalia.

AN outbreak of ankylostomiasis, similar to that recently reported upon in Cornwall, has broken out among the miners in Westphalia. The victims are reported to number several thousand, and strenuous efforts have been initiated by the authorities to prevent the spread of the disease.

A Medical Officer Exonerated.

AFTER a long inquiry into the allegation that Dr. King, one of the medical officers of the Derby Union, had re-vaccinated a child without the parents' consent, the guardians, by 39 to 1, resolved that Dr. King had not exceeded his duty, and exonerated him from any blame in the matter.

The Mortality of Indian and Foreign Cities.

THE following is the official weekly return of the rates of mortality in certain Indian and foreign cities, which gives the annual death-rate per 1000 living in Calcutta at 35.6, Bombay 96.1, Madras 37.5, Paris 21.5, Brussels 18.4, Antwerp 12.9, Amsterdam 14.2, Copenhagen 13.4, Stockholm 20.2, Christiania 16.6, Moscow 25.1, Munich 23.7, Vienna 23.1, Prague 25.7, Budapest 20.6, Trieste 33.1, Rome 26.2, Venice 28.8, Cairo 32.5, Alexandria 33.6, New York 21.2, Philadelphia 21.6, Boston 21.6.

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.

ROYAL ORTHOPÆDIC HOSPITAL.

A correspondent points out that the sum for which it was proposed to dispose of the hospital site in 1899 was £28,000, so that the opposition to the sale was really the means of gaining £12,000, and not £8,000, as we had been led to suppose. As the arbitrary dismissal of the surgeon to the hospital is likely to be the subject of legal action, we forbear comment for the present, although we cannot but hope that an alternative so prejudicial to the best interests of the institution will not be forced upon him.

Dr. W. D.—Pressure on our space obliges us to hold over your paper for which we hope, however, to find room shortly.

THE MYSTERY OF DEATH.

Medicine and Science vainly strive to solve
The "Mysteries of Life" which still enthral.
Do what we may, or make our best resolve,
The "Mystery of Death" still baffles all.
'Tis sad to think our acting, bad or good,
Is but for once, alas! there's no encore.
We "strut our little hour upon life's stage";
We leave it and, alas! are seen no more.

A. D.

STUDY SWIMMING BEFORE MEDICINE.

Dr. H. A. Giles, Professor of Chinese in the University of Cambridge, in his interesting work recently published on "China and the Chinese," tells how the physician in that Eastern land charges no fees, but is paid a fixed sum, as "horse-money," in advance. But the practice of medicine is not without grave risks. A certain doctor who had mismanaged a case, was seized by the patient's family and tied up. In the night he managed to free himself, and escaped by swimming across a river. On reaching home he found his son busy with his medical studies and said to him: "Don't be in a hurry with your books; the first and most important thing is to learn to swim."

Dr. K. G.—Professor Mikaliez advocates the use of an alcoholic solution of soap for cleansing the hands prior to an operation, and he applies the same method for the sterilisation of instruments. By wrapping them in cotton wool, wetted with it, they are said to retain their aseptic condition for a long time. By applying the spirits of soap thus, the spirit evaporates, leaving a coat of soap on the instruments while the substance adheres to the wool throughout.

A. D.—"The burning question of the day?" Cremation!

WILTONIAN.—The early spring is the best time for Biarritz. Our experience of hotels there is that the Biarritz Salins Hotel is the most comfortable. It is, moreover, connected with the mineral springs and bathing establishment, a desideratum for one in search of health. The season is a little later in the Pyrenees, June being the best month. Hotel Gassion at Pau will best suit your requirements.

CLIPPINGS FROM LAY EXCHANGES.

Tuberculosis and Consumption.

"Dr. S.—, of New York, has come out with a lengthy article in which he states that tight lacing causes tuberculosis and consumption. He says that with tight lacing women cannot get proper ventilation into their lungs.—*Northfield (Minn.) News.*"

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, MARCH 18TH.

ROYAL METEOROLOGICAL SOCIETY (Institution of Civil Engineers, Great George Street, S.W.).—7.30 p.m. Lecture:—Mr. C. V. Boys: The Passage of Sound through the Atmosphere (illustrated by Experiments and lantern slides).

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. Discussion on the Dietetic Factor in Health Resort Treatment (introduced by Dr. Mouillot, Harrogate).

SOCIETY OF ARTS (John Street, Adelphi, W.C.).—8 p.m. Mr. W. Schooling: New Aspects of Life Assurance.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Dr. G. Rankin: Neurasthenia, the Wear and Tear of Life.

THURSDAY, MARCH 19TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Evening. Cases will be shown by Dr. S. Phillips, Dr. W. J. Harris, Dr. L. Guthrie, Mr. Jaffrey, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. W. H. A. Jacobson: Clinique. (Surgical.) 5.15 p.m. Dr. F. Caiger: The Treatment of Enteric Fever.

FRIDAY, MARCH 20TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, Cavendish Square, W.).—5.30 p.m. Clinical Cases will be shown. Papers:—Dr. H. Ashby and Mr. S. Stephenson: On a form of Acute Amaurosis in Infancy following Convulsions. Mr. H. T. Curtis: A Case of Congenital Parosteal Sarcoma arising in connexion with the Acromion Process of the Left Scapula removed from a boy aged 5½ months.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8 p.m. Council Meeting. 8.30 p.m. Paper:—Dr. L. Parkes: The Prevention of Diphtheria Outbreaks in Hospitals for Children.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street,

W.C.).—4 p.m. Dr. H. Tilley: Clinique. (Ear.) 5.15 p.m. Mr. T. P. Legg: Injuries of the Head and Neck. III.

DUBLIN.

FRIDAY, MARCH 20TH.

ROYAL ACADEMY OF MEDICINE, IRELAND.—Obstetric Section. Exhibits by Card:—Dr. E. H. Tweedy: Ovarian Cyst. Dr. Flynn: (a) Ovarian Tumours. (b) Fibrous Polypus. Specimens:—Dr. Tweedy: (a) Ovarian Cyst. (b) Parovarian Cyst. Exhibit:—Dr. Alfred Smith: Bossi's Dilator. Papers: Dr. W. P. Cockle: A Case of Eclampsia, with Post-mortem Delivery by Forceps. Dr. Glenn: Notes on a Case of Abdominal Hysterectomy for Myomatous Uterus, followed by Surgical Shock and Infusion of four pints of Normal Saline Solution. Recovery. Dr. A. Smith: (a) Notes on a Case of Ruptured Tubal Pregnancy, with Specimen. (b) Notes on an Interesting Fibromyoma, with Specimens. Dr. Purefoy: Gynaecological Report of the Rotunda Hospital for the year 1901-02.

Appointments.

Briscoe, William Thomas, A.B., M.D., M.Ch.Dub., Medical Officer of Health for the Chippenham Urban District.
Cope, Ricardo, M.R.C.S., L.R.C.P.Lond., House Surgeon at the Rotham Hospital and Dispensary.
Crooks, James, M.D., C.M.Toronto, L.R.C.S.Edin., L.S.A., Medical Officer of Health for Chard.
Dalby, Augustus William, L.R.C.P., L.R.C.S.Edin., Medical Officer of Health for the Frome (Somerset) Rural District Council.
Dunlop, Thomas, M.B., C.M.Edin., D.P.H.Cantab., Medical Officer of Health for Torquay.
Hobling, John Henry, L.S.A.Lond., Medical Officer of Health for the Bideford (Devon) Rural District.
Johnson, Henry Sandford, M.R.C.P.Irel., L.F.P.S.Glasg., Medical Officer of Health for the Totnes (Devon) Rural District Council.
Kelly, C. E. M., M.D.Lond., Certifying Surgeon under the Factory Act for the Witney District of the County of Oxford.
Miles, U. W. N., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Bewdley District of the County of Worcester.
Murray, James, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Allendale District of the County of Northumberland.
Sprout, A., M.B., C.M.Glasg., Certifying Surgeon under the Factory Act for the Appleby District of the County of Westmoreland.

Vacancies.

The Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.—Assistant Resident Medical Officer. Salary £100 per annum, with board and lodging in the Hospital. Applications at once to the Secretary, 34, Craven Street, Charing Cross, London.
Bracebridge Asylum, near Lincoln.—Junior Assistant Medical Officer. Salary £125 per annum, with furnished apartments, board, attendance, &c. Ladies only are eligible candidates. Applications to W. T. Page, Junior, Solicitor and Clerk to the Visiting Committee, 5 and 6, Bank Street, Lincoln.
St. Peter's Hospital for Stone, &c., Henrietta Street, Covent Garden, W.C.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary.
North-Eastern Hospital for Children, Hackney Road, N.E.—Resident Medical Officer. Salary £120 per annum, with board, residence, and washing allowance. Applications to the Secretary.
West Riding Asylum, Wakefield.—Assistant Medical Officer. Salary £140 per annum, with apartments, board, washing and attendance. Applications immediately to the Medical Director at the Asylum.
Royal Orthopædic Hospital.—Resident House Surgeon and Registrar. Salary £100 per annum, with board and washing. Applications to Tate S. Mansford, Secretary, 15, Hanover Square, W.
Central Midwives Board.—Secretary. Salary £300 per annum. Applications to Chairman of Central Board of Midwives, care of Clerk of Privy Council, Privy Council Office, Whitehall, S.W.
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.
Corporation of Manchester. Mousall Fever Hospital.—Fourth Medical Assistant. Salary £100 per annum, with board, lodgings, and washing. Applications immediately to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester.
Aldershot Urban District Council.—Medical Officer of Health. Salary £300 per annum. Applications immediately to William Edward Foster, Clerk, Council Offices, Aldershot.

Births

DUNLOP.—On March 13th, the wife of Thomas Dunlop, M.B., D.P.H., Medical Officer of Health, Aldershot, of a son.
REINHARDT.—On March 13th, at 13, Chelsea Embankment Gardens, S.W., to Dr. and Mrs. Charles Reinhardt, a son (Ralph).

Marriages.

BREND—CLARK.—On March 12th, at St. Mary's, Thorpe, William Alfred Brend, M.A., B.Sc., M.R.C.S., L.R.C.P., eldest son of the late William Brend, M.R.C.S., of Kensington, to Lillian Jessie, only daughter of G. B. Clark, M.D., F.R.S.E., of Caterham, Surrey.
CLOUSTON—CLOUSTON.—On March 11th, at the College Church, J. Storor Clouston, elder son of Dr. Clouston, of Tipperinn House, Edinburgh, and Sinogroog, Orkney, to Winifred Bertha, youngest daughter of the late Charles Stewart Clouston, M.D., of St. Andrew's.
GOWANS—ANGUS.—On March 12th, at West Coates Parish Church, Edinburgh, Thomas Gowans, M.B., Ch.B., son of William Gowans, M.D., of Westoe, South Shields, to Mary Berta, daughter of Robert Angus, of Ladykirk, Ayrshire, and 15, Grosvenor Crescent, Edinburgh.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, MARCH 25, 1903.

No. 12.

Original Communications.

NOTES ON SOME RECENT ADVANCES IN OCULAR THERAPEUTICS. (a)

By CECIL E. SHAW, M.A., M.D.,

Assistant Surgeon to the Belfast Ophthalmic Hospital, &c.

AMONG the numbers of new drugs to which enterprising chemists, generally of Teutonic lineage, have lately introduced us are some which make special appeal to the ophthalmic surgeon. Of these a few have stood the test of trial in everyday work, and though I do not think that those I am about to refer to will entirely displace any old and well-known favourites, still they seem worth adding to the rather small list of drugs to which we have frequent recourse in eye work.

Adrenalin, or extract of suprarenal capsule in the 1 in 1,000 solution supplied by Parke, Davis and Co., is familiar to most of you, as it has been used in many departments of practice. In eye work it has two distinct uses; one is to blanch the conjunctiva and so lessen bleeding in operations involving the cutting of that membrane, such as tenotomy for strabismus or plastic operations on the lids; the other use is to reduce great conjunctival injection and so promote absorption into the eye, which the injection greatly hinders. In this way cocaine or atropine may be got to take much greater effect on an acutely inflamed eye than it otherwise would.

Acain is a less well-known drug. It is related to caffeine and theobromine, and in 1% solution has marked anæsthetic effects on mucous membranes. Its chief use in eye work is as an addition to solutions for subconjunctival injections, of which it greatly lessens the pain. It does not keep well in solution, and seems to me to lose its effect.

Of the many organic salts of silver lately introduced, *Protargol* is the only one of which I have made extensive trial, and as a 5% solution I have it in constant use, replacing the old 10 gr. to 1 oz. solution of nitrate of silver in many, though not in all cases. With children and nervous patients, where it is difficult to get the lids well opened or everted, the protargol solution acts well, as it is much less painful, and not being precipitated by albumen it penetrates to all parts of the lachrymal sac. In troublesome cases of chronic conjunctivitis in adults, however, I prefer the old nitrate of

silver solution, believing it to be on the whole more effective when it can be thoroughly applied.

Cuprol, an organic salt of copper, is meant to replace sulphate of copper. I have only recently obtained it, and cannot report on it yet, but Mr. Snell, of Sheffield, speaks so highly of it that I mean to give it a good trial.

Euphthalmine is perhaps the most valuable of the recent introductions. It is a synthetic product nearly related to Beta-Eucaine, but differing entirely in properties, being a mydriatic without any power of causing local anæsthesia. If two drops of a 5% solution are dropped in the eye, maximal dilatation of the pupil is brought about in thirty-five minutes, without any appreciable weakening of the power of accommodation, the patient being able to read as usual. There is no raising of tension, and it can be safely used even in glaucomatous cases, where one dare not use any other mydriatic. The effect passes off in two to four hours, and it is this safety and rapidity that make it so valuable for ophthalmoscopic work. Cocaine is very uncertain as a mydriatic, and may affect accommodation; homatropine and atropine both raise the tension of the eye and may bring on acute glaucoma in a person predisposed to it. The effect of homatropine lasts twenty-four to forty-eight hours, and atropine ten to fourteen days. Euphthalmine is then much the most satisfactory mydriatic when we wish to dilate the pupil for ophthalmoscopic examination with the smallest possible disturbance of vision. The only disadvantage is its expense; it costs 3s. per gramme, or about 4s. 6d. per oz. in 5% solution. This seems dear, but as one need only use one or two drops in each eye, it only costs a fraction of a penny for each application. It acts well in weaker solution if combined with cocaine, 0.5% of each, but on the whole I prefer the simple solution as being less likely to affect accommodation and tension.

A new mydriatic, *Mydriamine*, has just been brought out by Squire. It is said that when used in quantity in 1 or 2% solution it acts like atropine, but if one drop of a 1% solution is used we get mydriasis for about twenty-four hours and paralysis of accommodation for a few hours only, and further that one drop of a 0.5% solution will cause considerable mydriasis with scarcely appreciable loss of accommodation. I got a sample only three days ago, so cannot give an opinion on it yet, but certainly one drop of a 1% solution causes full mydriasis in thirty to forty-five minutes, and in a case of suspected iritis it acted excellently, showing an adhesion of the iris to the lens capsule.

In the case of all these solutions there is some difficulty in keeping them clear and fresh, and I

(a) Read before the Ulster Medical Society, March 6th, 1903.

have been in the habit of using Burroughs Wellcomes' ophthalmic tabloids frequently. I have just obtained some of these drugs put up in a new way by Martindale, in small tubes known as sterules—a tube being broken and used for each application.

I have used *Aspirin* a good deal lately as a substitute for the salicylates, and it seems to act very well in rheumatic affections of the eye. I have seen no objectionable symptoms following its use, but on the general question of the relative advantages of aspirin and the salicylates many of you have no doubt much wider experience than I and better ground for dogmatizing.

One other drug I should like to mention, though I have not yet had an opportunity of using it—Jequeritol and Jequeritol serum, as supplied by Merck, of Darmstadt. Jequeritol is extracted from Jequery seeds, and put up in sterilised solutions of four different strengths for use in cases of granular conjunctivitis with pannus and Romer's Jequeritol serum is supplied with it, to check its action if it causes too severe an inflammation. A generation ago many cases of pannus were cured by the use of infusions of Jequery seeds, but as now and then the inflammation caused by the infusion was so severe that an eye was lost, it gradually fell into disuse. In this new form its action can be controlled by the strength of the solution used, and, at the early stages at any rate, checked by the serum if too severe. It is said to act best in cases where there is still a catarrhal secretion from the lids.

THE IMPORTANCE OF ATTENTION TO THE MOUTH AND TEETH BEFORE AND AFTER OPERATIONS UPON THE PELVIC VISCERA. (a)

By H. MACNAUGHTON-JONES, M.D., M.A.O.,
F.R.C.S.I.

ANYTHING that is likely to complicate recovery from a pelvic or abdominal operation is worthy of attention. This may appear a truism, yet it is unfortunately the fact that occasionally we have to deplore a fatal result which arises, not from some apprehended cause such as an unavoidable surgical calamity or complication, but from a trivial oversight or unlooked-for yet avoidable accidents or complications, which greater forethought or watchfulness might have prevented. It is to the occurrence of such a sequel to a pelvic operation that I desire very briefly to draw attention.

It is well known that even in health a great variety of micro-organisms are found in the buccal cavity, such as the leptothrix sarcinæ spirilla, the pneumococcus of Friedlander, the bacterium gingivæ pyogenes, the bacterium termo, the pseudo-diphtheritic bacillus, and, less frequently, the staphylococcus albus and aureus, the streptococcus pyogenes, and the bacterium coli commune. This is only part of a list of micro-organisms which, according to Miller, frequently number a hundred and forty million in an unclean mouth. (b) Fortunately, the old saying is true of all these deleterious organisms—"these fleas have other fleas"—and to this microbial cannibalism we owe the immunity from septic influences under ordinary conditions rather

than to the weak bactericidal effects of the saliva. But we must further remember that these microbes may secrete ferments and produce alkaloids, the same microbe possibly having the property of producing both, and toxic ptomaines be also formed from these pathogenic organisms. How far the swallowing of such infective germs, if they be not destroyed by the gastric secretion, and reach the intestine, infecting the intestinal tract, indirectly favour septic changes in wounded tissues, especially in those in close proximity to the bowel, we cannot say. That they may do so, and occasionally do, appears to be certain. That they must directly cause various gastric troubles is equally true. When the general health is affected and the buccal cavity is itself involved by any acute or chronic constitutional disorder, the virulence of such organisms is increased. By disordered states of the stomach the naso-pharyngeal tract, the teeth, tongue, and buccal mucous membrane, this increase in virulence is likely to be produced. The mouth then becomes a generating microbial incubator, in which fermentive, putrefactive, and infective action are rife. The bacterium termo, which we have noticed as being present, is known to be one of the most active agents in bringing about putrefactive changes. The affection pyorrhœa alveolaris, in which a pus pocket forms between the alveolus and the root of the tooth, and which is attended by softening with purulent exudation from beneath the gum, is commonly known to all dental surgeons.

In a valuable series of articles which appeared in the *Clinical Journal* (March and April, 1899), Mr. Fitzgerald discussed the etiology, pathology, and treatment of this affection. Among the predisposing causes, besides syphilis, tubercle, and scurvy, he mentions the exhaustion of acute infectious disease, or any other source of malnutrition. The gingivitis is accompanied by streptococcus invasion and putrefactive organisms, with decayed food remnants, which, with the associated pus, are swallowed, and act locally on the stomach wall, originate gastric fermentation, and initiate processes which are the result of the absorbed toxins generated in the mouth. (a)

A lady who was under my care for recto-vaginal fistula, which was cured by operation, and on whom I subsequently performed amputation of the cervix, consulted me on different occasions for most severe ulcerations of the buccal mucous membrane, and the inside of the lips and tongue. Pseudo-diphtheritic patches, extending deeply into the tissue, and most difficult to heal, recurred from time to time, notwithstanding that I had the teeth attended to and all carious stumps removed. I had two or three bacteriological examinations made of scrapings from the membranous exudations, and each time the staphylococcus and streptococcus were present with other organisms. Recently, though she has been for a few years free from an invasion, she has had another and milder attack on the inside of the lip. At the time of the first attack the sockets of all the incisor teeth were infected; these were attended to by her dentist and peroxide of hydrogen was injected.

The lymphatics of the salivary glands, and those of the mouth communicating with the superficial and deep cervical glands, may carry infective organisms to these latter. Should there, at the same time, be any slight abrasion of the buccal mucous membrane, the infection may thus directly reach the circulation.

In a communication on "Dental Reflexes," made to the *Dental Record* in 1890, in referring to reflex irritation caused by the teeth, I wrote:—"This source of a distant neurosis is hardly kept in view as frequently as it ought to be in the daily practice of the practitioner and dental surgeon. The latter especially must have frequent opportunity of recognising in carious or otherwise affected teeth an explanation of some puzzling disorder which has baffled the therapeutic skill of the physician or the more specialised aid of the specialist," and I referred to gastric disturbance as one consequence

(a) Read before the British Gynecological Society, March 12th, 1903.
(b) "Researches in Micro-organisms." By A. E. Griffiths, Ph.D. F.R.S.E. 1891. "Bacteriology." By R. T. Hewlett, M.D. 1898.

(a) "Pyorrhœa Alveolaris." By John Fitzgerald, L.D.S.

of such reflex irritation, also, to vaso-motor facial excitations due to pelvic disorders, both uterine and ovarian.

The vascular disturbances due to such vaso-motor excitations, affecting the blood supply of the salivary glands, and causing diminution or increase in the blood pressure in the cervical and facial vessels, may be explained through the constricting and dilating fibres which pass from the spinal cord through the sympathetic cervical ganglia to the carotid arteries and their branches. The connection between the fifth and seventh nerves is also important, the nervous supply of the parotid being from both of these nerves as well as from the sympathetic plexus of the external carotid; and that of the submaxillary and sublingual glands being likewise from the fifth and sympathetic, the latter having a branch also from the chorda tympani. (a)

I refer to these nervous connections for a reason I shall presently explain.

Dr. Morley, of Michigan, in the December number of *American Gynecology*, 1902, has reported a case of secondary parotitis following a salpingo-oöphorectomy performed by Dr. Peterson. Here the affection followed a rather severe operation in which there had been an escape of pus into the pelvis, and secondary wound infection, evidently of a septic character, as shown by foul-smelling pus discharged from the vagina, and also from the reopened abdominal wound, nine days after operation. In the parotid gland a swelling formed which fluctuated, and seventeen days after the operation a purulent collection was opened, which bacteriological examination showed to be due to the staphylococcus pyogenes aureus. Dr. Morley collected the particulars of fifty-one similar cases, forty-four female and seven male. Of these fifty-one, twenty-eight were after ovariectomy. In the remaining twenty-three, various operations on the pelvic viscera had been performed, and in thirty-two out of the fifty-one the affection set in from the third to the seventh day. Cases have, however, been recorded as late as the fourteenth day (Bumm and Mörricke). Suppuration did not occur in thirty-one cases. There were thirty-eight recoveries. Pus was present in nine and absent in four of the thirteen fatal cases.

Dr. Morley refers to the two views of the causation of parotitis, viz., (1) That the correlation is due to a sympathetic excitation conveyed through the sympathetic system to the parotid, or (2) to toxins conveyed to the gland from the pelvic viscera by the lymph and blood channels.

Mr. Stephen Paget, who has twice written on the subject of parotitis (b) as a sequel to operative interference, and has collected the particulars of over 100 cases, advocates the neural origin of the affection.

Dr. Morley notices the weakness of each of these theories, neither of which explains why there is a special selective action for the neck organs, or the absence of septicaemia in several cases. As to the neural theory, he says:—"It is simply advanced to mask our ignorance of the true cause of the affection." On the other hand, when we consider the numerous communications and extensive distribution of the trigemini, and the sympathetic supply I have referred to, there is not, in my opinion, any occasion for surprise that the organs in the cervical and facial regions should be specially subject to attack. Nor is it essential that the affection should necessarily have a pyloric origin. I cannot but think that parotitis of a septic character and other oral and cervical inflammations following pelvic operations may be better explained by direct infection from the mouth rather than by sympathetic excitation or the immigration of toxic elements from such distant parts as the pelvic organs. It is worthy of comment that most of the parotid lymphatic vessels pass into the submaxillary glands (Quain), which also receive the lymphatics from the floor of the mouth as well as the sub-

maxillary and sub-lingual vessels, while the internal maxillary glands, placed beneath the ramus of the lower jaw, receive the afferent vessels from the roof of the mouth and the soft palate, all the efferent vessels from these glands finding their way into the superficial and deep cervical.

It is only reasonable to expect that the prolonged administration of an anæsthetic, and the performance of an operation which involves some shock to the system and subsequent depression of vital power, will be likely to aggravate any pre-existing septic tendency in the mouth, and further, that this infective influence may occasionally involve the ducts which open into it. In some instances the effect of the anæsthetic appears to be worse than that of the operation. Especially is this the case with ether, if the administration be prolonged. The digestive system may then become disturbed, and the tongue rapidly coated and furred: the breath is foul, and eructations follow with nausea. All this affects the recovery of the patient, influencing the feeding, the digestion, the maintenance of health, and the prevention of a septicaemia which arises, not primarily from the operation area, but from the failure of vital power. That septic inroads into an operative tract are frequently results of vital depression, has been for a long time taught and recognised (Fritsch). In the type of case I allude to the early indications of danger from such septic infection in the mouth are to be found in the rapid and persistent fouling of the tongue which is coated with a thick slimy fur and by a peculiarly foetid breath. On inquiry we may elicit the fact that the patient has suffered from periodical attacks of dyspepsia accompanied by the same symptoms. Or there may be caries of the teeth, and old stumps which have been filed down, artificial teeth being worn over them. The administration of ether appears more conducive to the development of this state than that of chloroform though I have just had a case in which it followed administration of the latter in a necessarily tedious series of operations at one sitting. That patient has recovered; but two cases of this nature I have seen end fatally, one was many years since, when the late Mr. G. F. Bailey gave ether for me to a woman advanced in life, for the closure of an extensive recto-vaginal rent which had been endured for many years. A cloaca common to the vagina and rectum existed. The patient bore the operation well, but there was ether vomiting for some thirty-six hours, and the state I have described supervened. The breath became extremely foetid, the tongue more and more loaded, and she gradually passed into a general septic condition ultimately becoming comatose. Death supervened on the tenth day. Meanwhile the recto-vaginal and perineal wounds had progressed most favourably, and the union, without any suppuration, was complete before death. Obviously the septic state did not arise from the wound.

In the second instance. I had performed a perfectly satisfactory hysterectomy on a patient, æt. 45. The operation was completed without accident. The same train of symptoms set in and continued. Sleeplessness compelled the use of morphia. Vomiting ceased, the bowel was moved sufficiently each day, but the typhoid condition continued, without any pain or rise of temperature to speak of. She died on the ninth day from the operation. There were no abdominal or pelvic symptoms from first to last, no tympanites, nothing to be felt per vaginam. The patient did not complain of pain, but was very restless, with a rapid pulse, and any noise in the street disturbed her. She was perfectly conscious up to a few hours before death. The abdominal wound had perfectly healed.

It may be said that parotitis can have no direct relationship to an operation when a patient has absolutely recovered from the latter before the symptoms of the parotitis appear. This may or may not be the case. Given carious teeth and any recent interference with decayed stumps, with a predisposing agency acting through the circulation or the nervous system, and the consequence may be an attack of parotitis or angina Ludovici. I was called some years since to see a dis-

(a) Landois and Stirling's "Text-Book on Physiology," 1889. "Text-Book on Physiology." J. McKendrick. 1889. Quain's "Anatomy," Vol. II., Part II.; Vol. III., Part IV.
(b) "Transactions" of the Medical Society, 1887. "Abdominal Section, followed by Parotitis." "Transactions" of the Clinical Society, 1892.

tinguished actress. She had been rehearsing in a theatre of which the air was foul, the drains being out of order, and she was suffering from her teeth at the time and had dental neuralgia of the right side. Suddenly the parotid gland at that side and the sub-maxillary and sublingual at both sides, became swollen; only with difficulty could the mouth be opened, and the act of swallowing was attended with great pain. The soft palate was pushed down by a swelling in the palato-pharyngeal space at the right side. Fortunately I was just able to feel the swelling through the constricted oral aperture. It was at first very tense and hard, but with repeated hot antiseptic gargling, it became softer in about forty-eight hours, and I determined to incise it. Her condition at the time was very critical. I made the incision with a laryngeal bistoury, and enlarged the opening with forceps, evacuating a large quantity of fetid pus, to the great relief of my patient's suffering and of my anxiety. Recovery followed rapidly.

A gentleman had some stumps extracted, and a portion of one remained. In a subsequent effort to remove this the alveolus was splintered, and a sinus remained in the bone, with associated periostitis and gingival swelling. Under treatment, this subsided. Shortly after he had an attack of true angina Ludovici. I was summoned a distance to see him. I found the entire neck swollen, and the space between the line of the axilla and face filled. There was the greatest difficulty in swallowing, and the breathing was rather stridulous. The symptoms had come on rather rapidly, there was the greatest distress, and the condition was very alarming. The treatment to which I mainly ascribed the relief afforded to this patient was the application of a large ice poultice, which encircled the neck. This was kept constantly on, and in a few hours the swelling began to subside, and he made a good recovery.

Dr. Barrett, a Fellow of the Society, writes to me as follows:—

"I lost a case last year—lady, *æt.* 43—with parotitis and subsequent angina Ludovici, which I believe would never have occurred save that her teeth were in a very neglected condition. The first symptom was pain over the carotid region. Swelling appeared in two days and gradually increased. On the fifth day the neck was completely involved, there was brawny induration, and she died on the morning of the sixth day from heart failure. She was supposed to be in perfect health the day before her illness."

Dr. Jardine, another of our Fellows, has kindly sent me short notes of a case in which parotitis followed three days after the evacuation of a faecal abscess, the result of appendicitis. The parotids of both sides were affected. The patient recovered.

Such cases, of course, prove that parotitis may be, and doubtless is, occasionally, a coincidence rather than a sequence of an operation. But, even so, with such predisposing influences as the administration of the anæsthetic, the occurrence of shock, lowered vitality and possible upset of the digestive system, it only makes the condition of the mouth at the time of operation a factor in the patient's recovery which we should not overlook.

In the case I am about to refer to I will not occupy time by entering into all the details. It will be sufficient for my purpose to deal with it in outline. The patient consulted me in 1901 for cystocele with vaginal prolapse, and some descent of the uterus. I performed the operations of perinæoraphy and anterior and lateral colporrhaphy, taking in the muscular coat of the bladder, with the sutures passed through the anterior wound. I also removed a few large hæmorrhoids by ligature. The operation was performed on the 16th of the month, and everything went on most favourably until the 30th, the temperature never rising above 100° F., and the pulse, as a rule, being below eighty. The bowels were freely moved four days after the operation, and the superficial sutures were removed on the eleventh day, when the wounds were quite healed. The catheter was used for

the first five days after the operation and the urine was then passed spontaneously. There was no complication whatever, save that during my absence for some days the urine became rather loaded with lithates and as it was somewhat offensive the bladder was washed out with a boric solution. I left the case doing perfectly well on the eleventh day after operation. The first indication of anything wrong was a note in the nurse's report on the fourteenth day:—"Patient complains of faceache," and the next morning: "Patient has had a bad night, the face being very painful." At the same time there was a slight rise of temperature, from normal to 99.4° on the sixteenth day. I saw her again on the seventeenth day after operation—the second of the face attack—and found that she had had considerable pain during the night, and that the right side of the face over the parotid region was swollen. The temperature at the same time had risen to 102°, the highest point it reached during the whole of her illness. The urine was now normal in character and quantity, and the bowel had been regularly relieved. It transpired that before her operation some teeth in the right upper and lower jaws had been giving her trouble, and she had seen a dentist in consequence. It was now clear that we had to deal with a severe attack of parotitis, and this followed the usual course for three or four days. The temperature fell to a degree above normal, and the pulse was but slightly quickened. She was able to take her nourishment well, and close attention was paid to the mouth and teeth, antiseptic washes being used, while constant fomentations were applied to the swelling. On the seventh day of the attack there was but little increase in the swelling. No fluctuation could be detected, and the morning report was that she had had a fairly good night, sleeping at intervals. The same condition continued on the eighth and ninth days, plenty of support being taken, alternately with stimulants. The swelling had now begun to extend upwards in the direction of the temporal region, and down to the neck. It was still densely hard, and there was a slight discharge from the occluded left auditory meatus. The swelling below the jaw had not increased. The evening temperature on these two days had risen to 101°, the pulse to 98. Liquid nourishment was still well taken, and for the last two days she had been given quinine at regular intervals. There was no change in the character of the swelling, which was of a deep red colour. Feeling now that at all hazards free incisions should be made, I asked Mr. Watson Cheyne to see her with me, which he did that night, and agreed that such a course was the proper one to take—a view confirmed at a subsequent visit next morning. Her temperature and pulse, taken twice during the night, were respectively 98.8° and 74, rising in the morning to 99.4° and 86. I mention this to show that there was not then much constitutional disturbance. The next, the tenth, day the cervical swelling had increased, and the temperature and pulse had risen. The discharge from the ear had also increased, and I feared difficulty in deglutition, and possibly pressure on the larynx. At midday I made two free and deep incisions, one extending through the swelling as far as the articulation of the jaw, and into the glenoid fossa, and a second below the line of the lower jaw, cutting through a deep and dense mass of phlegmonous strangulated tissue. There was but little pus. With a scissors and curette I removed a quantity of the dead tissue, filling the wound with iodoform gauze.

There is nothing else of importance to relate. Little change took place in her condition for the next few days. She took ample nourishment, and retained her sensibility, suffering but little pain. Her temperature remained between 99° and 100°, the pulse, for the second time only during her illness, passing beyond the 100. She sank on the fifteenth day of the attack, notwithstanding the free administration of nourishment and stimulants, and periodical injections of strychnine.

Reviewing the course of this case, one cannot help feeling that life was possibly lost through not seeing

that the teeth and gums were in a healthy state before operation, as, had this been done, the draught from an open window, to which her face-ache was first attributed, might not have led to such a complication.

Though only a limited number of cases of parotitis after operation have been recorded, it does not follow that its occurrence is so uncommon; but parotitis, I consider, is only one of the evils that may follow from contamination arising out of unhealthy conditions of the mouth and teeth. A certain proportion of cases in which cœliotomy or some vaginal operation has to be performed run their course evenly and without giving any cause for anxiety, while others in which we least expect trouble make us apprehensive almost from the time of operation. Each additional factor in this disturbance adds to our difficulty and militates against recovery, or, at least, prolongs convalescence. Hence it may happen that early attention to the teeth and buccal cavity may avert some unfavourable sequelæ and materially assist us in combating those troublesome gastric symptoms so commonly following upon these operations.

The disinfectants which I have been in the habit of using for the mouth are permanganate of potash, formalin, peroxide of hydrogen, boracic acid, and sulphurous acid. The one I prefer is a combination of boric acid, formalin, and glycothymolin. The last-named preparation is a very pleasant disinfectant, forming a useful basis for the others I have mentioned. In the gastric complications in which this factor of the mouth and breath is present, benzo-naphthol, given in the form of cachets, I have found most useful, and likewise a periodical small dose of calomel as an intestinal disinfectant.

The Nettsonian Lectures

ON THE

CONDITIONS WHICH MODIFY THE CHARACTERS OF INFLAMMATIONS OF THE SKIN AND THEIR INFLUENCE ON TREATMENT.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON

By H. RADCLIFFE CROCKER, M.D., F.R.C.P.,

Physician to the Skin Department, University College Hospital.

ABSTRACT OF LECTURE III.

THE TREATMENT OF DERMATITIS.

Internal Treatment.—The internal treatment, as far as our knowledge permits, rests on the same foundation as that of visceral diseases—namely, an accurate diagnosis and full knowledge of the etiology, pathology, and prognosis of the disease in question. Owing to imperfections in the knowledge of these factors, empirical remedies had to be employed to fill up the gaps, and although glimpses of their *modus operandi* were being gradually gained, practical experience in their employment had to be relied upon in great measure. The lecturer did not discuss treatment so far as it depended on the general principles of medicine beyond insisting on the importance of clearing out the alimentary canal, and, by diet and intestinal disinfectants, endeavouring to prevent intestinal fermentations, the generation and absorption of toxins and ptomaines, on which in his last lecture he had laid so much stress as important factors in the production of many inflammatory and other diseases of the skin. The administration of large quantities of feebly alkaline waters, such as were given at many of the spas, had also a flushing effect on the liver and kidneys, and was often an important aid in many inflammatory and urticarial diseases, especially in senile and the so-called gouty eczemas.

Arsenic.—While the long-established position of arsenic, and its wide-spread use by the mass of the profession for almost every cutaneous disease, and its undoubted merits for some diseases, entitled it to the

first consideration, he thought most dermatologists would agree that it was often a most disappointing drug, and that its place became more restricted as experience widened. Its action appeared to be partly direct on the epithelial cells and partly indirect through the peripheral vasomotor nerves. Its local action was shown by its effect on psoriasis patches actually present. It did not prevent others forming even in the neighbourhood, and in a rapidly developing eruption actually made it come out faster. Moreover, there was more pigmentation in the site of psoriasis treated by arsenic than after treatment by other means. He therefore deprecated arsenic being given for very long periods at a time in order to ward off fresh attacks, as it not only failed to do so, but was liable to produce effects of its own, which might not only be disfiguring, but even serious. These were the well-known pigmentation of a sepia colour, which in the early stage was recognisable from its sparing for some time the immediate neighbourhood of the hair follicles so that they appeared as white dots on a dark ground on the abdomen; eventually they also were invaded and a more uniform tint was observed. The other lesion was the thickening of the horny layer of the palms and soles, which commenced round the sweat ducts and increased to small warty nodules, which at this stage were distinctive, but ultimately the intervals were levelled up to a uniform horny plate covering the whole palmar surface and all the sole which touched the ground in standing. In a few cases epithelioma developed on this warty thickening. An instance of this occurrence thirty-eight years after the arsenic had been left off was related. Besides psoriasis it was also sometimes successful in lichen planus, and in the worst forms of lichen acuminatus, in all of which its action was probably direct on the diseased epithelial cells; but it was always a slow remedy in these affections, often required the dose to be raised to the verge of the patient's tolerance, and many cases were much better treated by other means. It was often advantageous in recurrent angio-neuroses, such as some forms of erythema, especially erythema hæmorrhagicum, in which a toxic origin was often to be inferred, in chronic urticaria not dependent on digestive disturbances—in all these the dose should be small and long continued; in recurring sweat eruptions, such as the persistent forms of miliaria, of which a case was narrated, in the sweat eczema along the side of the fingers, so common in summer, especially in hyperidrotic persons. In pemphigus and dermatitis herpetiformis, although far from being the specific which some considered it to be, it often had a distinct controlling effect, and sometimes actually cured. In other cases it appeared to be quite powerless. In all these affections its action was probably through the vasomotor peripheral nerves. Its prevential influence on bromide and iodide eruptions had been previously mentioned. The lecturer had no faith in it as an effective treatment in ordinary eczema, and deprecated its use in any disease in which there was already gastric irritation as in acne rosacea, urticaria from indigestion, &c. It should also not be given in the evolving stage of psoriasis, nor when the patches were much congested, as it generally aggravated the itching and redness, and, with the exception of bullous eruptions, it was seldom advantageous in acute inflammations of the skin, and might act prejudicially.

With regard to the mode of administration, the lecturer preferred the time-honoured Fowler's solution, as it permitted of easy graduation of dose and free dilution, but the portability of Asiatic pills rendered them advantageous sometimes. Sodium cacodylate was a failure for diseases of the skin, and it was not proved that its action was exactly like the other forms of arsenic, and its employment in the doses recommended was not free from danger.

Salicin and Salicylates.—For these drugs, which were introduced into dermatological therapeutics by the lecturer, he claimed a large measure of success in many diseases of the skin. Speaking generally, they covered the same ground as arsenic, and had some advantages

over that drug, as they disturbed digestion much less frequently, and had a wider range. They could be used in the spreading stage of psoriasis, for example, and often checked extension, and certainly did not favour it as arsenic so often did. They were most likely to be successful in diseases in which there was reason to believe that they were of microbic origin, such as psoriasis, lichen planus, especially acute forms, and polyriasis rosea. In psoriasis also it was more likely to be successful in widespread and hyperæmic patches than in a few chronic patches, and it had no effect in psoriasis of the scalp. Under its use, in doses of 15 gr. and upwards the patches became paler, the scales more detachable, and soon ceased to reform, while the patch cleared in the centre, and, finally, the circle broke up. The doses alluded to were for salicin, which the lecturer now used almost exclusively, as it was quite as effectual and less likely to disagree, constipation being the chief drawback of large doses. It was very valuable in bullous eruptions such as pemphigus and dermatitis herpetiformis, often succeeding when arsenic had failed, and in acute and subacute cases of lupus erythematosus, but was of no use in the fixed patches. Finally—and this was inexplicable—he had even seen tumours, presumed to be sarcomata, disappear under its use, and it was often of temporary benefit in that hopeless disease, mycosis fungoides. He had not found it of service in eczema. If local treatment in any of the above diseases was simultaneously employed, the applications should not be of a stimulating character, as the internal and external treatment were then antagonistic. Local treatment was more serviceable on the scalp, and to clear up remaining fragments after the bulk of the disease had been removed.

Thyroid Extract.—In the reaction which followed the disappointment in the great expectations which were raised when this substance was first introduced for skin diseases by Dr. Byrom Bramwell, it had almost fallen into disuse except for myxœdema, but this the lecturer considered was not justified. In a selected few cases of extensive psoriasis its action was both rapid and efficacious, but it should not be given in spreading cases, nor in patients debilitated from any cause, especially in persons past sixty, with weak hearts. The initial dose should not exceed 5 gr. once a day, and the increment should be gradual and spread over two or three weeks, and should seldom exceed 15 gr. a day, and then only when the patient was under close observation. It was also very useful in prurigo in lichen acuminatus, and in eczema in an ichthyotic subject. Finally, it was most valuable in, and almost the only internal remedy which affected, lupus vulgaris (a case was shown), but required to be given for a very long period, when, as in myxœdema, from time to time an interval from the medicament should be given.

Quinine.—Quinine in large doses was lauded in certain forms of extensive dermatitis, especially pityriasis rubra, and Payne advocated it for acute or widespread lupus erythematosus. It might be tried for pemphigus and dermatitis herpetiformis if arsenic and salicin failed. It should be given dissolved in the acid portion of an effervescent potassium citrate mixture in from 5 to 10 gr. doses, and in this form rarely disagreed if the bowels were kept open.

Subcutaneous and Intramuscular Injections.—The value of injections, subcutaneous or intramuscular, was discussed. As regarded mercury, besides using intramuscular injections for syphilis and leprosy, it had also in the lecturer's hands, as well as in those of others, proved valuable in some obstinate and extensive cases of psoriasis, where other methods had failed, and it had been recommended in lupus vulgaris, but the lecturer had no personal experience to offer in regard to that disease. He was an advocate for using only the soluble salts, as there was much less chance of serious salivation than with the insoluble salts; he preferred the soziodolate of mercury because it was much less painful than the perchloride, the dose being the same; $\frac{1}{2}$ gr. could be injected once or twice a week, the salt being dissolved with the aid of sodium iodide in twenty minims of distilled water. As all mercurial intra-

muscular injections were to some extent painful, they should not be resorted to until milder means had failed.

Arsenic had also been recommended by Kœbner and others to be used subcutaneously, or, better, intramuscularly, for diseases in which arsenic was indicated by the mouth, but the potash salt, as in Fowler's solution, was painful, and though the soda salt was less so, it was rarely used for any form of dermatitis, and was almost reserved for new growths such as multiple sarcomata, in which temporary benefit had frequently, and cure occasionally, been produced. Sodium cacodylate had also been used for similar conditions, but there had not been any important successes with it. He considered thiosinamin was of great value for keloids and hypertrophic scars. Twenty minims of an 8 per cent. solution in glycerine and water should be injected in divided portions in the neighbourhood of the growth.

The Value of Rest in Bed.—The general indications for all acute and widespread inflammations of the skin, irrespective of the diagnosis, were rest and equability of temperature. Putting the patient in bed without other treatment would cure some and ameliorate many more extensive cases of dermatitis. The prurigo of Willan and Hebra was nearly always greatly improved by a week in bed. Many of the widespread erythemata speedily disappeared, and in pityriasis rubra and other forms of universal dermatitis bed was absolutely essential for their cure, and patients incurred considerable risk by going about. Even less extensive and severe forms of dermatitis were much aggravated by going out in cold winds.

Local Applications.—In all acute inflammations the applications should be continuous, which insured that the medicament would be in close contact with the diseased surface; that microbic invasion was avoided; that it was protected against air and water, and that rest and evenness of temperature was in a large measure assured. Continuous applications must be of a mild and soothing character, while microbicides, such as tar, mercury, and silver salts, chrysarobin, and ichthyol, being more or less irritating, should be applied for a short time only, and diluted so as to suit the character of the inflammation. In choosing the local remedy a definite aim should be kept in view, for example, either to diminish the hyperæmia, to dry up the exudation, to stop suppuration, or to kill some microbe without increasing the local inflammation. The extent of the eruption and its position must also be taken into account.

The idiosyncrasy of the patient had also to be reckoned with, sometimes certain drugs which suited the majority of patients acting as irritants to others. In the acute forms of eczema this was especially the case, even the most experienced making mistakes, and in using tar and similar remedies it was wise to begin on a small part of the affected area.

GENERAL DEDUCTIONS.

The general deductions which might be drawn from the subject they had been considering were.—

That a large proportion of inflammatory diseases of the skin were of compound origin.

That there was frequently a microbic element, and that this, too, might consist of more than one kind of microbe superimposed on another, such as the Staphylococcus aureus on the Streptococcus pyogenes, the staphylococcus on the seborrhœic microbacillus, the seborrhœic microbacillus on the bottle bacillus, &c.

That not only did these several mixtures produce different forms of dermatitis, but that even the same microbe might produce different forms according to its mode of implantation in the skin.

That the microbic element generally required a suitable soil for its successful implantation and propagation; that this soil varied with the age of the individual, the kind of skin he possessed, of which the modifications might be congenital or acquired, and certain of the tissue proclivities to special diseases were probably hereditary.

That intestinal and probably other visceral toxins and ptomaines played an important and often unsuspected

part in producing many forms of eruption, and even that many supposed gouty eruptions were really of toxic origin from the generally present intestinal catarrh.

That many of these toxins acted through the vasomotor nerves, central or peripheral, rather than directly on the skin, though they might act directly on that also.

That the cerebral nervous system acted chiefly as a controlling influence over the sympathetic system in regard to the intensity of the eruption.

That with very few exceptions the nervous system, whether vasomotor or cerebral, exercised but little influence on the character of the eruption, though it did on its distribution and intensity.

That the character of the eruption was mainly due to individual peculiarities or proclivities, of which they could often only chronicle the result without being able to explain it.

That while with apparently the same etiology different eruptions might ensue in different individuals, in recurring eruptions in the same individual there was a remarkable constancy in the characters of the eruption and in its time and place of development.

That many general eruptions were for a long or short time of local origin, occupying only a small area before generalisation.

That other serious affections started from apparently trivial causes, such as seborrhœa, a superficial pustule, &c., and that it was important, therefore, to treat affections of the skin in as early a stage as possible, as most inflammatory eruptions had a much greater tendency to further development than they had to spontaneous involution.

That the principles of treatment depended on the due appreciation of the relative importance in any one case of the microbe, the personal peculiarities, the nervous system, and the toxic elements, and that as far as their knowledge extended the general principles of medicine applied to them, but that as their power of estimation was often at fault they had to fall back on certain so-called specifics, which experience had shown to be of service in certain conditions.

That the most trustworthy and comprehensive specifics were arsenic, salicin, thyroid, quinine in large doses, and potassium iodide; the first two had a wide range as compared with any others.

That except as regards pustular eruptions, and those demonstrably of microparasitic origin, the character of the local treatment depended comparatively little on the diagnosis of the particular kind of dermatitis, the extent, intensity, and localisation of the inflammation being the most important elements.

That in employing microbicidal treatment in superficial and widespread eruptions the microbicide should not be irritating, or, at least, be capable of being at once neutralised, otherwise the increased inflammation set up defeated the aim of the therapist, and afforded a favourable soil for further microbic developments. It was in comparatively few circumscribed microbic diseases, such as impetigo contagiosa, boils, and carbuncles that the microbicide was the sole curative agent.

That in all widespread forms of dermatitis rest and equability of temperature were the most important and often the most essential curative means.

Finally, that in proportion as they studied diseases of the skin in the same manner as they studied diseases of other organs, they would find that their treatment could be successfully carried out on the sound basis of pathology, and that specifics would occupy a diminishing space in their armamentarium.

The statistics given in the first lecture showed that the task of acquiring the power of diagnosis, such as every practitioner should possess, was not difficult in the majority of instances, as three-quarters of all cases of dermatitis were comprised under a very small number of diseases; but a considerable practical experience was necessary to grapple successfully with the variations which even these few common diseases presented according to the several conditions already discussed, but attention to these points would gradually

make this easier, and would bring success, which would add interest to the further study of a class of diseases which was a sealed book to many otherwise well-informed medical men, because they had not started on their investigations in a systematic manner.

Clinical Records.

NOTES ON A CASE OF BILATERAL HÆMATO-SALPINX. (a)

By WILLIAM DUNCAN, M.D., M.R.C.P., F.R.C.S.,
Obstetric Physician to the Middlesex Hospital, &c.

THE patient from whom the specimens were removed had the following history:—

A. T., æt. 29, married woman with one child, eight years old; her labour was easy; has had no miscarriages. Her catamenia began at 16; were quite regular and lasted five days—normal in amount and painless. She has never missed a period. Two years ago patient began to have sudden attacks of pain in the lower abdomen, accompanied by giddiness and sometimes by vomiting. At first the pain was not sufficient to make her lay up, but latterly the attacks have become more severe, and on the last three occasions she has taken to her bed.

Examination under anæsthesia, February 16th, 1903.—A swelling can be felt on deep palpation of the right lower abdomen. Per vaginam: A definite, firm, rounded swelling can be felt about the size of an orange in the right fornix, and a much smaller one on the left side. The uterus is normal in size and position and is mobile.

Abdominal section, February 18th, 1903.—The specimens shown were removed without any difficulty, but in extracting that from the left side, the tube, which was about the size of an unshelled walnut, burst, and dark liquid blood escaped. The patient made an uninterrupted recovery.

The specimens were hardened in formalin, and on being divided longitudinally the following conditions were observed:—

(a) Right tube and ovary are joined together and are distended with consolidated blood (probably the result of the formalin). The ovary is about the size of a peeled Tangerine orange, with a firm outer wall. The Fallopian tube is distended to the thickness of a large banana, and also has a thick outer wall.

(b) The left ovary is normal in size, but consists of one cyst, the colloid contents of which are hardened into an opaque substance like the white of egg. The left Fallopian tube is thin-walled and contains a very little blood, the remains of what was left after the tube ruptured during removal.

Remarks by DR. DUNCAN.—In the great majority of cases hæmato-salpinx, as is well known, is due to hæmorrhage into a tubal gestation, and although the right tumour on its removal looked very like a tubal gestation, on section there is no appearance of such a condition; besides which there is a complete absence of history leading one to suspect its possibility. Then, again, the fact of the hæmatosalpinx being bilateral, and that the right ovary was converted into a blood cyst, points more likely to the condition being the result of an inflammatory condition of both Fallopian tubes.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY,
MEETING HELD THURSDAY, MARCH 12TH, 1903.

HEYWOOD SMITH, M.D., President, in the Chair.

DR. J. J. MACAN said that he had been asked to invite the assistance of the Fellows in the investigation by the Manchester Clinical Society into the causes of eclampsia. The request had not reached him in time

(a) Read to the British Gynæcological Society, March 12th, 1903.

for him to mention the matter in the February number of the "Journal," but Mr. Howson Ray had promised to keep him informed as to the progress made, and it would be reported in the May number. Already, as appeared in a letter in the *MEDICAL PRESS AND CIRCULAR* of the 11th, the deficient elimination of urea had proved to be an important element in the etiology of the disease.

Dr. WILLIAM DUNCAN showed a specimen of a "Bilateral Hæmato-Salpinx," the notes of which will be found under the heading "Clinical Records," on page 295.

In response to a suggestion of the PRESIDENT, who thought the specimen required further investigation, Dr. Duncan undertook to have it carefully examined and to report the result to the Society.

Dr. J. S. MACCORMAC exhibited and demonstrated the method of using a self-retaining retractor he had devised for keeping the edges of the incision apart in abdominal cœliotomy.

Dr. H. MACNAUGHTON-JONES read a paper entitled: **THE IMPORTANCE OF ATTENTION TO THE MOUTH AND TEETH BEFORE AND AFTER OPERATIONS UPON THE PELVIC VISCERA,**

which will be found on page 290.

The PRESIDENT said that Dr. Macnaughton-Jones, as an otologist of no mean repute, was able to take a wider view than some who restricted their work to gynecology, and they were indebted to him for bringing before the Society, for the first time as far as he knew, the importance of including the mouth and teeth in the preparation of a patient for operation. That strange symptom of constriction, the "globus hystericus," so often associated with pelvic trouble, was undoubtedly suggestive of a reflex from the genital organs. It was questionable whether any well-authenticated cases of the relief of dysmenorrhœa by cauterisation of the nasal mucosa justified the acceptance of menstrual points in the inferior turbinated bones of the nose, and reflex connection between that part and the pelvic organs.

Mr. STEPHEN PAGET (a guest) said that when, many years ago, he collected 101 cases of parotitis after operation or injury, he hardly understood their significance, but he was then struck by the extreme variability of the interval between the trauma and the onset of the inflammation of the parotid. He found that this interval varied from one to fourteen, fifteen, or even twenty-one days; while in one curious instance in the practice of Mr. Leslie Thornton, the parotitis occurred on the morning of the day fixed for the operation. It could not, therefore, be supposed that the inflammation was due to any septic organism, introduced at the time of the operation, which afterwards found ground in the parotid gland. Another point that struck him was the absence of general septicæmia or pyæmia; in only seven of the 101 cases was there any secondary inflammation or suppuration other than that of the parotid. The third point he particularly noticed was that the trauma in many cases had been extremely trivial; parotitis occurred, not only after major operations involving abdominal section, but after the passage of a sound or catheter, the introduction of a pessary, or the giving of an enema, or a kick on the testicle: injuries often so slight as not to upset the patient or confine him, or her, to bed. He could not, therefore, attribute the parotitis, as some had done, to dryness of the mouth after severe operation or a rigid regimen, and he felt sure that the chief element in its etiology was some nervous influence exercised on the parotid gland by the pelvic organs. The view that infection from the mouth might be the cause of parotitis, so ably put before them that evening by Dr. Macnaughton-Jones, received some support from the only post-mortem examination he had made; there was some concretion in the duct and a few drops of pus at its entrance into the gland; but unless there was some antecedent cause, why should the parotid gland be affected? If the inflammation was due to dryness of the mouth, or foulness of the teeth, or to the inhalation of ether

why should it not occur after other operations as frequently as after operations, injury or disease, very often in themselves quite trivial, affecting the pelvic organs? Parotitis had been recorded in connection with pregnancy, parturition and menstruation, and he believed that the pelvic organs did exercise a nervous influence upon the parotid glands. Indeed a connection was known to exist between the salivary glands and the reproductive organs.

Dr. J. J. MACAN said that the nervous connection between the nasal mucosa, of which the President had spoken, was practically established, as might be seen in an abstract in the August number of the "Journal" of the Society, of an article by Cox in the *Brooklyn Medical Journal*, July, 1902. The well-known metastasis of mumps to the testicle, and the case of parotitis following a kick on the testicle mentioned by Mr. Paget, clearly indicated a reflex nervous connection between the parotid and the genital organs.

Dr. WILLIAM DUNCAN said that the Society was indebted to the author of the paper in opening up a new line of thought as regards the causation of parotitis after operations on the female pelvic organs. He (Dr. Duncan) had had a few cases of parotitis following abdominal section; one of these suppurated, but all the patients recovered. Although there had been no symptoms whatever pointing to there being anything wrong in the pelvis after those operations, he was bound to say he had always looked upon those cases as septic in character. In the future he would take care to examine carefully into the condition of the mouth in any case of parotitis arising after operation.

Dr. BEDFORD FENWICK said that having last year collected about 150 of his operation cases for another purpose, he noticed that three of them had had parotitis, and all three were cases of abdominal section. In every one of those 150 cases, as in all at the Soho Hospital, ether had been administered, and he was sure his colleagues would agree with him that parotitis after operation was a rare occurrence, far rarer than would be expected if the administration of that anæsthetic were as potent a factor in its causation as Dr. Macnaughton-Jones appeared to believe. Persistent vomiting was, he was convinced, frequently due to gastric disturbance set up by swallowing some of the ether, and patients so affected were soon relieved by being given considerable quantities of hot water, with or without a little bicarbonate of soda; they generally brought up much of the water administered smelling strongly of ether. The great majority of hospital patients had very bad teeth, and, if such were a factor in its occurrence, he thought that parotitis, after operations of all kinds, would be much more common than it is. The cases in which suppuration occurred were the fatal ones, but in such the patients had almost invariably been enfeebled by prolonged and serious illness; suppuration occurred in two of his cases in which there had been ovarian sarcoma of long standing.

Dr. C. H. BENNETT mentioned an instance of metastasis of mumps to the scrotum in a child after apparent recovery from the primary affection; for persistent vomiting he could strongly recommend raw egg albumen, the white without any of the yolk.

Dr. HUGH WOODS said that while it was the general experience that acute suppurative parotitis was very rare, caries of the teeth with a dirty mouth was, perhaps, the usual condition in hospital patients. The cases mentioned showed that there was a direct connection between the parotid gland and the testicle, and no doubt under certain conditions of the pelvic and sexual organs the resistance of the parotid gland might be enfeebled, just as a lowered state of the nerves in one part of the body would affect the vitality of the whole. That the mouth should be made aseptic was most desirable, but would not be an absolute safeguard against parotitis.

Dr. F. A. PURCELL had not met with many cases of parotitis. After a vaginal hysterectomy for cancer the patient, about three weeks after the operation,

developed a swelling in the left parotid, which remained persistently hard. He made an exploratory needle puncture and, though there was no actual suppuration, the result was so good that he repeated the puncture after a couple of days with good effect, and she got well. He had operated upon a large number of cases of cancer of the mouth and tongue, in which it was usual to find a very septic condition, yet he had never seen parotitis follow such an operation, some other cause than bad teeth and gums must, in his opinion, be found for post-operative parotitis.

Dr. MACNAUGHTON-JONES, in reply to Dr. Heywood Smith's question, said that death in angina Ludovici had followed from pressure in certain cases; the laryngeal nerves were involved, and also doubtless the inhibitory supply to the heart. Sepsis also was a possible factor. His object was not merely to draw attention to parotitis as a possible consequence of a septic mouth, but to the effects generally of the accumulation of pathogenic and putrefactive organisms which might produce gastric post-operative complications, if not intestinal sepsis and infection of an adjacent and recent wound. He had described a typical class of case in which from the start there was a fœtor and foul tongue, and in which gastric disturbance was present. The teeth might or might not be affected. As to parotitis, he quite agreed with Mr. Stephen Paget that the origin of parotitis might be found in the nerve communications with the trigeminus and in the sympathetic supply. The large branch from the auriculo-temporal and those from the cervical ganglion of the sympathetic sufficiently explained such reflex disturbance. On the other hand, its septic origin was more easily understood from direct invasion through the lymphatics of the mouth than from those of the pelvic organs. His whole object in the communication he had made was to draw attention to the mouth and teeth as possible sources of unexplained sepsis in certain cases, or as aggravating those gastric complications which occur occasionally, and which interfere with a normal convalescence.]

The PRESIDENT read Mr. Stanmore Bishop's syllabus of his paper on

PROLAPSUS UTERI, ¶

and asked Dr. Macnaughton-Jones to re open the discussion standing adjourned from the December meeting.

Dr. MACNAUGHTON-JONES traced the gradual evolution of the operation on the utero-sacral ligaments from Amussat's first efforts by caustic potash and cautery in the posterior fornix in 1850, to the last operations of Bovée in 1897 and 1900. There was absolutely nothing new either in regard to our knowledge of the part played by the utero-sacral ligaments or the idea of shortening them through the vagina or abdomen. Herrick, Byford, Freund, Frommell, Sängner, Wertheim, and Mandl successively and successfully operated in both ways, and by different technique. In a recent paper in the "Annals of Gynecology and Pediatrics," Bovée reviewed the whole history of the different methods, and gave the statistics of ninety-one operations, by various operators, most of which were performed for retroversion. So far as could be ascertained the great majority were successful. The operation for retroversion as performed by Bovée was not a serious or a complicated one, and unless the round ligaments were at the same time shortened the abdomen was not opened. The operation of Mr. Stanmore Bishop, he assumed, was only to be thought of for prolapse, and, moreover, only for prolapse of a severe nature. The round ligaments had in some instances also to be shortened, and a subsequent perineorrhaphy to be done. Mr. Bishop spoke of the risk of wounding the ureters and rectum. In his (Dr. Macnaughton-Jones') experience, the ureters were not always so easily recognised as Mr. Stanmore Bishop appeared to think. Save by seeing the peristalsis of the tube we could not often be certain if it were the ureter or not. At any rate, taking the severity of the

procedure into consideration, and the risk attending it, it was only in very severe cases that it could be thought of, and he (Dr. Macnaughton-Jones) doubted if in some such a hysterectomy with colporrhaphy might not be as little risky and more satisfactory. In all other cases he should prefer the older methods of treating prolapse, such as closure of the vaginal outlet by Howard Kelly's method, by free colporrhaphy and perineorrhaphy, with amputation of the cervix when required, or in other cases shortening of the round ligaments with ventral suspension or fixation. Also in regard to these operations on the utero-sacral ligaments, the result as influencing parturition was not known, and it was a question whether, even in cases of retroflexion, they compared favourably with shortening of the round ligaments or ventro-suspension. Mr. Stanmore Bishop was certainly to be congratulated on the success that had so far attended him in his results, and also to his splendid technique. But it was doubtful if this particular operation would take the place of those others that he had mentioned.

Dr. J. J. MACAN said that in claiming that he had devised his method of dealing with the utero-sacral ligaments independently, Bovée had very frankly acknowledged his indiscretion in not having made himself acquainted with the literature of the subject before claiming priority in that method. The whole question of operating for prolapse had been very fully discussed at the last meeting of the British Medical Association, and the conclusions drawn by Berry Hart, who opened the discussion, were practically those come to by Howard Kelly in his "Operative Gynecology," and by Kuestner in Veit's "Handbook." Resection of the vulval orifice with colporrhaphy, anterior or posterior or bilateral, as advocated by Edebohls during the discussion, or with the formation of a septum uniting the anterior and posterior vaginal walls, combined with amputation of part of the cervix when necessary—and that was but seldom—would prove quite sufficient for ordinary cases of prolapse. Extreme cases of procidentia, which might, perhaps, justify abdominal section, usually occurred in women approaching, if not past, the menopause, and in such hysterectomy combined with resection of the vulvo-vaginal orifice, extending, perhaps, as recommended by Dr. Edge, into the broad ligaments, or as Christopher Martin had performed it, with extirpation of the vagina, would be a more efficient operation than any method of dealing with the ligaments. The operation proposed by Mr. Bishop, though so successful in his hands, did not seem likely to be adopted widely in cases in which the abdomen had not to be opened for other reasons than the displacement.

Dr. WILLIAM DUNCAN regretted that he had not had the advantage of hearing Mr. Bishop's paper. He (the speaker) thought most cases of prolapse could be efficiently treated without abdominal section. He had tried years ago the Alexander-Adams operation of shortening the round ligaments, but was dissatisfied with it. When an abdominal section was necessary he preferred ventro-suspension or ventro-fixation to any other method.

Mr. STEPHEN PAGET said that the injection of paraffin which he had lately been utilising for deformed noses was originally devised for prolapsus uteri, and many cases had been treated by that method on the Continent. In conjunction with Dr. Robinson, of the West London Hospital, he had injected an ounce and three-quarters of paraffin into the anterior and posterior vaginal walls and thickened posterior part of the cervix of an old lady, whose uterus had been prolapsed for twenty-eight years, and had lately been down all day, and if returned into the vagina, a cough or sneeze was sufficient to cause it to protrude again. The result had been to narrow the vaginal orifice to such an extent that it would now admit two fingers only instead of the closed fist as previously, and the prolapse no longer returned even under the most severe tests.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
MEETING HELD MARCH 6TH, 1903.

The President, MR. L. H. ORMSBY, in the Chair.

SIR WILLIAM THOMSON read a paper on the
OPERATIVE TREATMENT OF ENLARGED PROSTATE.

He read the notes of five cases on which he had operated, following the method described by Mr. Freyer. The patients' ages ranged from 53 to 75. One died of ether bronchitis, the others completely recovered. The results attained had been surprising, and none of the patients, who had all suffered from retention and cystitis many times, and had been using a catheter for varying long periods, had required any instrumentation since. In one case he had removed the prostate in a single mass, including the urethra. In the same case it had been necessary to plug the bladder some hours after the operation owing to hæmorrhage. He described a thin rubber oval disc which he had devised for such cases instead of the gauze plug, the removal of which was painful and disturbing. The disc had a long ligature carried through it, and this was next tied to a catheter and brought out through the urethra. Traction made pressure on the site of the bleeding. A ligature carried through the rubber near the edge served for extraction when the bleeding had stopped. This rubber did not adhere, and as it was thin and was extracted edgewise there was no disturbance of parts and no anæsthetic was required.

Sir THOMAS MYLES read a paper on

THE SURGERY OF THE PROSTATE,

in which he advocated the perineal method of reaching the prostate. This paper will appear in a subsequent issue.

Mr. MITCHELL said the subject was one of great interest. He congratulated Sir W. Thomson on the success of his operation. The great questions for the general practitioner were (1) When should operation be recommended? (2) What is the prospect of relief? Undue frequency was due to cystitis, and was the most imperative of all indications. Rapidity of procedure was a most important element in all operations on old men. Every moment an aged patient was kept on an operating table was fraught with danger, and great danger. His own experience and that of the Northern School was in favour of the suprapubic route, but he was very favourably impressed with the operation described by Sir Thomas Myles, and would like to have some statistics of cases actually operated on according to his method.

Mr. JOHN LENTAIGNE was in favour of the suprapubic method; he had no experience yet of the perineal, but the suprapubic was so easy he had been tempted to employ it in each of the few cases he had had an opportunity of operating on. He did not accept the statement that pneumonia after operation was always septic. He had often seen pneumonia of a severe type in other operations where the wound healed aseptically and in the most perfect manner.

Sir J. MYLES and Sir W. THOMSON replied, and the meeting adjourned.

WEST LONDON MEDICO-CHIRURGICAL
SOCIETY,

CLINICAL MEETING HELD FRIDAY, MARCH, 6TH, 1903.

Mr. RICKARD W. LLOYD, President, in the Chair.

MR. J. R. LUNN showed a case of dislocation of the left patella in a woman, æt. 38. Ten days before admission to the infirmary she fell and injured her knee. The diagnosis of dislocation of the patella outwards was confirmed by the X-rays. An attempt to reduce the dislocation under chloroform failed. The patient now finds difficulty in getting up from a chair and in extending the knee, but once up she can walk fairly well.

Mr. JACKSON CLARKE considered that the internal lateral ligament had been ruptured and should be sutured.

Mr. KEETLEY said that dislocation of the patella, if left unreduced, may cause permanent disability, although in some unreduced cases strength and good

movement may return. In this case he advised operation.

Mr. J. E. FRAZER said that the internal vastus expansion was ruptured, and the patella on the outer side of the outer condyle of the femur, so that the ligamentum patellæ passed very obliquely to its insertion. He thought the external lateral attachment should be divided and the internal sutured. Then careful movements with fixation should be used. This treatment failing it might be necessary to resect.

Mr. JACKSON CLARKE showed two cases of spinal caries in children. In one patient the products of disintegration were able to escape by means of a psoas abscess. In the other child there was pressure on the cord resulting in paraplegia. To relieve this, costo-transversectomy had been performed with good result. The operation of laminectomy only removes sound parts, and does not establish so efficient a drain. When rest has failed to cure a patient and the tuberculous matter has liquefied, a transverse process with portions of the end of a rib should be resected. The disintegrated matter can then be evacuated, and the spine fixed by means of a posterior splint.

Mr. KEETLEY remarked that time cures nearly every case of paraplegia due to caries if the patient lives long enough. Recovery cannot be ascribed to any particular treatment unless improvement commences immediately. Such improvement may often be seen after applying a plaster jacket. Mr. Keetley had trephined through the transverse process some time before Vincent, of Lyons, had suggested a similar procedure. The patient recovered, but not, probably, as the result of the operation. Doubtless the operation has its uses, but the main thing is fixation of the spine, which is best done by means of a plaster jacket.

Mr. L. BIDWELL showed (1) a patient who, up to last September, had suffered from indigestion for two or three years and vomiting for six months. His stomach was dilated below his umbilicus. He was much emaciated. Examination of the vomit showed free hydrochloric acid and no acid lactates. The case was regarded as one of cicatricial stenosis of the pylorus, and gastro-enterostomy was advised. However, on September 5th, the abdomen was opened and a new growth found at the pylorus. It was not adherent, and no enlarged glands were found in the hilum of the liver. The jejunum was attached to the posterior surface of the stomach by Halsted's method. Fluids were given on the second day after the operation, and solid food at the end of eight days. A month later pylorotomy was suggested to the patient and this was done on October 4th. The greater and lesser omenta were divided above and below the growth. The ends of the stomach and duodenum were invaginated and closed by continuous suture through all the coats, and interrupted Halsted sutures through serous, muscular and submucous layers. The patient left the hospital one month after operation and returned to work, and has increased two stones in weight.

(2) A patient, æt. 60, who has had a large tumour in connection with the left shoulder for nearly fifty years. Photographs of the growth were taken in St. Mary's Hospital in 1857. From these it appears that at that time the general condition suggested sarcoma. Excision of the head of the humerus was advised but was refused. The tumour is now the size of a coconut. It gives no trouble except for the mechanical interference with movement. There is no sign of pressures or of wasting of the limb. There are enlarged veins over the tumour, and the skin is rather adherent. The diagnosis seems to lie between simple exostosis and ossifying sarcoma. Probably it is a case of the latter, in which ossification has proceeded to such an extent as to completely destroy the sarcomatous elements.

Mr. PATON agreed with the diagnosis of ossified sarcoma, and mentioned a patient in whom several large bony bosses on the head had been increasing in size. An attempt was made to remove one, but the disease was found to be too extensive, so that only the outer table of the skull, and some of the softer interior, which proved to be spindle-celled sarcoma, were re-

moved. After the operation further ossification took place, so that the growth is now smaller than after the removal.

Mr. **ARTHUR EVANS** had under his care a man with an equally large bony tumour of the upper end of the femur. Some two years ago an attempt was made to remove this, but bleeding stopped the operation. A portion removed proved to be osteo-sarcoma. The patient was then treated by injections of Coley's fluid. The tumour is now smaller and harder than it was.

Mr. **PARDOE** showed a man, *æt.* 37, who for three years had suffered with painful and frequent micturition, pyuria, and occasional hæmaturia. Eighteen months ago he had a stone removed by litholapaxy. In a few months the symptoms returned. In November last year another stone was detected, crushed, and removed by Mr. Pardoe. The following day the urine was free from blood and clearer. Forty-eight hours after the operation there was pain in the left side of the lower abdomen and tenderness above Poupart's ligament. Three days after the operation the tenderness had extended to the umbilicus, the abdomen was motionless, the pulse 130, although the temperature was only 99.5°. The abdomen was opened to the left of the middle line, and an offensive accumulation of slough, urine, and pus was found. Drainage-tubes were inserted. The peritoneum, apparently, was not opened. Recovery was tedious but uneventful. Probably there had been some pouch or sacculus in the bladder to account for the formation of stones, and this weak portion of the bladder was damaged in the litholapaxy, with consequent abscess. Mr. Pardoe wished for suggestions for the treatment of such sacculi.

Dr. **A. SAUNDERS** showed a woman, *æt.* 55, suffering from myxœdema. Two years ago she began to suffer from frequent headaches, giddiness, and sensation of swelling and choking in the throat. For the last two winters her fingers have gone white in the cold weather. During the last year she has grown stouter than she was, and her features have swollen. She is less energetic than she was, her hair comes out readily, and her tongue feels too large. Her skin is now puffy, yellowish and translucent in appearance; her lower eyelids are baggy, and she has a triangular flush on the malar prominences. Her countenance is mask-like and impassive. The skin is dry, harsh, and rough, the hair straight, coarse, and somewhat sparse, and the nails somewhat striated and brittle. Hands and feet are broad and cold to the touch. There are no local fatty swellings; speech is a little thick and utterance slow. Response to questions is fairly quick, but her movements are slow and deliberate. As regards the possible causation of the disease, it is interesting to note that she had a caseating glandular abscess in the neck incised in 1902. The fact that the thyroid gland in these cases is found to be small and fibrotic suggests an analogy with Addison's disease. Possibly the fibrotic process in the thyroid may be the expression of a chronic tuberculous inflammation leading to atrophy of the glandular elements.

Dr. **A. WHITFIELD** showed a child, *æt.* 4, who had been treated by X-rays for microsporon ringworm of the scalp. After thirteen or fourteen exposures the hairs on the patches had completely fallen out. In two or three months healthy hair grows again. Dr. Whitfield thought that X-rays offer a clean and certain method of cure in circumscribed cases, but should only be used with great care. For the disseminated stumps such as are seen in old cases, he thought croton oil needling will still hold its place.

**BRITISH LARYNGOLOGICAL, RHINOLOGICAL,
AND OTOLOGICAL ASSOCIATION.**

MEETING HELD FRIDAY, MARCH 13TH, 1903.

The President, **DR. WYATT WINGRAVE**, in the Chair.

THE PRESIDENT read, on behalf of Mr. Mayo Collier, who was unavoidably prevented from being present, the notes of a case of "Suppuration of the Frontal Sinus."

Mr. **BARK** related a case of "Epithelioma of the Oesophagus" in a patient *æt.* about 30.

The PRESIDENT, referring to the question of dysphagia, spoke of a patient he had seen complaining of difficulty of swallowing, in whom the passage of a bougie on several occasions gave relief for three or four days, and who wasted, and ultimately died from malignant disease of the liver.

Dr. **LODGE** read the notes of a case of "Thrombosis of the Cavernous Sinus."

The PRESIDENT remarked on the great interest attached to this case. Such cases, he said, were seen from time to time, and the question was whether or not the cause of the trouble originated in the sphenoidal sinus.

Dr. **DUNDAS GRANT** showed a case of "Deafness due to Myxœdema" in a female, *æt.* 59. The deafness in this case was a combination of nerve and obstructive deafness, and while the general symptoms had improved under thyroid treatment, the deafness had remained much the same.

Mr. **ATWOOD THORNE** inquired what evidence there was that the deafness in this patient was due to myxœdema.

Dr. **DUNDAS GRANT**, in reply, said that myxœdema was admitted to be a cause of deafness, and that he had seen such cases enormously improved as regards the hearing by thyroid treatment.

The PRESIDENT also considered myxœdema as a cause of deafness.

Dr. **JOBSON HORNE** had seen a small series of cases of myxœdema with deafness, and his experience was that the deafness did not improve with thyroid treatment.

The PRESIDENT showed a case of "Tuberculous Granuloma of the Larynx" in a female, *æt.* 26.

Dr. **JOBSON HORNE** thought that one could not see too many of such cases. In this patient the rest of the larynx was so healthy, and the growth was so very localised, that one almost felt inclined to doubt its tuberculous nature.

The PRESIDENT showed a case of "Maxillary Node" (fibrous) in an infant. He had seen several similar cases, and noticed that at first the swelling was florid, and afterwards tended to become pale and get hard. In reply to Mr. Bark he said that no treatment was required.

The PRESIDENT showed a case of "Bilateral Abductor Paralysis" following tonsillotomy, in a girl, *æt.* 14. She remained aphonic for fourteen days after the operation, and at once regained her voice after a single application of the interrupted current. He felt inclined to regard the nitrous oxide gas, which was the anæsthetic used, as the cause of the paralysis.

The PRESIDENT also showed a boy with "Lupus of the Larynx," almost entirely confined to the epiglottis.

Mr. **ATWOOD THORNE** suggested as treatment in this patient the removal of the diseased part, and the President said this was what he intended to do.

Mr. **BARK** pointed out that there was also present in the larynx some infiltration of the arytenoid region.

Dr. **JOBSON HORNE** inquired as to the fate of such cases of lupus of the larynx.

The PRESIDENT said the lupus did not seem to kill the patients. He had not seen a post-mortem of such a case.

Dr. **DUNDAS GRANT** referred to a case of lupus of the larynx under the care of Dr. Orwin, in which great stenosis of the larynx resulted, necessitating tracheotomy.

Mr. **NOURSE** mentioned a case of his own of the same disease in which he had to perform tracheotomy for acute stenosis four years ago. The patient was still obliged to wear the tube, as the upper orifice of the larynx was nearly closed.

The PRESIDENT showed a patient with "Aphonia," from what he was inclined to regard as syphilis of the larynx, although some of the appearances suggested tuberculous disease.

Dr. **JOBSON HORNE** thought that in this case

there were appearances of syphilis, tubercle and lupus, and he was very doubtful which it was.

Dr. DUNDAS GRANT at first sight thought it was a case of laryngeal tubercle, but the scars in the pharynx made him think of syphilis. He advised a course of mercurial inunction, as the iodide of potassium might cause laryngeal oedema.

Dr. FREDERICK SPICER inquired if, in this case, any antisyphilitic treatment had been tried, and advised large doses of potassium iodide.

The PRESIDENT said that no treatment had been used until quite recently. He promised to show the case later.

Mr. NOURSE inclined to the belief that the case was one of lupus.

Dr. JOBSON HORNE was against the use of potassium iodide in this case, as tending to break down the growth.

Dr. KELSON regarded this case as probably syphilitic.

Dr. PEGLER showed an aural case for diagnosis; pseudo-membrane in the meatus (?)

Dr. DUNDAS GRANT regarded this case as one in which there was a collection of desquamative products in a bulging from the attic. He advised an incision, and the scooping out of the contents.

Dr. PEGLER showed a case of "Entotic Tinnitus."

Dr. JOBSON HORNE showed a case of injury to the nose.

Dr. DUNDAS GRANT looked upon this case as one of hæmatoma of the septum, tending to suppuration, and advised aseptic incision, and the insertion of small drainage-tubes, which would act as splints.

Dr. FRED SPICER advised leaving the case to Nature.

Dr. PEGLER also advised leaving it alone.

Dr. BARK advised incision of the septal swelling.

The PRESIDENT was also in favour of incision in this case.

Dr. JOBSON HORNE felt inclined to leave it alone.

Dr. J. E. McDUGALL read a short paper on a "New Method of Dealing with Adherent Soft Palate," and showed sketches and models.

The President, Dr. Dundas Grant, Mr. Atwood Thorne, and Dr. P. H. Abercrombie spoke with reference to this paper.

Dr. PEGLER read a short paper on "An Unusual Experience after Partial Turbinotomy," consisting in a delay in the healing. At last the application of a stronger solution than was intended of Mandl's pigment brought about the desired result.

Dr. DUNDAS GRANT regarded it as a distinct gain in therapeutic knowledge if such strong iodine solutions could be relied upon to act so well in such cases as Dr. Pegler's.

Dr. LODGE referred to a strength of 30 grammes of iodine to the ounce having been used as a pigment by Dr. Robertson, of Newcastle.

The PRESIDENT mentioned two similar cases of his own, where healing was delayed after turbinotomy. In one he detected true diphtheria bacilli in a scraping, and in the other a plug of gauze used daily was to blame.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, MARCH 11TH.

Dr. P. T. O'SULLIVAN, President, in the Chair.

THE PRESIDENT read notes of a case of

ALCOHOLIC CIRRHOSIS OF THE LIVER AND ASCITES

in a woman, æt. 45, which had been successfully treated by operation. The patient had been tapped six times, twelve and a-half pints being withdrawn at last tapping, and the usual remedies having failed to give relief, it was ultimately decided to try operative measures.

Dr. ATKINS read notes of the operation, which was that practised by Morrison, of Newcastle-on-Tyne, and consisted in suturing the omentum to the abdominal wall, thus opening a connection between the omental and the epigastric veins, and relieving the portal circulation. An incision was made at the junction of the middle and lower thirds of a line drawn from the ensiform cartilage to the umbilicus, and this incision was carried to the right for a distance of four inches. The omentum was

then stitched to the abdominal wall throughout the length of the incision, and the abdomen drained by a glass tube, through which a good deal of fluid flowed away for some days following the operation. The tube was then removed, and the patient had been in the best of health since the operation, over three months ago, and there was no return of the ascites. At present the superficial veins over the upper part of the abdomen were greatly distended, showing that the collateral circulation aimed at, had been well established.

Dr. ATKINS also read notes of a case of

RECURRENT CARCINOMA OF THE BREAST

cured by removal of the uterine appendages. Miss C., a single lady, æt. 43, had had one breast completely removed fourteen months previously for carcinoma, and the axillary gland carefully excised. On examination several small, hard nodules could be felt under the clavicle and in the axillary fold, and there was considerable oedema of the arm. Both ovaries and Fallopian tubes were then removed. Soon after the operation the nodules began to diminish in size and became softer, and finally they all completely disappeared, the oedema of the arm also disappearing. At the same time the patient was put on thyroid extract (five grains thrice daily), and is still taking it. According to Alban Doran, it is important that the utero-ovarian ligaments should be completely removed, as he says that true ovarian tissue may be found sometimes in these ligaments.

Dr. PHILIP G. LEE read a paper on the

STUDY OF DISEASES OF INFANCY.

He said that this subject was greatly neglected both by medical students and by the general body of medical men, that it could not be studied properly in general hospitals, and should not be merely an addition to the educational curriculum to the subjects of midwifery and gynæcology, with which it had nothing in common. Most general practitioners were careless and slipshod in their examination of children, owing to the time and trouble involved, and the fact that one had to depend exclusively on one's own powers of observation in making a diagnosis. Medical men attached to children's hospitals frequently came across cases of errors in diagnosis which even an ordinary examination would have rendered impossible, though it should not be forgotten that many diseases ran a different course in children from that taken by them in adults. After referring to the enormous infant mortality in the community, especially in workhouses and other public institutions, he said that a great deal of this was preventable, being due to the want of simple hygienic precautions, and to the apathy both of the profession and the public on the subject. He pleaded for a more careful study of children's diseases, and greater care in the examination of the little patients.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN BELFAST COLLEGE, BELFAST,
ON THURSDAY, MARCH 19TH.

The President, DR. JOHN CAMPBELL, in the Chair.

PROFESSOR T. H. MILROY gave a Histological Demonstration of Lesions of the Motor Tracts, showing many beautiful microscopic preparations, and explaining the latest views of physiologists regarding the different courses of motor fibres in the cord. Professor Milroy also showed a series of Weigert-Pal sections (Bolton's modification) illustrating the normal anatomy of the central nervous system.

Dr. CECIL SHAW showed sections of an eye removed from a boy, æt. 9, for a rapidly increasing growth on the iris, which looked like sarcoma, but turns out to be tuberculous. The boy has had optic neuritis in the other eye, and some signs of a meningitis at the base, but is now improving, both as regards the optic neuritis and the general health.

Dr. W. D. DONNAN showed the head of *tænia medecanellata*.

Dr. ROBERT CAMPBELL showed the brain of a child in which subdural drainage of the lateral ventricles was employed for hydrocephalus.

Professor LYMINGTON and Dr. ARMSTRONG showed various anatomical specimens.

Professor LYMINGTON read a paper on the
SURFACE RELATIONS OF THE DEEP PARTS OF THE
BRAIN,

with lantern demonstration. He explained that by means of a new vertical camera of long focus, designed with the help of Dr. Cecil Shaw, he had made a series of life-size photographs of the head, skull, brain, and sections of the brain, and by superimposing one on another it was found possible to mark out on the surface with the greatest accuracy the deep structures of the brain.

Professor SINCLAIR described a case of "Cystic Tumour of the Kidney," showing the specimen, and microscopic slides prepared from it. The patient was a woman, *æt.* 21, suffering from a freely movable tumour. It was at first thought to be omental, but the Jennerian symptom was observed, the tumour falling into the left flank. It was removed by anterior nephorectomy ten months ago, and there are no signs of recurrence. The great interest of the case lay in the abundant intracystic papillary growth found. Such luxuriant growth is common in ovarian cysts, and sometimes occurs in mammary cysts, but is very rare in the kidney.

Professor LORRAINE SMITH said that on opening the largest cyst 700 c.c. of dark, grumous fluid escaped, and a regular papillary growth was seen.

The PRESIDENT (Dr. John Campbell) said that in the ovary such cystic growths were almost always bilateral, and generally so in the kidney also. In papillary cysts of the ovary recurrence was invariable and early.

Professor SINCLAIR, in reply, said that the other kidney seemed to be quite healthy, and that perhaps the good after progress might be due to the fact that none of the cyst contents had escaped into the abdominal cavity.

Dr. THOS. HOUSTON gave a brief account of a case of secondary cancer simulating pernicious anæmia, and then read a paper on the "Conditions that Simulate Pernicious Anæmia."

Lunacy Department.

LONDON COUNTY ASYLUMS' REPORT.

THE Thirteenth Annual Report of the Asylums' Committee of the London County Council is, as usual, an interesting and elaborate volume. It seems to increase in size and value year by year, and there is abundant evidence throughout the report that the Council endeavour to carry out their work in a careful manner. The Committee report an increase of 786 on the previous year on the number of pauper lunatics in asylums, the largest increase since 1896. This increase may to some small extent be accounted for by a portion of the parish of Hornsey becoming attached to the county of London, but otherwise they are unable to give any specific reason. Satisfactory progress is being made in connection with the epileptic colony buildings, which will accommodate 300 male patients. In considering as to the provision of further asylum accommodation, the Committee have had before them a report by the asylums' engineer, who had visited various Continental and Scottish asylums. As a result of the information obtained they will in due course recommend that the ninth asylum be a modified form of the villa type, with central administrative buildings, &c. The preliminary plans in connection therewith will be prepared by the asylums' engineer, the Council having voted a sum of £1,000 for this purpose, but until they are completed they are unable to give particulars as to accommodation, or an estimate of the cost.

It is proposed to erect an additional block at Manor Asylum for the accommodation of sixty male patients. This asylum was designed to accommodate 700 female patients, but the Committee consider the residence of a number of male patients most essential to the economical working of the institution. The block at this asylum utilised for fifty-nine female private patients at 16s. 11d. per week has been full for some time, and there are many cases awaiting admission. This accommodation has been much appreciated, and the Committee hope soon to be in a position to extend it. During the financial year the cost of maintenance of each patient per week was about 11s. 4d. The re-

covery rate over all the asylums was low, only 29 per cent. of the admissions recovering. The percentage of deaths on the total number under treatment was 7.06. The report of the pathologist is interesting, and contains abundant evidence that much valuable work continues to be done in this department. The whole report is full of detail, and much time and labour must have been spent in its compilation. To each of the reports on the various asylums is appended a report by the asylums' engineer. ¶ ¶

BANSTEAD.—Alcoholic excess was the well-ascertained cause of insanity in 22 and 12 per cent. of the male and female admissions respectively, and in all probability drink was the exciting cause in a great many more cases. The chief causes of death were general paralysis and phthisis, death in 40 per cent. of the men and 14 per cent. of the women being attributed to the former, and in 20 per cent. of men and 12 per cent. of women to the latter. The asylum deplores the loss of Dr. Clave Shaw, its medical superintendent for twenty-four years.

CANE HILL.—The recovery rate for both sexes was 34.73 per cent., and the death-rate to the number under treatment 5.77 per cent.; these percentages are low. Death in 24 per cent. of the cases was due to general paralysis, and to phthisis in 13 per cent. The general health was good, but influenza was prevalent in the spring and autumn. The cause of insanity in 20 and 15 per cent. of the admissions was due respectively to intemperance and heredity. The Commissioners' reports are very favourable, and particularly comment on the quiet, contented demeanour of the patients, the cleanly, bright appearance of the wards, and the neatness in dress of both sexes.

CLAYBURY.—The sub-committee have determined to discontinue the employment of lady doctors, their experience tending to show that in an asylum for the insane there were reasons why it is preferable to appoint only male medical assistants. The general character of the admissions was unsatisfactory in regard to hopefulness of cure; 38 per cent. were over sixty years of age, 16 per cent. of the males suffered from general paralysis, and hereditary influence was ascertained in 14 per cent. It may be interesting to notice that the two classes which furnish the greatest number of male admissions are described as "clerks" and "persons of no occupation." The percentage of recoveries to admissions was 37.95, and the death-rate 6.86 on the total number under treatment. Asylum dysentery attacked forty males and eighty-one females, and was responsible for twenty-one deaths. We would like to have had Dr. Jones' opinion as to the probable causation of this singular disease, and the best preventive methods to adopt. It would be useful and interesting after such a large experience.

COLNEY HATCH.—Of the 473 admissions, 36 suffered from epilepsy and 44 from general paralysis. The admissions included 71 Jewish patients, mostly Russian Poles, of whom there were at present 244 in the asylum. This demonstrates clearly the evils of alien immigration, as they will cost the Council about £2,000 per annum. Dr. Seward, in regard to the probable causes of insanity, says: "Syphilis is undoubtedly a most important predisposing cause, particularly in connection with general paralysis." Hereditary influence was ascertained in 25 per cent. of the admissions. The recovery rate was 43.4 per cent. on the admissions, and the death-rate 8.22 per cent. on the average number resident; both rates are satisfactory.

HANWELL.—The changes in the population are as follows:—Admitted, 480; discharged, 255; died, 212. General paralysis, as usual, is here very much in evidence among the male admissions, its quota being 19 per cent. Dr. Alexander states that as the result of a careful inquiry a causal relationship between syphilis and general paralysis was established in about 80 per cent. of the cases. The most potent causes of insanity are drink and heredity, the former being responsible for 32 and the latter 30 per cent. of the admissions. Dr. Alexander thinks there is no doubt, if the antecedents of every admission could be satisfac-

torily traced, the influence of alcohol would bulk much more largely in their returns. The recovery rate—34 per cent. on the admissions—was low. The percentage of deaths on the average number resident was 8.2. The Commissioners' report is favourable.

BEXLEY HEATH.—The admissions, including 438 transfers, numbered 1,175, the discharges 66, and the deaths 281. The number of cases admitted of advanced age was abnormal, 206, or 17 per cent., being over 60 years. Evidences of syphilis were made out in 26 per cent. of the admissions. Alcohol, as a cause of insanity, appears in 24 per cent. of the cases admitted. The percentage of recoveries to the admissions, excluding transfers, was about 28 per cent., a low rate. The death-rate—14.8 per cent. on the average number resident—was high. General paralysis was responsible for 89, and phthisis 25 of the deaths. Female nurses are to be introduced into two of the male infirmaries, and the sub-committee are considering the question of substituting female for male cooks in the main kitchen.

MANOR.—During the year 171 patients were admitted, 83 discharged, and 39 died, leaving 749 in residence. The recovery rate has been exceptionally low, only 29 females being discharged recovered. This only gives a percentage of 24.1 to the admissions, excluding transfers. The death-rate was low—5.3 per cent. on the average number resident. General paralysis and phthisis were each responsible for 15 per cent. of the deaths. Intemperance is recorded as being responsible for 16 per cent. of the admissions, and heredity 11 per cent.

PROTECTION FROM FIRE IN SCOTCH ASYLUMS.

THE recent calamitous occurrence at Colney Hatch Asylum has naturally disturbed the equanimity of the General Board of Lunacy for Scotland, and fomented a spirit of anxiety among the asylum superintendents. The Commissioners have consequently had under their consideration the question of the adequacy of the means of protection from fire, and have issued a circular to superintendents of establishments for the insane requesting a full statement as to how the establishment stands in regard to that matter. The report is to include information under the following heads:—Fire brigade, water supply and fire apparatus, subsidiary fire extinguishing appliances, general knowledge of how to act in case of fire, adequacy of means of exit, danger from heating and lighting, and further means of protection. All the headings have been divided into several sub-heads, and though the circular professes not to be exhaustive of the subject, it has not left much to be desired. We congratulate the Commissioners on the thorough manner in which they have gone into the matter, as it has evidently received much thoughtful consideration. We have no doubt the circular will do much good, and will be the means of bringing under the notice of the superintendents many little, but important, details that have hitherto escaped their observation.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 21st, 1901.

THE X-RAYS IN DISEASES OF THE CHEST.

At the Medical Society a large number of Röntgen pictures were shown by Hr. Levy and Immelmann.

Hr. Waldever, remarking on one of them—a sesamoid bone—occupying an unusual position, said that the peculiar occurrence in not generally recognised situations was not very uncommon.

Hr. Fraenkel confined his observations to the usefulness of the rays in diseases of the chest. He said that for many of these diseases the rays only confirmed a diagnosis arrived at by physical means, but that they were of practical value in cases of gangrene of the lung.

There were two forms of this; the first was where a system of small cavities was present, the second where there was only a single large cavity. Here pneumotomy was indicated. Such solitary cavities, however, in the acute stage only rarely gave indications of their being present. They were surrounded by a layer of chronically thickened lung tissue, and underneath this there was only dullness—no râles, no bronchial breathing, as the afferent bronchus might be narrowed and the air would then enter and leave only in a thin stream. Röntgen rays, however, gave a circumscribed shadow in the midst of the clear lung tissue. If along with this numerous shreds of lung tissue were found in the sputum, the case must be one of solitary cavity. This had been confirmed in three cases by operation which had proved helpful.

The Centralbl. f. Krankh. d. Harn contains a paper on PERINEAL PROSTATECTOMY FOR HYPERTROPHY OF THE PROSTATE.

The writer, Dr. J. Verhoogan, claims that this operation has distinct advantages over Bottin's operation which nobody will deny. He reports three cases in which the results have been satisfactory. The various steps of the operation are given. As he does not give credit to anyone for being the first to employ the method, it may be taken that it originated *de novo* with himself, although it is not by any means new. In contrast to Bottini's operation the field is brought into view; neither persistent hæmorrhage nor infection need be feared, as the wound can be dressed and drained in the usual way. Then lastly, the operation is radical. His success with the Bottini method had not been very encouraging, only six or seven good results out of twenty-one cases.

At the Society für Innere Medizin Hr. Bendix showed a child, æt. 1½, of healthy appearance and well developed, but suffering from slight rachitis, who had a curious idiosyncrasy in regard to eggs. Only a short time after partaking of egg an extensive urticaria developed. The mother first noticed this peculiarity when the infant was three months old, when egg was given on account of diarrhœa, from which the child then suffered. This occurred again at the seventh month. The urticaria infallibly showed itself after even small quantities of egg—six to eight minutes after taking it. The speaker suggested that in urticaria of unknown origin it might be worth while to inquire whether egg had been partaken of. In order to make the demonstration more striking, egg with milk was given to the child, when urticaria promptly developed before the eyes of the interested spectators.

Hr. Albu had seen a similar case a few years before. The child was of English parentage, and the medical attendants at home had repeatedly inquired in vain as to the cause of an exanthem, an erythema bullosum that after the first year of life constantly attacked the child after it had eaten egg. He satisfied himself after repeated inquiries that the attack never developed after other kinds of food. As the child in that case suffered from obstinate constipation, this was remedied, with some benefit as regarded the symptoms after egg, but without completely curing it.

Hr. Zinn related a case of FATAL PERNICIOUS ANÆMIA FROM BOTHRIOCEPHALUS LATUS.

The patient was a woman, æt. 36, who suffered from pernicious anæmia resulting from the presence of bothriocephalus latus, and in whom the disease had progressed so far that, although freed from her intestinal parasite her rallying power was lost and she died. Seven heads of tapeworm were found expelled after treatment with ext. filici. mas. The patient came

from the country between Tilsit and Memel. She had had the tapeworm for years, and had undergone treatment for it but without effect.

Hr. Litten remarked that it was just this kind of tapeworm that caused pernicious anæmia, and not the kinds indigenous to them in Prussia. The case recorded was exceptional, as usually one parasite was present at once, whilst in the case of *tænia solium*, several were frequently present without the host being aware of their presence. The speaker had himself performed a post-mortem examination on the body of an otherwise healthy peasant girl who died of an acute illness, in whom something like forty tapeworms were present.

A German Anti-Quack Society has been started in Berlin. The objects of the Society will be the enlightenment of the public by addresses and discussions on the injurious effects of quackery, taking part at meetings of Nature curers, dissemination of fly circulars, the foundation of a weekly paper, communications of specially striking instances to Press and authorities, the influencing of legislators, &c. The lowest contribution is to be one mark yearly. Application for membership to be addressed to Prof. Sommerfeld or Dr. Siefert.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 21st, 1903.

SPASMUS NUTANS.

SWOBODA showed two patients who presented this curious spasmodic condition of the eyes, the etiology whereof, according to Raudnitz, is persistent use of vision in imperfect light. These two children, it seems, lived in a house where the supply of light was very defective. Their ages were respectively seven and thirteen months, from which he argued that the young eye was constantly fixed on one point. He pointed out that there was no symptom of rachitis, and that the affection soon disappeared when the patient was admitted into hospital, where the light was diffuse and sufficient.

Kassowitz remarked that both the children to his mind suffered from cranio-tabes as well as rachitis. In one, the child at 13 months, the fontanelle was still open over the area of half a crown. The disease, spasmus nutans, was, he said, well known to be frequent in such patients,

SPONTANEOUS GANGRENE.

Eiselberg next showed a male patient, æt. 53, who had several parts of the extremities in a gangrenous condition, e.g., the little finger of left hand, both great toes, and several of the fingers of the right hand, which had been amputated. Eight weeks ago the left mamma became suddenly black, and this gradually extended until a tumour about the size of a child's head was formed, consisting of a soft elastic and non-pulsating structure. On removal it was found to be a fatty tumour with large cells filled with dark fluid blood, which, when carefully examined, proved to be a rapidly growing sarcoma loaded with blood which had been produced by a form of arterio-sclerosis.

PATERNAL TRANSMISSION OF SYPHILIS.

At the Gesellschaft der Aerzte Matzenauer's paper on the transmission of syphilis has given rise to a series of debates on the subject of transmitting syphilis by the male or female. It may be remembered that Matzenauer brought forward a great array of authors who are perfectly persuaded that the female is the chief agent of transmitting the virus, and he supported this theory by what he termed Colles' law.

In the meeting this week Professor Neumann came forward and took part in the heat of debate. He said he had spent a lifetime on the subject both in private and clinical work, and after calmly reviewing his labour concluded that Matzenauer's theory of maternal transmission could not be accepted.

He positively stated that a syphilitic father would produce a syphilitic child by a female who was perfectly free from syphilis. This was no mere speculative or hypothetical assertion, but had been proved by post-mortem examinations. Again, if the same father be treated with specifics or the same female be married again to a non-syphilitic father, her progeny will be quite free from syphilis. This, he thought, was strong proof in favour of the sperma containing the virus infection. Another flaw in the argument of the female possessing a latent syphilitic property is the fact which often occurs that a gravid female, in any month of her pregnancy, having connection with a syphilitic male will take on the primary affection. Another point in this part of the argument which has never been proved is that such a latent syphilitic female has never been found to infect a healthy man. The negative transmissions of syphilitic sperma held out by different authors are so few, and the control experiments so doubtful, that the results become faulty. The very fact of one of these cases producing genital sclerosis is a double proof that the sperma does transmit the virus.

He referred his hearers to the experiments of Babes, who found the lepra bacilli in the sperma as well as the ovum, which points to a germinative transmission just as truly as Zambaco has proved in his clinical labours on lepra that that disease is transmitted by the sperma.

Grünfeld produced two cases at this juncture in support of Matzenauer's theory of maternal transmission. The father suffered severely from syphilis while the mother and child were perfectly healthy. From the interest that had been awakened on the subject, he proposed that a special commission should be formed to take evidence and report on this complicated question of hereditary syphilis.

The Operating Theatres.

MIDDLESEX HOSPITAL.

APPENDICECTOMY.—Mr. ANDREW CLARK operated on a young man, æt. 25, who had just recovered from a second attack of appendicitis. It appeared that his first attack occurred when he was in the West Indies some four months ago, and a fortnight before admission he had another attack, and was attended by Dr. Wait, by whose advice he came to Mr. Clark. On admission to the hospital there were no physical signs of any mischief, but with the evidence of the two attacks, it seemed wise to subject him to operation. The abdomen was opened by an incision, about two inches long over the region of the appendix, and that body was easily brought up into the wound. There were no adhesions, but the appendix was rigid, and about the centre of it a concretion could be felt. The meso-appendix having been tied and divided, the peritoneum was incised in a circular fashion, and pushed back towards the cæcum; the appendix was then ligatured about half an inch from the cæcum, the cut end disinfected with perchloride of mercury solution, and the cuff of peritoneum stitched over the end. The abdominal wound was then sewn up layer by layer with continuous suture. Mr. Clark remarked that this was one of those cases in which there might be some doubt as to the necessity for operation, as the attacks were both of them slight, and there was no evidence of there being anything the matter with the appendix, but having had considerable experience he had come to the conclusion that after a definite attack of appendicitis it was safer to operate

and after two attacks, however slight, it was the duty of the surgeon to urge an operation. With regard to the operation in this particular case, it was, he said, perfectly straightforward; there were no adhesions, no bleeding requiring a ligature, and the prognosis was quite favourable. He pointed out that it differed from two previous cases he had had in the theatre a week or two ago, where, although there was no suppuration, the adhesions had so altered the conditions of the appendix that it could only be removed piecemeal, under which circumstances the convalescence was very much longer.

WIRING THE OLECRANON.—The same surgeon also operated on a woman, *æt.* about 35, who was admitted having fractured her left olecranon process six weeks before. There was considerable separation of the fragments, and as the movements of the arm were limited, it was thought desirable to operate. The patient had been treated by an angular splint and strapping to bring the fragments together. The olecranon was exposed by a horse-shoe incision, the centre being over the middle of the ulna; a considerable mass of organised tissue was removed from the fragments and the bony surfaces freshened; both fragments were then bored with an Archimedian drill, a piece of silver wire was passed through the holes and the fragments drawn into close apposition, the wire being twisted over the ulna and the knot hammered into the bone. By this means the two fragments were retained in position whichever way the arm was moved, and the external wound was sewn up with interrupted suture after being thoroughly washed with perchloride solution and the arm fixed on an angular splint. Mr. Clark remarked that he preferred doing this operation a few days after the accident, and he had found in a case of compound comminuted fracture that he had treated in this way a short time ago, removing the comminuted fragments, bony union together with a useful arm was the result. He proposed to commence passive motion in a week, and he expected the patient would be able to return to her duties as a sick nurse in about a month.

HOSPITAL FOR DISEASES OF THE CHEST, CITY ROAD.

OPERATION FOR TUBERCULOUS DISEASE OF RIB WITH CHRONIC ABSCESS. REMOVAL OF DISEASE.—Mr. WILLIAM TURNER operated on a man, *æt.* 21, who had been admitted to the hospital suffering from signs of early phthisis at the apex of the right lung, and a swelling over the costo-chondral junction of the ninth rib. For more than four years he had suffered from cough and night sweats, and during this period had had two or three attacks of hæmoptysis and steadily lost weight. Nine months ago he had had an attack of dry pleurisy on the left side, followed soon after by a small swelling which had gradually increased in size up to the time of admission to the hospital. This was now the size of a Tangerine orange, freely fluctuating, deeply adherent, the skin not red or œdematous over it, and there was practically no pain or tenderness connected with it. It was situated over the ninth left costo-chondral articulation just external to the nipple line. Under antiseptic precautions, an incision was made through the skin in the line of the rib over the swelling, and the fibres of the external oblique muscle exposed; these were separated and the swelling exposed. The abscess was then opened and the contents of thin caseating material evacuated, about two ounces being removed; the wall, which was quite 1/8th of an inch thick, was then dissected from the surrounding soft parts by scissors and a blunt dissector and removed. An opening was seen leading through the costo-chondral articulation to the periosteum on the inner aspect of the rib, and the bone and cartilage were soft and carious. The periosteum was

then incised along the rib until that was found to be firm and healthy, and the periosteum detached on all sides. During this the pleura was inadvertently opened and air passed into the pleural cavity on inspiration; pressure was maintained over this spot and about one inch of rib removed by cutting pliers; the opening in the pleura was then stitched up with a fine round needle, and a continuous catgut stitch. The diseased cartilage was then removed for about half an inch, the other portion being healthy, and all the periosteum round the diseased portion separated from the deeper structures—*i.e.*, the pleura, and removed. The wound was then well washed with 1 in 2,000 perchloride of mercury lotion and stitched up by three interrupted silk-worm-gut sutures and a continuous catgut for the edges except at the posterior margin where a small piece of gauze was introduced to drain the cavity for twenty-four hours and the ordinary antiseptic dressings applied.

Mr. Turner mentioned that the history of the case was interesting, showing the first symptom of the trouble to have been a dry pleurisy, namely, pain on respiration accompanied by a friction sound, and no history of injury could be elicited; just at first this history seemed to point more to the possibility of a localised empyema than to disease of a rib, but the position of the swelling was very low down for an empyema becoming superficial; as a rule, this occurred in the fifth or second space inside the nipple line. The operation revealed the so-called true tuberculous abscess lined by its thick wall, which he was able to completely remove. He did not think that any other micro-organisms than tubercle would be found in this abscess, and therefore complete removal was the best line of treatment to adopt, drainage only being adopted for a few hours if necessary. A great deal of difficulty is often experienced, he said, in separating the periosteum from the ribs when there is inflammation of the parts, as the thickened periosteum is liable to tear and so open into the pleura as occurred in this case. Mr. Turner did not think, however, that the complication necessarily affected the result of the operation as long as sepsis was excluded and no tuberculous material entered the cavity; his experience also did not show that collapse of the lung occurred or that a pneumo-thorax always developed, but rather that if a little air does enter it soon gets absorbed from the pleura. He pointed out that the disease had evidently commenced at the junction between rib and cartilage, and owing to its having so soon manifested itself by caseation externally it had affected the rib for only a short distance, necessitating only one inch of the bone being removed; but if by chance all the disease was not eradicated, recurrence in the remaining portion of the rib was the most usual situation. It was very important, he said, to remove all the periosteum on the inner margin of the bone as it was undoubtedly affected by tubercle, and without doing this recurrence was practically certain.

A CHICAGO surgeon has been mulcted in damages to the extent of three thousand dollars for having performed an operation without the consent of the patient or her husband. It cannot be reasonably contended, observed the judge, that the doctor acted from any malicious motive, but absence of malice does not excuse an unauthorised trespass on the body of the patient. It does not follow that the surgeon will have to pay the damages, the facilities for appeal in the United States being very great, but there is a moral to the story all the same.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 25, 1903.

A JUDGE'S VIEW OF MEDICAL PRACTICE.

THE recent conviction of the Pole, Severino Klosowski, for the murder of his reputed wife has closed one of the most dramatic and sensational poisoning trials that have taken place in the United Kingdom. Although accused of one murder alone, the evidence shows clearly enough that the result would have been the same had he been tried for a similar offence against two other poor women. The trial has raised several points of peculiar interest to the medical profession. First of all, the use of tartar emetic as the active agent of these crimes, owing to the peculiar properties of that drug, has led to the preservation of the bodies of the victims almost, if not quite, as perfectly as if they had undergone a process of embalming. Owing to that circumstance the eminent analyst employed in the case, Dr. Stevenson, was enabled to extract large quantities of antimony from the bodies of all three victims. This fact was seized upon by Mr. Justice Grantham to make an attack upon cremation, which seems to us to be hardly warranted by the facts of the case. The learned judge said, in effect, that had cremation been adopted with regard to the body of the victim or victims the crime would in all probability have never been found out. That a sanitary method of disposal of the dead is to be condemned offhand on such a ground cannot for a moment be admitted. So far as we know, no prominent advocates of cremation have ever claimed that the process should be applied indiscriminately to all dead bodies without the enforcing of certain obvious safeguards. For instance, in all cases where any doubt existed as to the exact cause of death, a post-mortem examination would be demanded before cremation. In that way the practice of cremation would actually tend to lessen crime by causing an expert examina-

tion which would otherwise not be forthcoming. In all probability the community would be safer with a properly protected system of cremation than it would be under the ordinary methods of earth burial. Mr. Justice Grantham's observations in the summing-up appeared to be unduly disparaging as regards the failure of the medical attendants to discover the poisoning, and unduly appreciative of the triumphant skill of the analyst who detected the antimony in the dead bodies. If we may venture on a criticism, the learned judge sees both these things in false perspective. As regards the failure of the medical men to diagnose antimomial poisoning, it was shared equally by the private practitioners and by the members of the staff of Guy's Hospital. In the present imperfect state of medical knowledge many cases of illness and of death must be necessarily obscure, even in the hands of competent and careful observers. To detect cases of poisoning the medical attendant has to add the faculties of a police detective to his scientific qualifications. He is taken off his guard, and even when his suspicions are aroused it is often an impossible task to obtain sufficient evidence to warrant his making any definite charge. Mr. Justice Grantham need only look back to previous poisoning trials to remind himself of the fact that it is often a matter of the extremest difficulty to bring home the guilt to any particular person, even with a long array of evidence of every kind marshalled by a formidable set of persons trained in the investigation of crime. What, then, is the chance of the unsuspecting medical man standing at the bedside of a patient suffering from some form of poisoning, possibly so rare that it is not even fully described in the text-books? Any medical attendant who discovered the cause offhand would thereby establish a claim to phenomenal acuteness in diagnosis. That is not the opinion of Mr. Justice Grantham, however, who, full of his *a posteriori* knowledge, seeks to fasten upon the medical man the implication of professional incompetence. The difficulty lies in the forming of the first suspicion. When the thought of poison enters the mind of the medical man the subsequent search after truth may be simple enough for the grasp of a fourth year's medical student—or it may not. Mr. Justice Grantham, lawyer-like, seeks to fasten on medicine the obligations of an exact science, in which view he is probably anticipating events by a century or so. Then his estimate of the overwhelming value of the chemical detection of arsenic is equally unsound. Given a portion of an internal organ, it wants but a small amount of chemical knowledge to detect with exactitude the presence both quantitatively and qualitatively of a metallic poison like antimony. The learned judge, we note, has not gone out of his way to praise the skill of the medical attendants who in the long run actually detected the fact of poisoning and corroborated it by a post-mortem examination. Had it not been for the acumen of the general practitioner called in to consult over this case, the condemned man might still

have been pursuing his criminal course unsuspected. His masterly feat may be compared with that of the Manchester physician who a year or two since detected the origin of wholesale arsenical poisoning through the agency of beer. The lawyers, apparently, would rather blame the rest of the medical profession for failing to perform a task of incredible difficulty than praise the one man whose genius detected the key to an obscure problem. There is little doubt that the Klosowski poisoning trial will prove a valuable object-lesson to the medical profession, inasmuch as the lesson of constant vigilance on all points is emphasised by this terrible tragedy in real life. There is yet one other point on which we find it our duty to differ from Mr. Justice Grantham, namely, in his assertion that it was the part of the medical attendant to inform the parents of his patient when he discovered that the Pole was not actually married to the woman who passed as his wife. We should be glad to learn by what law, legal or moral, the learned judge is guided to the conclusion that private police measures are part and parcel of the duty of a medical man.

THE PHYSICAL TRAINING OF THE YOUNG.

THE Royal Commission appointed in March, 1902, to inquire into the opportunities for physical training now available in State-aided schools and similar institutions in Scotland, has just issued a very suggestive report, many of the recommendations applying with equal force to educational institutions other than Scottish. We gather, however, from the tenor of the report that physical training is a branch of education which does not receive in Scotland anything like the attention or respect allotted to it south of the Tweed. Scottish students are reputed to be terribly in earnest, and it is easy to understand that they would regard time spent in purely physical culture as more or less wasted. We have no evidence to show that this earnestness also characterises the youth of Scotland during the period of elementary education, and we suspect that any deficiency of physical culture at this period must be due to lack of encouragement at the hands of the school authorities, if not, indeed, to positive disapproval. The report lays down the broad principle that a certain equilibrium must be maintained between physical and intellectual development, and they improve upon that principle by suggesting that the benefits of systematic instruction and training should not be restricted solely to the mental evolution of the scholars, in other words, that school discipline should be extended to physical exercise, apart from mere games, so that the muscles may receive a training, roughly speaking, equivalent to that of the mind. In view of the unhappy climate which prevails in these northern parts, this would entail a much more generous provision of play-halls, where exercise could be taken under cover, as well as the provision of skilled instructors as far as possible. An outcry is raised from time to time against the undue amount of time and attention

devoted to athletics in the southern universities, but apparently the criticism, however justifiable in respect of public schools and universities in England, is inapplicable to the students at Scottish universities. As a matter of fact, even in English ones, it is only a fraction of the students who go in for excessive physical culture, and what is needed is to generalise this branch of training, that is to say, to erect it into a system instead of leaving it to individual discretion. The first step in regard to elementary schools must necessarily be to secure an adequate training in physical culture on the part of the teachers, because the services of expert instructors cannot possibly be available in the majority of elementary schools, at any rate. There are two subjects strictly germane to the object of the inquiry which call for special attention, viz., the question of medical supervision, and the problem of securing an adequate supply of food. It is suggested that it should be the duty of school boards and managers to arrange for the provision of suitable food, preferably by voluntary agencies, and, failing assistance from this source to provide the meal at cost price, debiting the price to the parents—a proposal which in practice would be found very difficult to work. Lastly, the principle is enunciated that educational authorities should have the command of medical advice and assistance in the supervision of schools, and the desirability of keeping a systematic record of physical and health statistics is urged. It is obvious that no system of physical culture could be enforced, except under medical supervision, seeing that such training requires to be adapted to the physical condition of the individual scholar. The report abounds in useful suggestions, but it will take much time and study before they can be reduced to a practical scheme. One point to which no allusion is made is the propriety of utilising the holidays for purposes of systematised physical exercise. Mere idleness is detrimental alike to the body and to the mind, and the scholars, as well as their parents, would be grateful for advice and training in the art of developing the body in the intervals left by the holiday interruptions.

THE EVOLUTION AND EXTERMINATION OF PULMONARY TUBERCULOSIS.

THE attention of all civilised people is now being focussed on the importance of the quest for the solution of the problem of the development and extinction of consumption. In this country, with a people slow of foot, but sure of mind, much satisfactory progress has been made. Since 1838 the death-rate from phthisis has been steadily declining. In that year it stood at 38 per 10,000, while now it has sunk to 13 per 10,000. And yet still it remains the cause of wide-spread misery and of infinite loss to the nation. Although the countries least affected in Northern Europe by this terrible scourge, England and Wales contribute 60,000 of the estimated annual tribute of Europe's 1,000,000. It is therefore not to be wondered at that many are restless in their efforts to secure an extension of measures which might still further

lessen the prevalence of this blight on our country. Dr. Alfred Hillier, in the current number of *Public Health*, discusses the prospect of extinguishing tuberculosis, based mainly on the researches of Koch, Flügge, and Fränkel. He urges the necessity for the introduction of legislative measures which shall provide for the compulsory notification of phthisis; such isolation of all advanced cases as the medical officer of health may deem necessary, or, if this is not possible, of a strict public health supervision of cases left in their own homes; provision for an adequate increase in the staffs of all medical officers of health, to be specially devoted to the supervision and control of tuberculosis; and the authorisation to medical officers of health to appropriate small-pox hospital accommodation for cases of phthisis, whenever in their opinion such accommodation exceeds the demands at all likely to be made by the occurrence of small-pox. Admirable as such suggestions may be, at least from a theoretical standpoint, it is very necessary that progress should not obtain its main impetus either from enthusiasm which strives only for the present, or panic, which forgets the lessons of the past and the needs of the future. For ourselves, we are inclined to believe that our scientific knowledge regarding the infection of tuberculosis and the means for assisting natural resistance stands in need of much amplification, and, it may be, modification, before such drastic measures as Dr. Hillier suggests are justifiable or even desirable. It is very well to agitate for agencies which may assist in the proper education of the public, but it is necessary to remember that the medical profession is still also in want of trustworthy guidance concerning many of the points raised. It is quite irrational to compare consumption with scarlet fever or other of the acute infectious diseases when discussing the application of such procedures as compulsory notification and isolation. The problem has to deal with matters of human affection and domesticities, as well as mere pathological processes, and a neglect to realise the importance of what may be termed sentimental considerations is likely to prove a serious deterrent in the acceptance of scientific procedures. We therefore deprecate any attempt to secure progress by an unwarrantable and offensive coercion, and consider that in this, as in most other matters where reform is required, the old-fashioned method of meeting the difficulty is still the best—agitate and educate.

Notes on Current Topics.

Parliament and Juvenile Smoking.

It is announced that a Bill is to be introduced into Parliament at the earliest possible date with the view of suppressing the use of tobacco by young persons under the age of sixteen years. An outline of the chief features of this proposal is published in *The Beacon Light*. Briefly, a fine not exceeding ten shillings is imposed upon any person under sixteen years of age convicted of smoking or using tobacco in any form. For the sale of tobacco to anyone under sixteen years

the vendor is liable, for a first offence, to a fine not exceeding twenty shillings, for a second offence, forty shillings, and for a third, forfeiture of license. It is unlikely that legislation of this kind will ever be placed upon the statute book of the United Kingdom, although its repressive principle has been widely adopted in the United States. In that country, we learn, on the authority of the above-mentioned journal, that "the fines and imprisonments ranged from seven to one thousand dollars, and from two days' to twelve months' imprisonment—these penalties are chiefly directed against the salesmen and givers." From the latter sentence we infer that a certain number of schoolboys have been sent to prison for smoking tobacco. To manufacture criminals in that fashion is a simple outrage upon Christian charity and common sense. At that rate a good many of our leading men in the Church, in the services, in Parliament, at the Bar, and in other pursuits would have entered life under the cloud of a criminal conviction and possibly have even made the acquaintance of prison walls. Youth is the imitative age, and a boy will smoke as naturally as a duck takes to water. How can a smoking magistrate or a smoking schoolmaster dare to punish a schoolboy because the latter has turned likewise to tobacco for solace and deep enjoyment? No, let the elders set the example, and if laws are wanted let there be a general anti-tobacco law for all ages. There is no special law against boys using alcohol, which is infinitely more harmful than tobacco. It was only with great difficulty that the Legislature could be brought to pass a really effectual and stringent law against the sale of alcohol to young persons. We trust the day will be long distant when the strong hand of the law will be set in action against the schoolboy cigarette. Juvenile smoking we do not for a moment defend, but to fine and imprison tobacco-nists and children wholesale by means of a repressive law is to invite ridicule and failure. Schoolboys have many harmful habits to which the attention of that great social reformer, Mr. Samuel Smith, who is said to be answerable for the proposed Bill, might perhaps with advantage be extended.

Impertinent Critics.

THE impertinence of some persons in criticising things on which it is quite impossible for them to speak with any pretension to knowledge or authority passes all understanding. We regret to have to include Mrs. Fenwick Miller in this category. This lady, in a communication published under her name in the *Daily News*, commits herself to various statements in respect of deaths under chloroform which could only be made by some one ignorant of the facts. She asserts, for instance, that "nearly always such deaths occur in hospital practice." It would not justify any damaging criticisms were such really the case, seeing that anæsthetics are administered so much more frequently inside than outside an hospital, but as a matter of fact, a very large proportion of these

deaths occur in private practice, and in such cases it is often for some comparatively trivial operation. Then, too, chloroform is not the anæsthetic usually employed in hospitals, ether or a mixture being far more frequently administered. For this lady to assert that "in hospitals, at any rate, chloroform is frequently given far too rapidly," is sheer impertinence, for the statement implies that the writer's experience is to be preferred to that of the professed anæsthetist. The immunity from fatal chloroform narcosis during confinements, upon which she lays some stress, is due to circumstances quite foreign to the method of administration, among which the fact that only slight anæsthesia is induced is worthy of note. To round off the article, a doubt is insinuated whether artificial respiration is resorted to for a sufficiently prolonged period to make sure that death is not merely apparent. Such wild criticisms are to be deprecated, because they tend to convey an utterly erroneous idea of the causes of those regrettable catastrophes. Mrs. Miller speaks with the calm assurance of one who has not taken the trouble to take cognisance of the laborious and painstaking inquiries which have been made into the problem of chloroform narcosis, and her assumption of authority is calculated to mislead the uneducated among her readers.

The Colour of Negro Babies.

It is odd to say the least of it, that it should have been left to the beginning of the twentieth century for an authoritative statement to be made concerning the colour of negro babies. Yet we remember to have witnessed several discussions on this topic which, if practically insignificant, is nevertheless a detail of natural history worth clearing up. We have it on what appears to be good authority that at birth the offspring of coloured parents are the same colour as Europeans, but that within two or three days the skin turns of a lilac hue. Ten days later the tint merges into a light chestnut shade, and it is only at the expiration of three or four months that the skin becomes really black. This sequence of events gives point to the story of the negro father who, on observing the suspiciously light colour of his putative offspring, muttered that there would be trouble in his family unless the baby became darker.

A Training School for Midwives.

It is proposed to establish a general hospital with a maternity annexe in one of the thickly-populated districts of the Metropolis, to be known as the National Training School for Midwives, at which "the large proportion of educated gentlewomen who are anxious, besides incidentally earning their livelihood, to do work that is worth doing," may receive eighteen months' course of general and monthly nursing, prior to a six months' course of midwifery in hospital and district. The scheme has much to recommend it, although we cannot view with equanimity any proposal which goes a step further in the direction of pauperising the people and incidentally pauperising the general

practitioner. We are, however, prepared to admit, nay, even to urge, that the provision for assistance in respect of maternity cases is disgracefully inadequate in London, and no doubt in most large towns. The time has come for an extension of this department of medical charity, and one of the first steps should be the re-opening of the maternity annexes of our large general hospitals. The reasons which led to their abandonment years gone by no longer exist, since the introduction of antiseptics has rendered hospital midwifery far safer than labour at home, at any rate in the homes of the poor. Unless further provision is made for the general instruction of medical students in midwifery we shall soon be confronted with the disconcerting possibility that the trained midwives will have received more thorough instruction than the average practitioner. *Absit omen.*

Mechanical Training for the Medical Student.

THERE is unquestionably ample scope for mechanical ingenuity in medicine, and even more so in surgery, and in order to promote the acquisition of this valuable quality it is suggested that students should be required to undergo a term of training in the hospital workshop, where he would be taught to make splints and other appliances of a more or less extemporaneous character. Unfortunately, mechanical ingenuity is possessed rather than acquired, although, of course, it admits of cultivation. Some people are born awkward, and we question if any amount of training or instruction would prove successful in divesting them of what is in reality a congenital defect. One has only to look at a squad of second year's students in the dissecting-room to become aware that practice does not necessarily confer dexterity, still less ingenuity. The quality, moreover, is one which cannot readily be gauged in the examination-room, and it would be fastidious to reject a candidate merely on the ground that he handled his knife as he would a tooth-pick. Resourcefulness and the capacity of adapting means to ends are qualities which cannot fail to exert a favourable influence on the student's future life, but this holds good in other departments of life than medicine and surgery, and if they could be taught or learned their acquisition would obviously be a thing greatly to be desired.

Precautions in Regard to Measles.

THE London County Council has set a very good example in regard to the prevention of the spread of measles. An Order has been issued, after confirmation by the Local Government Board, applying Sections 60 to 74 of the Public Health Act (London) to persons suffering from this infectious disease. These sections confer on sanitary authorities the power to secure the disinfection of dwellings and infected articles of furniture, clothing, &c., to forbid the throwing of infected material into ash-pits, to forbid the letting of houses or apartments inhabited by infected persons until they have been

properly disinfected, and, in addition, provisions having for object prevention of infection of public conveyances. Short of compulsory notification, much can be done to prevent the spread of this highly infectious disease by the enforcement of these simple precautions. Hitherto it was open to anyone suffering from measles to spread infection in public conveyances and elsewhere without let or hindrance, a latitude which, in view of the enormous aggregate mortality therefrom, was, to put it mildly, a grave anomaly.

The Hospital Question in Melbourne.

THE relations of the medical charities to the public and to the medical profession appear to be no less strained in Australia than they are in the home country. That conclusion is confirmed by the perusal of a powerful statement of the position published in the *Melbourne Age* of February 10th last. The main drift of the article is a strong support of the demand for a central board to control and co-ordinate the work of those institutions. The reasons advanced are familiar enough to British readers; such as overlapping of fields of work and waste in cost of administration. The writer advocates that all hospitals should be licensed by a Central Board, which would also have the right of vetoing the formation of new hospitals or of the addition of special departments to existing charities. Stringent inquiry into the fitness of applicants for hospital relief as to means is advocated together with an unsparing condemnation of the pay system in any form whatever. Greater security of tenure is desirable for the medical staff, together with adequate representation on boards of management. Generally, the things wanted are a better organisation of existing hospitals, a firmer control of them as a whole, and important internal reforms. Keeping in view the advanced nature of many social and legislative standards already adopted more or less widely in the Antipodes, as, for instance, woman's franchise and old age pensions, there seems some likelihood that the hospital problems will be settled on just and rational lines while the public and the medical profession in the United Kingdom are still discussing the *pros* and *cons* of a muddle that has been to the fore for the last century or so.

Small-Pox in the Provinces.

THE occurrence of cases of small-pox in new districts and of its continuance in places already invaded must be regarded with anxiety by those responsible for the care of the public health. Cases were reported last week at Darwen, Middlewich, Bradford, Leeds, Bootle, Ashton, Haslingden, Stockport, Preston, Bury, Burslem, and Middlesbrough. At Manchester, on March 14th, there were twenty-three small-pox patients discharged and a similar number admitted, leaving sixty-eight cases under treatment. The medical officer of health, Dr. Niven, appears confident that there will be no great spread of the epidemic. He points out that overlooked cases have, as usual, played a great part in the spread of the disease.

At Leeds five small-pox patients were discharged from hospital, and forty-eight left under treatment. At Bristol there are nine cases of convalescent small-pox at the hospitals. In London, happily, the disease seems to have been almost eradicated, as the last available returns, those for March 14th, showed not a single death from that cause. The widespread nature of the affection at the present time should be met with the greatest vigilance by sanitary authorities all over the Kingdom.

The Health of the Oarsman.

EVERY year the inter-Varsity Boat Race attracts not only the enthusiastic attention of "blues" of both shades and lovers of aquatic sport, but demonstrates the usefulness of well-regulated training and the wonderful powers of the human body to accomplish deeds requiring considerable physical endurance. Racing of all kinds is undoubtedly capable of proving seriously detrimental unless rigorously safeguarded, and even under the best restrictions catastrophes from time to time occur. And it has often been argued that a boat race, from its very nature, was liable to subject those engaged in it to serious risks. A general impression certainly exists that the stress and strain of the preliminary training, as well as the supreme effort, is detrimental to many who have sought honours as one of eight, but as far as we know no recent returns are available which can throw light on the matter. Some years ago the late Professor Morgan, in his little work, "University Oars," gave the results of an investigation regarding 255 who were then living out of 294 who had taken part in the Varsity Boat Race. His returns seemed to show that the ordeal could not be considered as otherwise than beneficial, and of the 294 oarsmen, no less than 115 described themselves as having been benefited in after life by their boat-racing, while 162 were classified as "uninjured." But since the publication of Dr. Morgan's remarkably painstaking researches there have been changes in the methods of rowing and manner of training, and it must also be remembered that both men and boats have undergone "evolution." It is therefore very desirable that careful medical investigation should be made into this matter, so that we may learn if there are any ground for an old idea, which certainly still lingers.

The Waste of Food.

THE "struggle for existence" is answerable for many curious results, especially now that it is linked with a highly complex social system. A feature that can hardly fail to strike even the most superficial observer of the ways of mankind is the prevalence of extremes both of wealth and of poverty in all modern civilised communities. The wealthy classes suffer from a plethora of good things, while the submerged tenth live in a state of chronic starvation, and another large section of the poorer classes live in habitual or recurrent want of a sufficient allowance of food. In the midst of all this famishing population it is astonishing to read of the enormous quantity of food that

is destroyed all over the kingdom on the score of unfitness for human consumption. Flesh, poultry, game, fish, vegetables, fruit, enough of all these to support a large city is condemned annually by our sanitary authorities. In Manchester alone last year 176,754 pounds of meat and 31,195 pounds of fish were condemned and destroyed. The question naturally arises, "Why is all this food wasted?" The answer—apart from changes of weather and other unavoidable causes—lies in the exactions of the market monopolies, the delay of transit corporations, and the avarice of middlemen and dealers. The remedy to a great extent lies in the hands of the public, if only they insist on the abolition of market monopolies, and take steps to reduce rents and the cost of living generally, whereby distributors' costs will be reduced.

The Small-pox Isolation Hospital in Dublin.

At the general meeting of the Sanitary Association, which was held last week, the official fulminations of the Association were hurled at the new isolation hospital for small-pox patients, which has been opened by the Corporation at the old Submarine-mining Depot on the Pigeon House Wall. The gist of the complaint of the Association is that the hospital adjoins the fair-way into the Dublin Docks, and that it is passed and repassed by the employés of the Corporation on their way to and from the new Electric Power and Main Drainage Works. This is quite true, but does it constitute a serious objection to the hospital, and if it does, where would the Sanitary Association wish a hospital of the kind to be placed? We fear that we are not ourselves able to appreciate the objection of the Association, nor are we able even to guess at a more suitable site. Does a hospital which is rarely tenanted, and which ships pass at a distance of some hundreds of yards, constitute a real danger? Even if, as Sir John Moore suggested, steamers had occasionally to anchor off the hospital, a procedure on their part which is excessively rare, would the crew run any appreciable risks? The danger to the Corporation workmen is, we confess, a more real one, but when once the works are finished, there will not be the constant stream of employés always passing through the danger zone. But even if there is, what is the alternative to the present site? The Association have in the past blessed two proposed sites in the country, but, as they naively say, the opposition of the inhabitants proved too strong. The Pigeon House Wall is a long peninsula running beside the river out to sea, with the works to which we have alluded at the end of it and no other buildings near. Where in the country, within a suitable radius, could as sparsely inhabited a site be obtained?

Operative Treatment of Chronic Bright's Disease.

RENAL decapsulation, as a mode of cure in cases of chronic renal disease, has not as yet attracted the attention over here that we fancy it will do in the near future. British surgeons are

most conservative, and like to wait for results, but no operations no results is the rule, and someone must be the first to adopt a new procedure. In America, Edebohls, who may be regarded as the founder of the operation, has personally operated upon 51 cases since 1892. He has followed up the results of his cases with the greatest care and a short time ago brought them before the Medical Society of New York. Of the 51 cases, 29 were of chronic interstitial nephritis, and in all but nine only one kidney was operated on; 14 were of diffuse nephritis; and eight of parenchymatous nephritis. Fourteen patients died at periods ranging from twelve hours to eight years after the operation, and seven of these died during the first two months. The results of the operation could be best studied in the case of 24 patients who survived the operation sufficiently long to enable an opinion to be formed. All of these but two resulted satisfactorily, and there was a practical and lasting improvement that was steadily progressive. Of the remainder 10 were radically cured and 12 were greatly improved. It is impossible here to give more of Edebohls' results, but from what we have given it is obvious that the operation offers at least prospect of cure for a condition that has been up to now incurable.

The Health of the Navy.

THE Blue-book recently issued regarding the health of the Navy, while it shows that the physical condition of Jack is now better than it has been for many a long year, still indicates the need for a more careful medical control of the Navy and a more rigorous insistence on hygienic measures. A deplorable wastage still continues among the boys and young sailors, and there is evidence to show that much of the physical disability arises from causes which are strictly preventible. It is well that the Admiralty should sometimes be reminded that if ships are necessary for the nation's protection, men, sound in lung and limb, are also essential, and while it is right to provide for the building of the former, it is folly to neglect searching study into all influences which may hinder the proper development of the latter.

Paraffin for Plastic Operation.

THE use of subcutaneous injections of paraffin to cure deformities, though of very recent introduction, is evidently now soundly established. So far there seems to be no drawback to the practice, though there are vague rumours of sloughing and embolism, but both of these are avoidable and rare. The principal use of the method so far has been in the treatment of deformed noses, though it has been applied in other regions as well. Mr. Stephen Paget, who has helped to make the method known in England, has recently published a series of twenty-nine cases, all with satisfactory results. A paraffin which sets at a medium temperature is the most suitable, as one with a low melting point may be influenced by a fever-heat in the patient, and one with a high melting point may cause a serious burn at the

moment of injection; and, in addition, as it sets very rapidly, the manipulation in moulding it to the required form requires to be very quickly completed. Consequently, Mr. Paget recommends a paraffin such as Pfaunenstiel's, melting at 155° F. As regards the syringe used, an ordinary antitoxin needle will serve, but Eckstein's special needle for the purpose is more convenient. The instrument, must, of course, be kept sufficiently warm not to harden the paraffin. As soon as the injection is made, the part must be carefully moulded until the paraffin is quite firm. Mr. Paget's cases give an excellent result, and augur success for the method.

The Food Value of Casein Products.

So many proprietary food preparations are nowadays brought before the notice of the busy practitioner, and their supposed or ostensible virtues are oftentimes so objectionably advertised, that there is danger that, amidst the unworthy, useful articles may, at least for a time, not come to their own. We wish it were possible for a permanent body of representative chemists and physicians to undertake the much-needed function of guide, counsellor, and friend in these matters rather than leave it to the unregulated and oftentimes ill-directed efforts of private individuals. Dr. Carstairs Douglas has recently devoted much research to the investigation of the claims of one of the most promising of recently introduced food products—Plasmon. He shows that it is a simple and pure preparation consisting mainly of the caseinogen of milk precipitated along with some of the salts, and dried by a special process which leaves it readily soluble in aqueous menstrua. He states that it is of no use as a source of heat, and of secondary importance as a source of mechanical energy. It seems, however, to be capable of ready absorption and metabolism, and as such may be considered a valuable addition to the diet in convalescence and in actual illness, in which nitrogenous waste is a marked feature.

Imperfect Sanatoria.

It has long been the custom to decry English management of sanatoria in favour of the perfect methods said to prevail in certain Continental institutions. We have never favoured this fashionable method of decrying national ways, and while we should be among the first to admit the debt of gratitude we owe our German cousins in proving to our forgetful and insular minds the importance of such measures as long since were advocated in this country by such pioneers as Bodington and McCormack, we still think it as well to believe that in the conduct of sanatoria for consumptives in England we may yet take a premier position. And the revelations, if we may so call them, of Drs. E. C. Morland and E. Talbot, in a recent issue of *St. Bartholomew's Hospital Journal*, of what they witnessed in certain of the most lauded German institutions, would seem to afford sound grounds for such an opinion. They show that in at least

not a few instances the standard of ventilation of a German sanatorium is no better than that of an ordinary English house. The standard of personal cleanliness is also, generally speaking, lower than ours. Indeed, after visiting such sanatoria as Hohenhonne, Falkenstein, and Wehrwald, they come to the conclusion that life in such institutions is, after all, merely a modified indoor existence, and, at least for most, the cure might more accurately be described as a "Liegekur" rather than a "Luftkur." In keeping our eyes open to the defects of our teachers we may perchance avoid errors and faults which, perhaps, after all are but manifestations of the human frailties.

A British Sanatorium at Davos.

DAVOS has for long occupied a foremost place among Alpine resorts peculiarly suited to the hygienic treatment of many consumptives. Its dryness, sunshine, windlessness, bracing cold, and many conveniences as regard comfort, amusement and medical assistance, have rightly won for it a high degree of popularity. For many years the Davos Invalid's Home has quietly and unostentatiously brought relief to many sufferers, but now, as we learn from the current issue of *The Davos Courier*, Dr. W. R. Huggard, Dr. E. H. Douty and others, consider the time has arrived when a modern sanatorium should be erected for the reception of necessitous patients, conducted on the broadest possible lines and administered in a way worthy of a national institution. A strong local committee has been formed, and it may be hoped that a thoroughly representative central committee will be constituted in London.

Adrenalin in the Treatment of Gastric Dilatation.

ATONY of the muscular structures of the stomach is the primary cause of dilatation of the stomach in the majority of instances, and this it is claimed can be effectually overcome by the exhibition of preparations of suprarenal extract or adrenalin. Dr. Vassale, of Modena, reports a series of cases in which the administration of from five to ten minims, repeated several times in the twenty-four hours, promptly determined the subsidence of the characteristic symptoms—sensation of weight in the epigastrium, flatulence, loss of appetite, pyrosis, and general enfeeblement. The action of the extract is not merely palliative, as when antiseptics or digestive ferments are employed. In the long run it restores a variable degree of muscular tonus, thus enabling the stomach to perform its motile functions. Once muscular contraction has been restored comparatively small doses of the extract suffice to maintain it.

Nurses and Surgical Cleanliness.

A NURSING contemporary criticises a method of training nurses which includes in their daily routine of duty that of "routing out microbes of every description, from ward floors, lockers, cupboards, &c.," during part of the day, in view of the

fact that during the remaining hours they are expected to keep their hands in a state of surgical cleanliness. We are inclined to agree that the purely menial duties of cleansing floors and furniture might advantageously be relegated to women who are not subsequently to be called upon to take part in delicate aseptic operations in which the patient's chances of recovery are seriously jeopardised by any shortcoming in this direction. After all it is merely a question of expense, and this factor ought not to be allowed to weigh in the balance when the success of surgical measures is thereby endangered.

The Anæsthetists at the Dental Hospital.

SOME time since the managers of the Dental Hospital of London, disturbed by the numerous complaints received with regard to the way in which the honorary staff of anæsthetists performed their duties, decided upon the drastic step of calling upon them to tender their resignation, a course which, naturally enough, has met with determined opposition. That there have been shortcomings can hardly be contested, and the remedy suggested is to appoint a paid staff in lieu of the honorary anæsthetists. Doubtless this reform would meet the case, but would it not be simpler to transform the honorary members into paid members forthwith, thus placing them *en demeure* to do their duty punctually and properly. The object would be equally attained and much unnecessary friction would be avoided.

THERE does not appear to be any prospect of the report of the departmental committee on cremation being embodied in legislative form during the present session. That at any rate is the purport of the reply of the President of the Local Government Board to a question by Sir Walter Foster. Desirable as the proper regulation of cremation may be, it must be admitted that there are many subjects of more pressing importance, especially as this method of disposal of the dead is really available by such as desire it.

PERSONAL.

DR. CHARLES E. MAGUIRE, Assistant Colonial Surgeon of Southern Nigeria, has been appointed Principal Government Medical Officer to Fiji.

Miss M. B. DOBSON and Miss M. M. Burgess have been appointed house surgeon and assistant house surgeon respectively to the Hull Victoria Hospital for Sick Children.

DR. NORRIS, Medical Superintendent of the Holberton Hospital, Antigua, has been appointed to act as Chief Government Medical Officer of that colony, in place of the late Dr. George Pierez.

DR. CHAS. F. HUTCHINSON, who was elected to represent the borough of Rye, Sussex, in Parliament last week, had retired from practice some time since. He is a graduate of Edinburgh University, and a J.P. for Sussex, and is a welcome addition to that almost infinitesimal body of medical men in the House of Commons.

DR. CATON, the well-known and popular Emeritus Professor of Physiology in University College, Liverpool has been recently presented with his portrait in oils and an illuminated address by a number of old students, colleagues, and friends. The presentation took place in the Arts Theatre of University College in the presence of a large gathering.

A COMPLIMENTARY dinner is to be given in honour of Mr. Jonathan Hutchinson, F.R.C.S., F.R.S., by the London and Counties Medical Protection Society, on his return from India. It is hoped to arrange for this function in the first week of May next, and members of the society who intend to be present are requested to send in their names to the honorary general secretary, Dr. Hugh Woods, at the earliest date possible, together with the names of any they may wish to invite as guests.

DR. PETER MCBRIDE, the well-known lecturer on diseases of ear, nose, and throat in the University of Edinburgh, has completed twenty years' service in the Royal Infirmary. The managers of that Institution have passed a resolution of thanks to Dr. McBride for his ungrudging devotion to the interests of the Infirmary during the past twenty years in that capacity. They recognised the position he held as one of the highest living authorities in his speciality, and they could not forget that he started the department to which he was attached.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

DR. WILLIAM WILSON, OF GREENOCK.—We regret to announce the death at Exeter, where he had gone for the benefit of his health, of Dr. Wilson, who practised in Greenock for the long period of thirty-five years. He occupied a leading position, and his practice, extending far beyond his own immediate neighbourhood, was large and influential. He held at one time the office of Chairman of the School Board, and was Surgeon-Lieutenant Colonel of the 1st Renfrew and Dumbarton Artillery Volunteers. His death will be deeply felt by a very numerous circle of friends and patients, by whom he was highly esteemed. He leaves a widow and grown-up family (including a son in practice with his father) to deplore their irreparable loss.

THE CONSCIENTIOUS OBJECTOR.—In his report as Medical Officer of Health, Govan district of Glasgow, just issued, Dr. James Barras states that 110 cases of smallpox were notified, 15 of which proved fatal. He gives a full account of the outbreak, and in dealing with the causes, origin, and distribution of disease states that "the only preventive of smallpox is the education of the public as to the importance of vaccination in infancy, and the necessity of re-vaccination upon the completion of school life," and adds, "It is earnestly to be desired that the day is not far distant in this part of the United Kingdom when the "conscientious objector" will not be able to jeopardise the health and lives of his neighbours through neglecting to fulfil a duty which he owes, if not to himself, then by all means to the community at large." A week or two ago we referred to the commendable action of the Corporation of Glasgow in unanimously recommending periodic re-vaccination as the only safeguard against epidemics of smallpox. That recommendation was forwarded to Lord Balfour of Burleigh, Secretary for Scotland, who, in reply, states that this important matter will receive careful and earnest attention. We shall look forward anxiously to the result of his deliberations.

ST. ANDREW'S AMBULANCE ASSOCIATION.—From an extraordinarily long list of applicants—504—for the Secretaryship of this Association, the Council at a meeting held two days ago unanimously appointed Lieutenant-Colonel Barnes, R.A.M.C. (retired), to the vacant office. He served for twenty-three years in the R.A.M.C., and was engaged in the South African War, being in charge of the 23rd Field Hospital. Lieutenant-Colonel Barnes is to be heartily congratulated on receiving his appointment unanimously from among such a large number of applicants.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

THE FUTURE OF THE ROYAL INFIRMARY.—At last it seems certain that the Royal Infirmary site will be sold to the Corporation for £400,000. It is certain that by selling the land to private individuals for building purposes a far larger sum could be realised. But the Infirmary site is regarded in Manchester as a beauty spot which must be preserved for the public use and more or less open at whatever cost. The outsider might be inclined to say that there is so little beauty about the place anyway that there can be no reason for preserving it. and that it ought to be sold for the advantage of the Infirmary funds to the highest bidder. So far as sanitation is concerned there is no need to preserve an open space in the centre of the town surrounded by premises which are hardly inhabited except during business hours. At one time it was thought that the Charity Commissioners might object to the sale of the land at so low a price as £400,000. It appears, however, that the land was paid for by the Infirmary and was not given or bequeathed to the institution. What has been bought by the charity can doubtless be sold by its present representatives at any price which they may choose to take for it, so the matter probably will not go before the Commissioners at all. This will tend to shorten the period which must elapse before the deal can be completed. So much for getting off with the old love, but there is still difficulty about getting on with the new. The Southern Hospital has not as yet shown any inclination to give up its right to the better half of the frontage of the Stanley Grove site. There are various rumours as to the endeavours which have been made to "square" its authorities, nothing is clear except that they have failed. Other sites are freely mentioned as desirable. One attractive proposal is to build the new Infirmary in the open fields where the British Medical Association held its dinner and dance under canvas last year. This, however, would be two miles from the Owens College, and from the educational point of view worse than the present site. Another idea is to pull down property opposite the college so as to make a new site just across the street. This would combine the height of convenience with the maximum of expense. Certain outlying public parks have also been suggested as desirable positions for the new erection, but everyone expects that the Stanley Grove site will ultimately be utilised. The college session has come to an end with relief to students and teachers alike, and the Victoria University examinations are now going on.

Correspondence.

A PERFECTED METHOD OF CHLOROFORM ADMINISTRATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the report of my remarks at the recent meeting of the Society of Anaesthetics shows, the reporter was wholly unable to understand or transcribe accurately what was said. I shall be glad if you will permit me to correct one or two points. What I actually said was that Mr. Harcourt's apparatus fulfilled its aim admirably, and offered an accurate

method of giving chloroform up to 2 per cent. I added that it was at present uncertain whether a 2 per cent. strength was sufficient for all operations—*e.g.*, for abdominal ones in which absolute muscular relaxation is required. I never asserted, nor am I in a position to assert that a 2 per cent. chloroform and air mixture is or is not sufficient for all operations, as the data are wanting. The suggestion that they were now asked "to push necrosis (narcosis) to such an extent that vitality was distinctly lowered," is not devoid of humour, but it is not what was said. There are other equally strange blunders by the reporter about which I will not trouble you.

I am, Sir, yours truly,

DUDLEY W. BUXTON.

82, Mortimer Street, Cavendish Square, W.,

March 19th, 1903.

THE FORTHCOMING INTERNATIONAL MEDICAL CONGRESS AT MADRID.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I recently wrote to the Royal Mail Steam Packet Company to ask if it was their intention to offer a reduction in the fares to Lisbon for members of the forthcoming International Medical Congress to be held at Madrid next month. I have received the following reply, in which they offer an abatement of 25 per cent. from the first-class single or return fares to Lisbon. To many medical men who wish to avoid the long, tedious, overland journey to Madrid this concession should be heartily welcome, as of course in this reduction is also included the price of the food during the sea journey to Lisbon.

I am, Sir, yours faithfully,

W. WOODLEY STOCKER.

March 17th, 1902.

[COPY.]

SIR,—With reference to your letter of the 4th inst., I am to state that the company will be happy to allow members of the International Medical Congress 25 per cent. abatement from the first class single or return fare, Southampton to Lisbon. It is understood that you will take means to let the members of the Congress know, and arrange so that we may know to whom to allow the abatement.

I am, Sir, yours, &c.,

(Signed) C. E. DAVIES,

pro Secretary, Royal Mail Steam Packet Co.

W. Woodley Stocker, Esq.,

287, Willesden Lane, N.W.

THE PRESENT SYSTEM OF MEDICAL EDUCATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would be rather interesting to know on what principle the education of students is carried on in our medical schools on the most important subjects—clinical medicine and surgery. More various subjects which occupy their time during the first two years or so, namely chemistry, physiology, anatomy, pharmacy, &c., are generally taught by lectures, and special lecturers are appointed for them. But clinical medicine and surgery are supposed to be taught at the bedside and not in the lecture room, and the teaching is of a peculiarly practical kind, which cannot be conducted by books or by unaided study.

The diagnosis of disease, the most important of all the subjects that come into medicine and surgery, and, next to it, the practical treatment of disease, must be carried on in the wards, and by men of experience, tact, and knowledge.

Whether this part of the education of students is properly considered and conducted is extremely doubtful, and how far the duties of physicians and surgeons at medical schools are discharged in this respect, requires more attention. If we go back to the time of Hunter, Baillie, Brodie, Lawrence, and the days when students chose their teachers, and the fees for clinical medicine or surgery were not divided among the members of a staff, whether they taught or not, teaching was of course

of greater interest than at present; and as it seems now that hospital appointments are of more value as mediums of advertising particularly in specialism, than as practical sources of profit for work done in teaching, we can understand how it is that graduate education is becoming a necessity.

Whether this system that is growing up is likely to prove of advantage to students and the profession remains to be tested; and it would be well that no mistakes should be made that may result in trouble.

I am, sir, yours truly,
R. L.

Literature.

AMATEUR PHYSICIANS. (a)

DR. COLMAN'S very attractive *brochure* furnishes a guide to one of the most interesting by-paths of medical history. In his artistic portrayal of three eminent amateurs in the healing art he throws much light on the ignorance and superstition prevailing during the seventeenth and eighteenth centuries, not only among the uninstructed public but in the ranks of those who claimed the title of physician. The first of the illustrious trio here presented is the Merry Monarch, Charles II., who practised so largely in the cure of "scrofula," or the "King's evil," by means of the King's touch. In 1660 he "touched" 6,725 persons in London; and the annual charge for "touch-pieces" and other expenses exceeded £3,000 a year. Dr. Colman shows that royal touching after Charles' time rapidly fell into disuse. As soon as the monarchy became strictly "limited," and the Divine Right of Kings was no longer a political shibboleth, little more was heard of the Divine Gift of Touch.

Valentine Greatrakes takes the second position in this interesting group. He was a country gentleman and magistrate in Waterford. He won wide fame by "stroking" sufferers with "scrofula" and other ailments, and on the suggestion of Sir Edmonbury Godfrey, the Secretary of State, came to London, where his fame as a healer rivalled that of King Charles.

But the most gifted of Dr. Colman's "amateur physicians" was the learned divine, John Wesley. Wesley was not only a cultivated man, a magnificent organiser, and an acute controversialist, but imbued with deep religious feeling, full of sympathy and tenderness for all sufferers and for the poor. He was an indefatigable traveller, covering over 250,000 miles in the fifty years of his ministry, and until he was seventy entirely on horseback. In his peregrinations he was impressed with the poor quality of the medical advice then procurable, and the profound ignorance of the people generally. His practical mind at once sought to mitigate distress by the dissemination of the best knowledge then procurable, and he issued "Preventive Physick, or an Easy and Natural Method of Curing Most Diseases," which ran through no less than thirty-six editions, the last appearing as late as 1840. There is much in the book, of course, that in the present day seems barbarous and ridiculous, but there is also much that shows that Wesley considered attention to hygienic directions quite as important as drug treatment.

At a time when quackery and charlatanism of all kinds assumes the garb of science as well as religion, and selfishness halts at no degree of humbug, and seeks support by all kinds of deception, it is well to remember that the mediæval spirit is still active, but in only too many instances lacking in that desire to benefit others it may be even by the sacrifice of self, which stimulated and strengthened not a few worthy, although from circumstances of time and place, necessarily ignorant, men and women to assume the *role* of the "amateur physician." We heartily commend Dr. Colman's valuable study to all medical men interested in the history of medicine in this country.

(a). "Three Distinguished Amateur Physicians." By W. S. Colman, M.D., F.R.C.P., Assistant Physician to St. Thomas's Hospital. Reprinted from "St. Thomas's Hospital Gazette." London: J. J. Keliher & Co. 1903.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

It would be impossible to do anything like justice to the Report of this great hospital in the space at our disposal. We would, however, draw attention to Dr. H. Thursfield's article on "Sudden Death in Infants, associated with Enlargement of the Thymus Gland," and Mr. Inchley's article on the causation of the first sound of the heart. But even more valuable are the tables of cases. Turning to the statistics of anæsthetics we find that chloroform alone was used 2,867 times, and ether alone 33 times—a significant fact.

INTERNATIONAL CLINICS. (b)

The present volume of this excellent series is fully equal to any of the preceding numbers. It contains a series of articles on therapeutics, medicine, neurology, surgery, dermatology, ophthalmology, two biographical sketches, and a monograph, this latter from the pen of Dr. Thomas Brown, is on the subject of "The Blood in Health and Disease." It occupies almost one hundred pages, and deals very fully with serum diagnosis, serum therapy, and immunity. The biographical sketches we cannot approve. The illustration showing the operation theatre, the operator, assistants, students, and, of course, the uniformed nurse, grates on our sense of propriety. It is not in harmony with the sacredness of medicine. We hope never to see another such picture.

THE EDINBURGH MEDICAL JOURNAL. (c)

As we turn over the leaves of this, the twelfth volume of the new series of the *Edinburgh Medical Journal*, we are struck with the number and excellence of the original articles. They treat of subjects that daily call for the family physician and offer difficulties for his consideration; and they put the matter so clearly forward that the reader cannot fail to find them helpful. The authors are men of large experience in the practical side of their profession, and familiar with the most recent scientific views on the subject treated of. Clinical records, reports, notes on progress in therapeutics, skin diseases, midwifery, surgery, and medicine complete the volume. All the principal papers, with few exceptions, are illustrated, some by diagrams and many with beautiful photogravures. As time goes on our contemporary seems to make each succeeding number more attractive both in its practical papers and the style in which it is issued.

Medical News.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

ON the evening of St. Patrick's Day a very large company, numbering over 200, assembled in the great hall of the Café Monico, London, at the annual festival dinner of this now popular association, under the Chairmanship of the President of the Association, Dr. P. S. Abraham. A pleasing feature in connection with this function is the presence of ladies, and on this occasion they mustered in extra force, and there was no lack of those "types of beauty" proverbial of the sex from the Emerald Isle. After the usual loyal and patriotic toasts had been duly honoured, that of "Our Defenders" was proposed by Dr. Gilbert-Smith, which was responded to by Deputy-Inspector-General Delmege, Surgeon-General A. Keogh, and Lieutenant-Colonel Milner. Dr. H. Macnaughton-Jones gave "Our Guests," in a speech which caused considerable merriment. Sir John Colomb, M.P., in reply, touched on the position of the medical profession in the rural districts of Ireland, in which he advocated the education

(a). "St. Bartholomew's Hospital Reports." Edited by Norman Moore, M.D., and D'Arcy Power, F.R.C.S. Vol. XXXVII. London: Smith, Elder & Co. 1903.

(b). "International Clinics: a Quarterly of Illustrated Clinical Lectures and Specially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, &c." By Leading Members of the Medical Profession throughout the World. Edited by Henry A. Catters, A.M., M.D. Phil. Vol. IV., Twelfth Series. London: J. B. Lippincott. 1903.

(c). "The Edinburgh Medical Journal." Edited by G. A. Gibson, M.D., F.R.C.P. Edin., and Alexis Thomson, M.D., F.R.C.S. Edin. New Series, Vol. XII. Edinburgh and London: Y. J. Pentland. 1902.

of public opinion, which should be brought to bear upon those in authority with a view to break down local and rural prejudices, and to insure fair play for all, irrespective of religion or politics. In his opinion too much family influence was traceable in the election of medical men to the various posts, especially in the southern and western portions of Ireland. The Solicitor-General for Ireland, Mr. J. H. Campbell, M.P., also responded to the toast, and congratulated those present on the feeling that had grown up in Ireland that the time had arrived for making a lasting peace and burying the differences which had divided the Irish people in the past. Professor Sir Robert Ball proposed the toast of "Ourselves," and emphasized the fact that the Association made no difference in regard to creeds or parties. The Chairman, who responded to this toast, referred with satisfaction to the good work done by the Association, not only in regard to social matters, but also in regard to scientific and professional studies. In conclusion we may say that the function was a distinct success, whether viewed in regard to the number present, the music provided, or the excellence and machine-like arrangements of the dinner; and the two hon. secs., Mr. Charles Ryall and Dr. J. H. Swanton fully deserved the encomiums passed by the President and others on their efforts.

Annual Dinner of the British Laryngological Association.

After the general meeting of this Association (a report of which appears in another column), the members and invited guests re-assembled for the annual dinner, at the Imperial Restaurant, the same evening. This function was well attended, Fellows from all parts of Great Britain and Ireland being present. The President, Dr. Wyatt Wingrave, occupied the chair, and after the usual loyal and patriotic toasts had been duly honoured, "The Association" was proposed by Dr. Urban Prichard. Mr. Thomas Nunn and Captain Pinch replied for the "Visitors." Dr. Dundas Grant proposed the "Officers," and spoke in highest praise of Dr. Wingrave's great enthusiasm in his work, and of his many original contributions to the speciality brought before the Association. The speeches were varied with excellent musical selections and a pleasant evening resulted.

West London Hospital Post-Graduate College.

A most successful *Conversazione* in connection with the West London Hospital Post-Graduate College was held on March 18th. The spacious out-patient department of the hospital was almost unrecognisable in its new role of concert-room, having been very tastefully decorated with plants and flowers. The guests, numbering about 200, including Sir William Taylor, K.C.B., Sir William Hooper, Deputy Inspector-General Breton, R.N., Major-General Corrie, Lieutenant-Colonel Wilson, C.M.G., Lieutenant-Colonel Simpson, R.A.M.C., the Mayor of Hammersmith and Mr. J. H. Lewis, Chairman of the Hospital, were received by Mr. Swinford Edwards, F.R.C.S., Surgeon to the Hospital, in the unavoidable absence of Sir Alfred Cooper. Fencing and cinematographic displays, demonstrations of the high frequency currents, colour photography, surgical and microscopical exhibits, a liberal selection of first-rate orchestral and vocal music, together with refreshments provided with the most lavish hospitality, contributed greatly towards the enjoyment and amusement of all present. Such an evening as this could hardly have been a more eloquent testimony to the prosperity of the College, and to the zeal and enthusiasm of the Dean and the Honorary Secretaries.

Vital Statistics.

The deaths registered last week in eighty towns of England and Wales corresponded to an annual rate of 17.2 per 1000 of their aggregate population. The highest annual death-rates per 1,000 living were:—from all causes, 19.2 in Edinburgh, 19.0 in Glasgow, 22.0 in Belfast, 26.6 in Dublin, 21.2 in Stockport, 21.4 in Huddersfield, 22.3 in Hanley and in Blackburn, 22.6 in Manchester, 22.8 in Liverpool, 24.1 in Burnley, 24.6 in Swansea, and 27.7 in Wigan; from measles, 2.4 in Tottenham, 3.4 in Wigan, and 4.4 in Swansea;

from scarlet fever, 1.1 in Oldham, 1.2 in Bolton, and 1.6 in Hanley; from diphtheria, 2.5 in Hanley and 3.0 in Stockton-on-Tees; from whooping cough, 1.1 in West Ham and in Stockport, 1.3 in Hornsey, 1.4 in Reading and in Preston, 1.5 in Croydon, 1.6 in Hanley, and 1.8 in Wallasey; and from diarrhoea, 2.0 in South Shields. Seven deaths from smallpox were registered in Liverpool, and 1 each in Birmingham, Dublin, Leicester, Birkenhead, Manchester, Rochdale, Burnley, and Leeds, but not one in any other of the large towns.

THE following is the official weekly return of the rates of mortality in certain Indian and foreign cities, which gives the annual death-rate per 1000 living in Calcutta at 35.3, Bombay 108.2, Madras 36.5, Paris 20.4, Brussels 15.3, Antwerp 13.5, Amsterdam 13.1, Copenhagen 18.6, Stockholm 17.6, Christiania 18.5, St. Petersburg 24.8, Moscow 23.7, Hamburg 18.1, Munich 22.6, Vienna 19.8, Buda-Pesth 21.2, Trieste 26.6, Venice 25.7, Cairo 29.0, Alexandria 33.6, New York 21.8, Philadelphia 22.5, Boston 20.9.

A Mortuary Wanted.

AT an inquest held last week in Chichester, a complaint was made by Mr. E. H. Buckell, a local practitioner, on the want of a proper mortuary. It appears that deceased died in a small attic in which there were two beds, and he was compelled to call in the assistance of a passing coal-carrier to remove the body to a place where he was obliged to carry out the post-mortem examination on the floor. This state of affairs is far from creditable to a wealthy Cathedral town like Chichester.

Bad Teeth among Army Recruits.

IN answer to a question in the House of Commons, Mr. Weir has been informed by Mr. Brodrick that the number of men rejected for bad teeth in 1902 was 4,558, and the ratio per 1,000 inspected was 52.03. This number is nearly double the figures for 1901. These facts raise somewhat serious considerations as to the general health standards of the community.

Anti-Vaccination at Keighley.

THE Keighley Guardians appear determined to distinguish themselves in the anti-vaccination controversy. Last week they summoned their vaccination officer, Mr. J. M. Singleton, "to show cause why he had initiated two vaccination prosecutions recently." The officer, in defence, quoted the verbal suggestion of the Local Government Board Inspector, and a resolution of the guardians on December 3rd last urging upon parents the desirability of vaccination. The report of the meeting given in the *Leeds Mercury* for March 19th, does not state whether or not the vaccination officer adverted to the fact that prosecution of defaulters was his obvious statutory duty. His explanation, however, was accepted as satisfactory by the Board. It appears that exemptions are easily obtainable at Keighley at the trifling cost of 1s. 3d. That fact appears to have had a considerable influence in softening the hearts of the guardians with regard to their over-zealous officer.

Society of Apothecaries of London.

THE following candidates passed in:—

Surgery.—V. E. M. Bennett (Section II.), L. Courtauld (Section II.), T. G. Longstaff (Sections I. and II.), S. Northwood (Sections I. and II.), W. A. G. Stevens (Sections I. and II.), F. J. Turner (Sections I. and II.).

Medicine.—J. Ewing, B. C. Ghosh (Sections I. and II.), W. P. Jones (Section I.), G. B. S. Soper (Section II.), W. A. G. Stevens (Sections I. and II.).

Forensic Medicine.—S. Bentley, L. Courtauld, G. Dewick, J. Ewing, R. Gauld, B. C. Ghosh, J. D. Keir, G. B. S. Soper, W. A. G. Stevens.

Midwifery.—C. E. Adams, E. H. Drinkwater, J. H. Harrison, W. A. G. Stevens.

The diploma of the society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—V. E. M. Bennett, L. Courtauld, R. Gould, T. G. Longstaff, G. B. S. Soper, and W. A. G. Stevens.

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.

SEX PRODUCTION IN MAN.

Kolipinski, from his observations of 192 families with a total of 1,170 births, concludes that the parent of stronger will reproduce his or her sex first. Will he defines as synonymous with decision, resolution, and determination. From his study of the families and births under consideration, he adduces the following facts:—There are more males born than females: 504 boys to 576 girls. Twin births occur once in 80 to 90 single births. There are more twin boys than twin girls, and mixed twins are less numerous than either. In the 1,170 births there were twins 15 times, or 1 to 78; boys 6 times; girls 5 times, and mixed 4 times. Older fathers produce more boys, and wives older than their husbands produce more girls. Prostitutes give birth to more boys. Jews produce more boys than the people of the race or nation with whom they live.

G. F. W. (Brighton).—Communication received as we were at Press. The matter will be considered and replied to, if possible, in our next. It might, however, be necessary to write you privately, in which case we should require (in confidence) information which your present inquiry would not convey.

Dr. H. W. is thanked for his note.

PROLAPSE OF UTERUS TREATED BY INJECTIONS OF PARAFFIN UNDER MUCOUS MEMBRANE

To the Editor, Medical Press and Circular.

SIR,—Noticing an account of a case, in the MEDICAL PRESS and CIRCULAR, last issue, in which the above treatment had been adopted by Mr. Stephen Paget, permit me to say that I suggested such a proceeding to Mr. Bowremann Jessett some months ago, and he agreed with me that it should be worth a trial.

Yours, &c., ALEXANDER DUKE

LONDON, W., March 20th, 1903

Mr. T. N. S.—We hope to refer to the subject in our next. Several other important matters are crowded out of our present number.

CLIPPINGS FROM LAY JOURNALS.

Tedious Delivery.

"The feature of the evening was an address delivered by Dr. — on 'Dieting upon the so-called Dyspeptic Cases.' The address engaged the rapt attention of all present during the one hour of its deliverance." *Bet Air (Md.) Times*.

B. C. A. (Birmingham).—The period of three months is one which has been generally adopted by the insurance companies. If total loss of vision has not occurred within that time, the full compensation cannot be claimed.

THE EAR-MARKING OF OYSTERS.

To the Editor, Medical Press and Circular.

SIR,—Referring to remarks in your issue of the 11th inst., regarding a method of guaranteeing to the public the purity of oysters supplied to them, we have been, for some years, supplying oysters put up and sealed in such a way as to guarantee purchasers that they have come direct from our beds. Situated, as the Red Bank oyster beds are, in a remote district of the western seaboard of Ireland, the question of sewage pollution does not arise, and we have ample certificates of their purity, and the oysters are much ordered by medical men in Ireland.

Yours faithfully, THE BURREN FISHERIES, LTD.

DUBLIN, March 23rd.

(Herbert A. Towney, Secretary.)

RECTUS.—The point is one with which we shall deal, editorially, in a future number. Meanwhile our correspondent will oblige us by forwarding a copy of the newspaper report to which he refers.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 25TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—5 p.m. Meeting.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Pathological Evening.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. J. Berry: Clinique. (Surgical.) 5.15 p.m. Dr. T. G. Brodie: The Pathology of Asthma.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Dr. S. Taylor: The Medical Anatomy of the Belly.

THURSDAY, MARCH 26TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. T. B. Glynn: On Infective Endocarditis, mainly in its Clinical Aspects. (Lumleian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Mr. J. J. Clarke: Deformities due to Nervous Affections.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Dr. S. Edwards: Urinary Cases of Interest.

THE HOSPITAL FOR SICK CHILDREN (Great Ormond Street, W.C.).—4 p.m. Dr. Garrod: Demonstration of Selected Cases.

FRIDAY, MARCH 27TH.

BRITISH ELECTRO-THERAPEUTIC SOCIETY—8.30 p.m. Papers:—Dr. D. Baynes: Cataphoresis. Dr. G. R. Batten: A System of X Ray and

Electro-Therapeutics Worked from the Alternating Main. Dr. J. A. Codd: The Electric Series Bath.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Dr. H. A. Lediard: A Case of Acromegaly. Mr. H. Marshall: An Affection of the Knee-Joint Apparently Depending on Malaria. Dr. A. Duncan: A Case of Bilharzia. Mr. G. H. Makins: Two Cases Illustrating the Employment of Invagination and Stitching over Gangrenous Patches of Intestine in Strangulated Hernia.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. W. Dodd: Clinique. (Throat.) 5.15 p.m. Mr. T. P. Legg: Injuries of the Head and Neck.

MONDAY, MARCH 30TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20, Hanover Square, W.).—8 p.m. Casual Communications by Mr. H. Baldwin, Mr. F. Talbot, and Professor Miller, of Berlin. Adjourned Discussion on Mr. Arbuthnot Lane's paper on Some Points in the Mechanics of the Jaws, will be opened by Mr. T. E. Constant.

Appointments.

Cook, H. F., L.R.C.P. Lond., M.R.C.S., Medical Officer to the Destitute and Aborigines within the township of Redhill, South Australia, and within a radius of twelve miles therefrom.

Farrar, Reginald A., M.D. Oxon., D.P.H. Cantab., Medical Inspector to the Local Government Board.

Jelly, G. Aubrey, F.R.C.S. Edin., M.R.C.S., Honorary Consulting Ophthalmic Surgeon to the Bury Infirmary.

Lapage, C. P., M.B., Ch.B. Vict., Junior Resident Medical Officer to the Manchester Children's Hospital, Pendlebury.

Mackinnon, Charles, M.B., C.M. Glasg., Medical Officer for the Southern District by the Cirencester Board of Guardians.

Morgan, Thomas Whitworth Sewell, M.R.C.S., L.S.A. Lond., Medical Officer for the Camerton District by the Clutton Board of Guardians.

Morse, Edward, L.R.C.P., L.R.C.S. Edin., Medical Officer of Health for Great Torrington (Devon).

Murray, John, M.B., C.M. Glasg., Medical Officer of Health for Llandrindod Urban District Council.

Newsome, Herbert, M.B., B.S. Durh., District Medical Officer for Pill (Somerset) by the Long Ashton Board of Guardians.

Stamford, R. B., F.R.C.S. Edin., L.R.C.P. Lond., M.R.C.S., Honorary Medical Officer to the Loughborough and District Hospital and Dispensary.

Sympton, E. Mansel, M.A., M.D., B.C. Cantab., M.R.C.S., Consulting Surgeon to the Lincoln General Dispensary.

Watkins, H. E., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon, under the Factory Act, for the Newton-le-Willows District of the County of Lancaster.

Vacancies.

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

University of Durham College of Medicine.—Lectureship on Ophthalmology. Particulars as to duties, &c., from the Secretary of the College.

St. Mark's Hospital for Fistula, and other Diseases of the Rectum, City Road, London, E.C.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to A. W. Sowden, Secretary.

Southern Division of the Parish of Glenelg.—Medical Officer. Salary £120 per annum. Applications to D. M'Lure, Inspector of Poor, Glenelg.

Ebbw Vale Workmen's Doctors' Fund. Surgeon. Salary £500 per annum net. Applications to Thomas Evans, Secretary, Ebbw Vale, Mon.

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.

Birmingham School Board—Lady Superintendent. Salary £150 per annum. Applications to Jno. Arthur Palmer, Clerk of the Board.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E.—Casualty Officer. Salary £100 per annum, with lunch in the hospital. Applications to T. Glenton-Kerr, Secretary.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E.—Resident Medical Officer. Salary £120 per annum, with board, residence, and washing allowance. Applications to T. Glenton-Kerr, Secretary.

Warneford Asylum, Oxford.—Assistant Medical Officer. Salary £100 per annum, with board, &c. Applications to the Medical Superintendent.

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

Waterford Union, Kilmackevoge Dispensary District.—Medical Officer. Salary £120 per annum, and £20 per annum as Medical Officer of Health, together with Registration Fees. Immediate application to John Mackey, Clerk of Union [see advt.]

Births.

EDGE.—On March 18th, at 54, Darlington Street, Wolverhampton, the wife of Frederick Edge, M.D., F.R.C.S., M.R.C.P., of a son.

JAMES.—On March 18th, at 69, Gloucester Terrace, Hyde Park, W., the wife of Dr. Arthur James, of a son.

MANLOVE.—On March 18th, at Wellington Lodge, Hastings, the wife of J. Ernest Manlove, M.R.C.S., L.R.C.P. Lond., of a son.

Deaths.

MACLAGLAN.—On March 20th, Dr. T. J. MacLagan, of 9, Cadogan Place, aged 65.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

VOL. CXXVI.

WEDNESDAY, APRIL 1, 1903.

No. 13.

Original Communications.

THE DIAGNOSIS OF PERFORATED GASTRIC ULCER. (a)

By CHARLES B. MAUNSELL, M.B., B.Ch.,
Univ. Dub., F.R.C.S.I.,

Surgeon to Mercer's Hospital, Dublin; University Examiner in
Surgery, T.C.D.

MR. PRESIDENT AND GENTLEMEN,—The importance of prompt treatment, and therefore of early diagnosis, of perforative peritonitis is sufficient excuse for occupying a brief period of your valuable time, even if most of that which I have to say has been already said, perhaps more than once. Reiteration is often necessary to draw attention to opinions, more especially if these opinions run counter to those previously accepted. In March, 1901, I had the honour of making a communication before the Surgical Section of this Academy entitled "Some Practical Points in the Diagnosis and Operative Treatment of Perforated Gastric Ulcer," giving full details of four cases of my own and generalisations from the cases of several other operators, but although the subject of diagnosis formed a fair portion of the communication, the subsequent discussion was almost entirely limited to details in operative technique, so I determined to change the *venue* in the hope of learning something of the equally important details of diagnosis, both prior to opening the abdomen and also after this has been accomplished. At the same time, a short note of a complicated and successful case, which has quite recently been under my care, will serve as a text for some of the remarks.

From what one reads and hears, it is evident that there are still a few physicians who look upon a surgeon as a kind of mechanic, and to these physicians two thoughts will arise: first, why a surgeon should trouble about diagnosis; secondly, what right has a surgeon to think he has made a diagnosis, considering that most of these cases are seen primarily by a physician, and as it were labelled before the surgeon sees them. The answer to these silent queries is, that any man who operates upon a patient without carefully making his own examination and diagnosis is not only unworthy the name of surgeon, but is a distinct danger to the community. Up to the present I have operated upon five cases, three of which were primarily diagnosed by my colleague, Dr. Lumsden, and one by my friend, Dr. Copley. In all five an absolute

diagnosis was stated before operation, although I would not state more than perforative peritonitis in the first case. By strictly adhering to this rule of double diagnosis, it ought to be possible to reduce considerably unnecessary or ill-planned operations.

For the purpose of diagnosis and treatment it is necessary to divide cases of gastric perforation into three main classes: viz., acute, sub-acute, and chronic, as given by Messrs. Mayo Robson and Moynihan in their really marvellous record of gastric surgery entitled "Diseases of the Stomach and their Surgical Treatment," published in 1901, and a sub-class, to which attention has been drawn in my previous communication, of which Cases Nos. I. and III. were examples, viz. :—

CASES OF DOUBLE ONSET.

Chronic perforations are those in which protective adhesions have formed before actual perforation, and the symptoms are either evanescent or followed by subphrenic abscess, &c. Sub-acute perforations are these in which the stomach is usually empty, the perforation small and the limited peritonitis may either subside, leaving adhesions, or may form an abscess, or more or less slowly spread until it merges into general peritonitis.

Acute perforations are those in which none of the favourable circumstances are present, and extravasation is general from the start, and absolutely fatal unless promptly treated by operation. Double onset perforations are those in which a collection of virulent fluid, or an abscess following one of the two first varieties is localised at first in such positions as the lesser sac of peritoneum, or in the upper abdomen above the transverse colon, and secondarily bursts causing acute general infection. It would be quite out of the question to deal with the chronic and most of the sub-acute cases to-night, as they open up the vast subjects of subphrenic abscess and other interesting conditions, so we will confine our attention to the more acute varieties. My own rather limited experience, combined with a fairly careful perusal of current journalistic medicine and surgery, leads me to the following tentative opinions:—

With regard to sex and age, young women between the ages of twenty and thirty are the most frequent subjects of perforation; male cases are usually rather older, and are by no means infrequent. A good practical thing to remember is that whether a patient is male or female, young or old, perforation may be present.

The previous history of gastric ulceration may be obtained, but frequently only dyspeptic or gas-

(a) Read at the Medical Section of the Royal Academy of Medicine in Ireland, January 30th, 1903.

tralgic symptoms are mentioned, and in a few cases even these are absent; this is not to be wondered at, considering that it is usually the rapidly-forming "punched out" ulcer which leads to acute perforation. The onset of symptoms is always sudden, usually very severe and frequently takes place during some exertion. The pain is intense, stabbing in character, or the patient feels that something has given way, and may have the sensation of trickling hot fluid; it is referred to the epigastrium, may shoot round the left hypochondrium, or out below the left scapula, or may be felt above the clavicles; after a while it may be referred also to the right or left iliac fossa, and later may become general over the abdomen; the pain does not leave one place and shift to another, as in reflex pains, but the starting-point in the epigastrium remains painful and tender. In double onset cases iliac pain may be the first complaint in the second onset, and is likely to be mistaken for appendicitis.

The pain usually doubles the patient up at first, but soon abates to a varying degree. Collapse is a very variable symptom, some cases dying rapidly before efficient treatment can be adopted, whilst others are able to walk to hospital in a very short while after the accident, as in my fourth case. In my third case shock was fairly marked, and in the fifth the patient became unconscious for some minutes, and was very weak for several hours; shock tends to become less during the five or six hours following perforation.

Vomiting is common just before the onset, but usually ceases or becomes infrequent subsequently, until peritonitis becomes established, when vomiting returns, becomes yellow and then black, accompanied in many cases by distressing hiccough, this black vomit, &c., is only seen in neglected cases, which by this time are practically beyond all aid. Hæmatemesis or melæna are very rare. The urine is usually passed freely, and is of high specific gravity; the bowels are usually constipated and enemata are liable to be retained owing to intestinal paresis, but in some cases there may be diarrhœa. During or just after the period of shock the patient may crave for a drink, but subsequently thirst is not by any means a prominent symptom.

Upon examination we notice a rather dusky, anxious, drawn face, and an anxious restless manner, but the patient does not toss about, as in hæmorrhage, decubitus is usually dorsal, and the knees and hips slightly flexed, and the head and shoulders slightly raised; the respirations are shallow, rather increased in frequency and thoracic in type; the tongue is slightly furred, but is moist; the temperature is normal or subnormal, unless in late cases, and the pulse anything from sixty to 110, tending to increase by about five beats for each hour after the first five or six after the onset; it is in most cases regular and of good volume; the frequent wiry pulse so commonly described means a late case with general peritonitis. The abdomen is flat in males or nulliparous females, distended in those who have borne children or have flabby abdominal muscles.

On palpation the apex beat of the heart is displaced upwards, especially in the cases with flat abdomens, the abdominal muscles are rigid and pain is complained of on pressure over the upper abdomen; if respiration is stopped pressure can be tolerated, but as soon as respiration starts

again pain is intense, and friction may be felt in a few cases.

Upon percussion tympany is practically uniform, except over the stomach, which in most cases retains its own peculiar note as, to quote from my previous paper, "a perforated and a collapsed stomach are by no means synonymous terms," dulness may be present in the flanks, but it is only a fairly late sign; the abdominal tympany encroaches upon the thoracic area, and the liver dulness is generally greatly diminished or abolished, due I believe to paralytic distension of the intestines pushing up and rotating the liver, and not often, as is stated, to free gas separating that viscus from the abdominal wall. Having got so far, some one may say we have only diagnosed an acute "peritoneal catastrophe," and may ask for the differential diagnosis. The number of lesions which require to be differentiated in any given case depends so much upon the ability of the diagnostician that this would be a hopeless task, unless we take for granted that we recognise the case as one of perforated peritonitis, and then try to find out what has perforated.

There are two non-perforative diseases, however, which cause much difficulty even to the most skilled; these are diaphragmatic pleurisy and acute pancreatitis. With regard to the perforative lesions, we may roughly divide them into causes in the upper and causes in the lower abdomen, using the transverse colon as our line of division, and merely point out in general terms the lines which might be followed to reduce the diagnosis to one or a few lesions. The common causes in the lower abdomen are tubal or ovarian abscesses, perforation or gangrene of the appendix, and ulceration or sloughing of the intestines; these, in addition to their own special features and history, have some points in common which distinctly point to the lower abdomen, viz., the pain and rigidity are in the lower abdomen, or referred to the umbilicus, and there may be early and increasing pain and difficulty in micturition, owing to involvement of the peritoneal surface of bladder, and there is very frequently pain referred to the external genito-urinary organs; this is very frequently a most remarkable and very early sign of perforation in typhoid fever. In the upper abdomen the common things are gastric and duodenal perforation, which can hardly be differentiated from one another with certainty, and abscess of the liver or empyema and sloughing of the gall bladder and bile ducts. We could hardly now enter into the differential diagnosis of these, and will merely state that these upper abdomen lesions never cause bladder symptoms unless the case has gone so far that there is general peritonitis.

So far we have been guessing at lesions from outside; now it is time to open the abdomen and still further perfect our diagnosis, or perhaps correct it, and as an easy method of describing this I will relate my last case, which has not yet been published.

Miss B. K., æt. 27, was sent to me by Dr. Copley on October 10th, 1902; the history was as follows:—She stated that three years ago she got severe pain in the stomach and between the shoulders, vomiting and hæmatemesis; she was then treated in the Royal City of Dublin Hospital, and after a stay of a month in hospital she went home to the country apparently cured. About every three months after this pain

recurred, and was relieved by the dispensary doctor. Lately she had returned to Dublin, and on October 9th, at 1 p.m., she ate a pork chop, at 4.30 p.m. she had some tea, and then went to the station to see off some friends; whilst there she was suddenly seized with pain and fainted; her friends placed her in a cab and drove her home, where she remained that night and all next day without seeing a doctor, her friends applying turpentine stupes, and giving milk and soda and brandy. At 5 p.m. on October 10th, Dr. Copley was sent for and found her in great pain, temperature 101° , pulse 128. He told them to immediately bring her to Mercer's Hospital, whilst he drove off to inform me. I saw the patient in hospital at 6 p.m.; the abdomen was opened at 7 p.m., and she was put back to bed before 8 p.m., the operation having lasted a little short of an hour.

As it was twenty-six hours since perforation took place, it would be useless describing the pre-operative diagnosis beyond saying that it was an advanced case of general peritonitis, with very marked distension for a nullipara. Upon opening the abdomen above the umbilicus the first thing that I noticed was that no gas escaped, but that the very distended and inflamed intestines protruded in a very troublesome manner. This absence of obvious escape of gas had been previously noticed in at least one of my other cases, and it must be that the presence or absence of much free gas depends upon the class of bacteria set free in the peritoneal cavity. No fluid welled from the wound, which was different from the other four cases, where abundant fluid immediately appeared. I now quickly packed off the intestines and drew down the stomach, which was distended with gas; this distension I have invariably noticed, even though the perforation is freely open. Careful search failed to reveal any perforation on the anterior wall or in the duodenum, and on turning up the transverse mesocolon no adherent or thickened spot could be felt or seen on the posterior aspect.

We began to think that the diagnosis might be wrong, so I thrust my hand down into the pelvis and found that it was full of fluid; whilst keeping the left hand inside an incision was rapidly made as if for appendicitis, and fluid at once flowed out, the appearance and smell of which at once pointed to the stomach as the origin, so a clip was placed on the lips of the wound and we returned to the stomach. The appearance of peritoneal fluid arising from stomach perforation is thin and greenish at first, later greenish yellow, with numerous tripe-like flakes floating in it and adhering to the intestines, &c.; the smell is not fæcal in character, as in infection lower down, where the *Bacillus coli*, &c., form abundance of fæcal-smelling gases; the smell in the class of cases under consideration is a peculiar, nauseating, sour smell which always reminds me of the smell of a badly-kept fowl run. The stomach was now picked up, and the omentum freely divided along the greater curve, thus opening the lesser sac of peritoneum, and on working deep down to the left gas and fluid gushed up, and a perforation as large as a sixpenny-piece was with difficulty demonstrated very high up on the posterior wall almost at the junction with the œsophagus.

The operation was concluded as has been described in the previous cases, except that, owing

to the tremendous paralytic distension of the stomach and intestines it was considered necessary to incise the stomach, large intestine and small intestine, and empty them of gas before the final douching was performed; also a wick of gauze was left, passing down to the site of the sutured perforation; this was removed in thirty-six hours. The case made an absolutely uneventful recovery, the only detail in after-treatment worthy of notice being that the position of the patient was frequently changed to try and ward off hypostatic lung complications.

I think it has been fairly demonstrated that diagnosis does not cease when the case is handed over to the surgeon, and yet I have not mentioned the host of complications which have to be diagnosed and promptly treated during the post-operative period. It would be out of place in this section to refer to operative treatment, but I would like to say that it is foolish for people to talk of doing these operations by the light of a dip candle, with the patient on a kitchen table, and no appliances except a knife, a needle, and a piece of thread. Of course any operation, even amputation at the hip-joint, can be done with a knife, a needle and a piece of thread; but not what can be done, but what ought to be done, is the question for us to solve, and my conviction is that it would be kinder to let the patient alone altogether if we are not determined enough to do a thorough operation, carefully cleaning out every infected corner of the peritoneal cavity with gauze sponges and normal saline solution.

CHRONIC PHARYNGITIS.

By W. G. HOLLOWAY, M.D.Camb.,

Senior Assistant Surgeon, Central London Throat, Nose, and Ear Hospital.

THE object of this short article is not to discuss either the etiology or pathology of the disease, but rather to draw attention to some of its causes which have hitherto not been the subject of the careful investigation which they deserve. For, in the experience of most surgeons connected with special hospitals for diseases of the throat, in nearly 10 per cent. of the cases treated chronic pharyngitis is the prominent cause of their throat troubles.

Of course, the over-use of alcohol, tobacco, snuff-taking, and other irritants to the nasopharynx must be taken into account, and eliminated before a correct diagnosis can be made. But it should be remembered that the majority of the cases of real chronic pharyngitis occur among persons whose living depends upon, and involves, a continuous strain on their vocal organs.

The granular condition so frequently observed is the result of, first, an acute attack subsequently followed by a long-continued congestion of the mucous membrane in the pharynx. It is not, however, *over-use* of the voice which so often causes chronic pharyngitis, but *misuse* of it.

Wrong methods of production, the excessive strain of singing or speaking, when the vocal mechanism is not in a fit condition to bear it, when the individual cannot produce his voice as Nature intended him to do—namely, without any effort. Persons who have to contend with surrounding noises; those who are exposed to all sorts of weather, and therefore have to shout in order to be heard, are always liable to congestion of the pharyngeal mucous membrane, which is almost in-

variably followed by hypertrophy of the follicles, perversion of secretion in the glandular tissues, œdema of the uvula, and a varicose condition of the veins at the base of the tongue. The voice in these cases is *forced and unnatural*. Control of the diaphragm in regulating respiration is of the utmost importance. If the inspired air is expelled in an irregular and jerky manner, this bad method of breathing must sooner or later tell upon the proper co-ordination of the laryngeal muscles, both vocal and respiratory.

Cases now and then come under notice where the vocal cords appear to be normal on examination, yet there may be hyperæmia of the ary-epiglottic folds and congestion of the posterior pillars of the fauces, combined with thickening of the mucous membrane over the stylo-pharyngeus muscles—a condition sometimes described as *pharyngitis lateralis hypertrophica*.

Nasal stenosis is another frequent cause of chronic pharyngitis and post-nasal catarrh. At the present time this deserves particular attention, for during the last few years the number of cases have greatly increased among bicyclists, and still more recently, "motorists."

Inability to breathe through the nostrils necessarily implies that air, however hot, cold, moist, dry, dusty, and germ-laden, is inspired through the open mouth, and therefore passes directly into the lungs without being first warmed and filtered through the nose.

Faulty methods of voice production, and removal of any obstruction which may be present in the nose, are of first importance, and cautions as to the excessive use of alcohol and tobacco, &c., must be given.

At the present time space will not allow me to enter into the subject of treatment in detail, but I shall endeavour to do so in another paper.

DIAGNOSIS OF TOOTHACHE AND FACIAL NEURALGIA OF DENTAL ORIGIN.

By HENRY SEWILL, M.R.C.S., L.D.S.,
Past President of the Odontological Society.

NEURALGIA—pain at some point distant from the seat of injury or disease—is one of the commonest of complaints. The most frequent seat of neuralgia is the region supplied by the fifth nerve; and the most common cause is to be found in abnormal or pathological conditions of the teeth.

The frequency with which such conditions of the teeth give rise to neuralgic pain is easily accounted for. Each jaw holds sixteen teeth, and every tooth contains a pulp composed of delicate nerve fibrils, vessels, and cells. This pulp is enclosed within unyielding ivory walls where, unless the chamber be fully opened as a consequence of caries, swelling is impossible, and whence exudations cannot easily escape. Inflammation of the dental pulp is accompanied by tension more extreme than occurs in any other part; and the comparative severity of local pain as well as the frequent excitation of distant pain is thus explained. Although the tension accompanying inflammation around the roots of teeth—periodontitis—be not so exceptional, it also is severe, the roots of the teeth being encased within more or less dense osseous alveoli.

Neuralgic pain due to dental disease may be as intense as that arising from any other cause; it may occur in paroxysms with intervals of complete freedom; it may be regularly periodic, and there are no symptoms

which serve to differentiate neuralgia due either to remote or constitutional causes from that set up entirely by local disease. Other recognisable sufficient cause not being apparent, examination of the teeth cannot, therefore, be omitted in forming a diagnosis.

Other diseases besides those of the teeth may involve the fifth nerve and give rise to neuralgia. The nerve or its branches may be compressed by a tumour or aneurysm, or may be affected by inflammation, exostosis, or necrosis of the bony canals through which they pass. Tumours of the antrum may be a cause. A case of myxoma springing from the infra-orbital nerve, filling the antrum and invading the orbit, and giving rise to intense neuralgia and toothache, is recorded by Mr. Bland Sutton. Inflammation and empyema of the antrum are mostly attended by severe neuralgia and toothache, and such pains may also be due to inflammation within the ear or orbit. Pain from nodes of the skull is often neuralgic in character. Neuralgia in many instances also occurs without existence of any lesion discoverable by the most minute examination. It is doubtless due frequently to unrecognisable pathological conditions of nerve centres, ganglia or great trunks. In some instances where examination post-mortem has been carried out, well-marked histological changes have been observed in the Gasserian ganglion and very slight changes in peripheral branches.

The fifth nerve possesses wide-spread relationship, not only with cranial but also with visceral regions. Irritation in any region is apt to be projected on territories deriving their nerve supply from closely-related centres, and in this way are sometimes to be accounted for reflex or sympathetic neuralgias of the fifth nerve where no local cause exists. It must be borne in mind, also, that lesions of nerves not necessarily painful or not necessarily excitants of more than strictly local pain may give rise to neuralgia in consequence of disorder of the general health, and thus cases are frequently met with in which diseased teeth, previously the cause of little or no pain, give rise to neuralgia when the patient has become lowered by disease or exhaustion.

Several distinct pathological conditions of teeth are capable of giving rise to neuralgia, but among these conditions chronic inflammation of the pulp due to caries is by far the most frequent cause. Diagnosis of this condition is by no means always quite simple; and in this matter it is far from sufficient to accept a patient's assurance that his teeth are not decayed or that he does not suffer from toothache. Patients are often unconscious of the existence of disease; and teeth not the seat of appreciable pain are frequently excitants of distant neuralgia.

Patients, for example, very often suffer for months or years from "earache," demonstrably due to impacted or diseased lower molars, or wisdom teeth—teeth which either do not ache or do not attract attention. In every case of pain in the ear, where no other cause is readily discoverable, the teeth should be examined. This point has lately been emphasised by Dr. Head. He narrates a case in which exposure of the pulp in a molar tooth in the lower jaw had caused such intense pain as to mislead both patient and physician into thinking that the ear was diseased. In another case a perfectly healthy *membrana tympani* was incised for the relief of pain that entirely ceased with the destruction of an exposed nerve in the second lower molar; in another case exploration of the mastoid was suggested for relief of pain proved afterwards to be due to a carious lower molar.

When complaint is made of both toothache and neuralgia, local conditions cannot, of course, escape attention.

Toothache—pain within and around teeth—is merely a symptom, not a disease, and it accompanies various conditions which will be presently referred to more fully. It must not be forgotten that teeth, the seat of pain, may be perfectly sound, or if decayed may not be the cause of the pain localised in them. The pain may be neuralgic or reflected from some more or less distant tooth. True facial neuralgia not associated with dental disease is commonly accompanied by

violent toothache. In such cases patients not infrequently undergo extraction of many sound teeth without relief. An operator who, without discrimination extracts teeth which patients point to as the source of suffering, must in a large proportion of cases draw a wrong tooth and often sacrifice a sound one.

Epileptiform neuralgia or tic-douloureux in its earliest stages closely resembles ordinary neuralgic pain due to a slight local cause; and it is in these cases that the dentist will often be urged by the patient to extract teeth, which, whilst really the seat of pain, are perhaps perfectly free from caries or any sign of disease. The characteristic of this form of neuralgia is its more or less rapid progress in spite of all treatment. First appearing, perhaps, as mild neuralgic toothache, it gradually involves more and more nerve branches belonging to one division of the fifth, and at length spreads to all three divisions. At the same time the pain becomes more frequent; its intensity increases, and the duration of the attacks lengthens. During a paroxysm, the muscles of the face are often convulsed, profuse lachrymation and local sweating frequently occur, and the aspect of anguish presented by the patient indicates the terrible severity of his suffering. The general health soon begins to suffer, since sleep becomes impossible without hypnotics or anodynes; whilst if these drugs are administered in large doses they help to break down the nervous system.

Extraction ought never to be performed even in inveterate cases unless at least a reasonable suspicion is established of the existence of incurable dental disease. In many phases dental disease is amenable to conservative treatment; and to extract a tooth under such circumstances must be reckoned an unjustifiable if not barbarous procedure. Toothache in the majority of instances is due to a local cause, although this is very often not discoverable without careful examination of all the teeth.

Where teeth in various conditions of decay are present, it will occasionally be found that the source of pain lies in those not most broken down.

In teeth in the later stages of decay the pulp will mostly have been to a greater or less degree devitalised or destroyed by inflammatory changes; whereas in those in which caries has more recently penetrated to the centre, the pulp will be found entire and with undiminished sensibility.

In dealing with cases of neuralgia, it is necessary that every tooth be minutely examined and tested. Fine steel curved dental probes must be used to discover and try the depth of carious cavities. A small opening in the enamel will often lead into a cavity in which the dentine, if not destroyed, is softened and disorganised as far as the surface of the pulp; and this is in consequence inflamed. Cavities hidden in interstices and on approximal surfaces invisible to ordinary examination must be sought for. The difficulty of detecting decay affecting surfaces of teeth in close apposition is increased where jaws are crowded. The crown of a sound tooth is often tightly wedged against a carious neighbour, completely preventing a view of the cavity and even rendering approach impossible without the cutting of a way. Some of the worst examples of this kind associated with neuralgia are found in connection with the lower wisdom tooth. This tooth often comes forward obliquely from the base of the ascending ramus with its crown tilted forward and the anterior edge impinging upon the neck of the second molar close to the gum. In the V-shaped space so formed food constantly lodges, and decay begins on the posterior surface of the molar. As decay progresses, the crown of the wisdom tooth advances and occupies the cavity. At length the nerve of the molar becomes exposed and inflamed, and toothache or neuralgia supervenes. It is sometimes only by pressing back overhanging folds of mucous membrane and by use of dental mirror and probe that this condition can be discovered; and patients suffering neuralgia from this cause are commonly unaware of the condition.

Cavities along the necks of teeth by the gum margin and extending below the gum and in other positions in

which food is not forced during mastication, are often invisible to casual observation, and are not seldom unknown to patients, who may thus believe they have no decayed teeth.

To help detect offending members of the set the teeth may be percussed one by one. A slight smart tap or two with a steel instrument upon the masticating surface may reveal an extra sensibility in one or other tooth, which by further scrutiny may be found the seat of the disease. A fine jet of cold water thrown by a dental syringe is a good test—each tooth under trial being so far as possible isolated by a fold of napkin. This test, as also probing when the probe touches the nerve, will not uncommonly excite a paroxysm of neuralgia; and this, although the pain is regrettable, is often satisfactory in establishing a diagnosis.

Filled teeth, and especially those with large metallic stoppings which appear nearly to approach the pulp, must be carefully scrutinised; for it often happens that the pulps of such teeth pass into a state of irritation, congestion, or inflammation. Where doubt exists, especially where hyperæsthesia is present, stoppings must be removed and further examination carried out. The mass of pulp in a molar will sometimes be found dead, whilst the nerve in one or other root canal retains its vitality and is inflamed.

Artificial crowns—teeth fixed by pivots to roots—must be closely examined; and where artificial teeth on the "bridge work" plan are worn, diseased roots concealed beneath must be sought for.

Impacted lower wisdom teeth—that is, teeth wedged for want of room between the ascending ramus and the second molar—may, although free from caries or inflammation, be a cause of neuralgia. This seems explicable only on the supposition that the root of the wisdom tooth in some way presses upon or interferes with the inferior maxillary nerve. Section of the lower jaw shows how close to the nerve canal lie the lower wisdom tooth roots. In one case of severe neuralgia and "earache," in which I extracted an impacted lower wisdom tooth (now in the Museum of the Odontological Society), it was evident that the trunk of the inferior maxillary nerve had traversed a foramen in one root and a deep groove in the other. Complete anaesthesia of the parts supplied by the nerve immediately followed the operation, but sensation returned gradually in the course of months. Several cases of a like kind have been recorded, but in none has the trunk of the nerve seemed in such close relation to the tooth.

Inflammation of the dental periosteum is not a common cause of neuralgia, and as the teeth are always tender, slightly raised in their sockets, and loosened by the swelling within the alveoli, it is not likely that this condition, except in an extremely chronic phase, can be overlooked. Cases where exostosis affects roots are more often associated with neuralgia. In these cases the teeth have usually been carious; the pulps have been destroyed; the teeth, perhaps, filled. Long-continued congestion and slight, very chronic inflammation about the roots, leads to exostosis—the roots becoming studded with nodules or enlarged at their apices by deposit of cement. In most instances teeth so affected will show extra sensibility under trial, but I have seen a great number of cases in which this was not apparent, in which the teeth did not ache, and in which the teeth being ultimately extracted, were found the seat of large exostoses—and proved to be the cause of neuralgia. Broken-down roots, the seat of exostosis or necrosis, are often buried in their sockets, their position being as a rule marked by a minute fistulous tract in the gum which has overgrown them.

As age advances the teeth become worn down by mastication. The enamel is first worn off, next the dentine suffers, and in time the pulp would be laid bare were it not that it undergoes calcification *pari passu* with the slow wasting of the tissues. In most cases the exposed dentine becomes hardened, polished, and insensitive; but it often remains more or less sensitive throughout or develops extra sensibility at some period, and the teeth may pass into a condition of general hyperæsthesia, in which sudden slight pressure, as in

biting on the masticating surface, will inflict a severe pang, or exposure to hot or cold fluids bring on an attack of pain. Teeth so affected are common excitants of neuralgia. On examination after extraction the pulps are usually found extensively calcified, the new tissue being scattered in isolated nodules throughout, and the remaining pulp showing traces of extremely slight inflammation.

Badly-fitting artificial teeth are capable of causing neuralgia. This they may do in several ways: by pressure upon the gums; by causing erosion of tooth surfaces; and by giving rise to strain and tension upon remaining teeth.

Certain cases of neuralgia of a nature hitherto undescribed have been observed by Mr. Sefton Sewill. (a) These were cases of severe pain in connection with loss of teeth. The prominent feature was the pertinacity of the pain, and its aggravation by efforts to open the mouth or to perform the function of mastication, either being sufficient to produce a violent paroxysm. The two cases first seen were in persons almost entirely edentulous; but subsequent observations have shown that the loss of back teeth—molars and bicuspid—even in one jaw alone, is primarily responsible for the condition.

The pain was localised to the auriculo-temporal nerve and its branches, the maximum of intensity being over the molar process or in the vicinity of the temporo-maxillary articulation. In one case the patient was unable to separate the jaws without causing immediate onset of the pain. The pain radiated over the whole of the right side of the face and temple, and was accompanied by spasmodic trismus of the masticatory muscles, injection of the conjunctiva of the right eye and lachrymation. It was found, incidentally, that after forcible stretching of the jaws the patient was better, and that after artificial teeth had been inserted the pain entirely disappeared and did not return.

The succeeding cases differed materially in no way, but in several of them the patient was not, as in the first case, entirely edentulous. In the case of a man who had been suffering for fourteen years from neuralgia, the pain ceased within twenty-four hours of the insertion of an artificial denture. In another case of long standing, in which teeth in the lower jaw only were lost, and which was cured by the insertion of artificial molars and bicuspid, recurrence of pain could be immediately caused by merely removing the plate.

The cause of this condition appears to be irritation of the articular branches of the fifth nerve (derived from the auriculo-temporal nerve), due to the alteration of normal arrangement of the structures forming the joint, owing to loss of teeth and degenerative changes in the muscles. These cases bear a resemblance in their intensity and resistance to ordinary methods of treatment to true neuralgia or tic-douloureux, for the relief of which serious surgical interference, even the removal of the Gasserian ganglion, is performed; and they suggest a point in diagnosis which deserves to be remembered.

Dr. Head has described most minutely the various distant areas to which pain may be referred in dental disease. This description is too long for quotation here, and practically it is enough to bear in mind that although teeth nearest to the seat of pain should be first suspected, disease of any one tooth seems capable of exciting pain at remote parts of the head, face, and neck.

The age of patients is often a guide to diagnosis. Facial neuralgia in the young is in the vast majority of cases due to dental disease, or to other similar local irritation. Neuralgia of other origin and inveterate "tic" are extremely rare before middle-age.

In neuralgic pain about the ear, in "earache," and neuralgia around the orbit, the cause will often be discovered in dental disease; lower molars and wisdom teeth in the former, upper incisors and canines in the latter, being commonly the teeth at fault.

Neuralgic pain due to dental disease is usually, although by no means invariably, superficial, of a

plunging, lancinating or burning character, following the course of nerve branches through the skin. When deeper-seated pain is complained of, other causes must be the more particularly considered; but patients are often not able to localise pain sufficiently for guidance in the matter of superficiality or depth below the surface.

To narrate cases of neuralgia of dental origin would be tedious. They are to be found in numbers among the out-patients in every hospital, and cases present themselves almost daily in dental practice in which patients have suffered for more or less prolonged periods from neuralgia, and have been medically treated for that affection, whilst the sole cause lies in dental disease, the proof being found in the fact that on the removal of that cause the attacks of pain at once cease, and do not recur.

Clinical Records.

A CASE OF MYOSITIS OSSIFICANS. (a)

By PROFESSOR CHAPUT,

Surgeon to the Hopital de la Pitié, Paris.

Two hours before coming to the hospital, the patient, a man, *æt.* 38, had received a blow on his right side from a large stone; he fell, became unconscious, and remained so for an hour. About this time the unfortunate man was discovered and conveyed to hospital. On admission he was found to be in a very serious state indeed. The inferior third of the thigh was bruised to pulp. All the thigh was black and greatly bruised. Blood formed a pool round the wounded side, and still dribbled in a black stream from the limb.

On removing the dress a vast wound was exposed, in which crushed splinters of the femur were mixed with pulped muscle tissue. Below the wound the skin was pale and cold. An enormous hæmatoma distended the synovial sac of the knee-joint; the leg and foot were cold. No pulsation was found in either of the tibial arteries.

The wound was carefully washed out with hot water and bandaged to arrest the bleeding. The patient felt easier, but the leg and foot continued cold and pulsation did not return to either artery. An amputation was decided on, and the thigh was cut immediately above the seat of injury. The patient bore the chloroform well, and made a good recovery from the operation. For the first two days after, the stump suppurated and poured out pus freely. Little by little the extremity of the femur projected from its covering; but in time it came to be covered with healthy granulations.

Every evening the temperature rose to over 102° F. the patient became markedly cachectic; but he positively refused to allow of any surgical interference with the limb. Some weeks afterwards he consented to allow another operation.

On November 10th, M. Chaput opened up the stump, and by a free incision explored the condition of the bone, which he found necrosed for a distance of eight centimètres. He resected all this necrosed bone, and opened some intermuscular abscesses; finally the wound was covered, a large drainage-tube being inserted.

After the second operation the wound healed well, and the patient quickly improved.

On December 1st, three weeks after the second operation, the stump was completely cicatrised. The patient was now quite convalescent and moving about when, about the middle of December, he noticed a tenderness on pressing over the point of the stump. This was looked on as due to a nerve ending. Soon, the pain, at first limited to a mere point, extended over the whole area of the cicatrix of the stump; the deep parts became engaged, and by January 1st handling the stump gave intolerable pain. The examination, conducted with great care, always revealed a curious fact which puzzled all the medical staff—to wit, the presence of a hard flat substance which resembled a plate

(a) *Brit. Med. Journ.*, January, 1897.

(a) *Le Progrès Medical.*

of bone. After a little time the osseous growth spread over the whole surface of the stump, so that no soft tissue could be felt at any point. No trace of enlargement of the femur could be found; it ended suddenly in this hood of bone, and the new growth seemed as if attached to the femoral shaft by a diaphysis. The skin remained normal, and glided naturally over the cap of bone. In a word, the whole stump is osseous.

The violence of the pain in the stump caused the patient to solicit a fresh operation, which was performed on January 20th, 1901, by M. Faure, who was doing duty for M. Chaput. An incision was made immediately across the osseous stump. Here we found a bone disc, the external surface of which lay immediately under the cicatrix. Between the disc and the cicatrix a quantity of loose tissue allowed of the skin and osseous cap being easily separated. On the concave superior surface of the disc of bone there were a great number of stalactite-like growths that were attached to the cap by thickened ends and, gradually becoming thinner, ended in the muscle tissue in lance-like points. The greater number of these projections were a centimètre in diameter, and in length they measured from two to five centimètres. All these ossifications were firmly adherent to the muscle tissue. By the aid of a file the cap of bone was cut across, and the pieces broken with strong forceps. There was no osseous union between the growth and the femur. Between the bony plate and the femur there was a free space of two centimètres. The extremity of the femur showed a clean surface, and its measurement was that of a normal bone; a sound failed to penetrate the medullary canal. After the extraction of the osseous neoplasms there was some bleeding and pain, which latter continued until the wound was closed.

The neoplasm weighed 120 grammes. The wound healed readily, and the patient left hospital in good health, on March 23rd, 1901.

The Out-Patient Departments.

ATAXIA WITHOUT TABES.

By C. H. CATTLE, M.D., M.R.C.P.,

Assistant Physician to the Nottingham General Hospital.

A MAN came one day into the out-patient room walking on a "broad base," and bringing his feet down with a considerable "clomp." He did not keep a straight line and tended to sway from side to side. His gait might therefore be described as ataxic, and he was unable to stand steadily with the feet together and the eyes closed. He was about thirty years of age, and stated (though his memory was not very trustworthy) that he had had pains in the legs and that they had been getting weaker for about three months. His knee-jerk was lost, there were some patches of anæsthesia on the legs, but apparently no muscular wasting. Was this a case of true locomotor ataxia? and if not, why not? It was not, because the pupils reacted to light and did not show any spinal myosis. This alone would throw doubt upon any diagnosis of tabes. But the man's dull, pasty and vacant expression, sometimes found in beer-drinkers, and his admission that he had been employed as a brewer's labourer suggest a very different diagnosis and a much more hopeful prognosis.

It is, in fact, a case of *alcoholic pseudo-tabes*, differing from true tabes in the points already mentioned and also in another—namely, that when tested, it was found that certain of the leg-muscles did not respond to faradism, but did so to a weak galvanic current, and this more readily with the positive pole on the muscles than with the negative (reaction of degeneration).

The disease is peripheral neuritis, the pseudo-ataxy being caused by greater affection of the sensory fibres than of the motor. Alcoholic neuritis is generally characterised by greater motor weakness, by foot-drop and wrist-drop, and tenderness of the muscles. In this case the arms were not so much affected as usual, and there was no apparent muscular tenderness. The patient's memory was affected and he was at times excited.

He did not improve much as an out-patient, though cautioned not to drink. He rapidly improved after being taken in with the help of galvanism and massage.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 27TH, 1903.

MR. HOWARD MARSH, the President, in the Chair.

DR. H. A. LEDIARD (Carlisle) read a paper on a case of

ACROMEGALY AND GOITRE.

The patient was a woman, æt. 43, who was born and had always lived in Cumberland. She had had amenorrhœa and headache dating from the last confinement, ten years previously. The features were characteristic, especially the lips, nose, lower jaw, and tongue—speech and expression of face. The thorax was large, the ribs being massive and the hands broadened. Sugar had been at one time present in the urine. For some years a bilateral goitre had been evident, but in June, 1902, the patient was sent to the Cumberland Infirmary for operation, on account of dyspnoea with stridor and dysphagia due to pressure. The left side of the goitre was removed in June, 1902, and all these symptoms relieved. The patient was exhibited to the Society and her feeble muscular power demonstrated. Radiographs of the hands and parts were exhibited together with the goitre, which had been removed, and microscopic slides. The usual features of acromegaly not present in this case were kyphosis, bitemporal hemianopsia, sweating, and cyanosis. There was no trace of the general increase in size sometimes present, but the features of the face and the limbs were so greatly enlarged that the patient could not be recognised by her relations, and the muscular power was feeble.

DR. W. PASTEUR asked whether the operation had in any way modified the acromegalous condition?

DR. LEDIARD, in replying, stated that there had been no change in the pulse or temperature since the operation, but the patient had gained several pounds in weight.

DR. ANDREW DUNCAN read the notes of a case of
BILHARZIA.

The patient was a man, æt. 30, lately in the 2nd Battalion East Kent Regiment. He had been fighting in the Orange River and Cape Colony, and was in Lord Roberts' march to Pretoria. In May, 1902, he began to experience itching at the end of the penis, and a frequent desire to urinate, with great straining, but had at this time no hæmaturia. At this time also he had a lump in the left groin, and great pain in the lower part of the back. The lump after rest went away. He returned to England in June, 1902, and on arrival first noticed a small clot of blood in his urine. Previous to the appearance of this, he had severe pain and burning in the urethra. Soon after the passage of the clot more blood passed mixed with the urine. In July there being a decided increase in the hæmaturia, he went into a country hospital, and was there sounded for stone, and examined by the Röntgen rays. During this time also growths appeared around the anus, for which mercury was prescribed, on the supposition that they were specific. In January, 1903, the case was seen by Mr. James Cantlie, and at once recognised as one of bilharzia, who sent him to the Branch Seamen's Hospital, where he was admitted under Dr. Duncan. On admission the patient was anæmic, and the urine contained blood, mucus, a small amount of albumin, and numerous ova of bilharzia. In the perinæum there was a slight swelling over the raphe, which disappeared after being fomented. There were three growths round the anus—one conical, of about half an inch in diameter, the other two flattened with broad bases of half an

inch. These on removal were seen to be papillomatous stuffed with the ova of the bilharzia. The fæces passed by the patient were found to contain ova. There were no evidences of any growths on the rectum as far as the finger could reach. With regard to the ova passed by the rectum, according to Lancarol's teaching, the spines of these when occurring in the intestinal veins were always lateral, in contradistinction to the terminal spines of the ova in the vesical veins. This, however, was not an invariable rule. Lieutenant P. S. Lelean, of the R.A.M.C., in his paper read last year at the Medical Society of London, stated that he had found rectal ova with terminal spines, and vesical ova with lateral. In the treatment of this disease, great difficulty had always been experienced; Dr. Guillemard went so far as to say all treatment is useless. However, Dr. Lelean had drawn attention to the great benefit exercised by methylene blue given in 4 gr. doses three times daily. He had found that ova died in less than fifteen minutes when the stain was run under the cover-glass. Clinically, also, he found a marked lessening of the hæmaturia. Dr. Duncan's patient had been treated according to Dr. Lelean's directions, but up to the present time there had been no appreciable difference in the amount of the hæmaturia; the deposit in the urine glass seemed less, but the colour of the urine was the same. For the first few days after his admission before the methylene blue, the patient was given tabloids of suprarenal extract, but without any effect. Dr. Duncan now proposed to try liquid extract of male fern, as suggested by Mr. Herbert Milton, of Cairo.

Dr. PATRICK MANSON remarked that condilomatous growths outside the anus were quite unusual, though internal growths were frequent in the rectum. The growths on the skin on the outside of the thighs in this case were also unusual; these also probably contained bilharzia. The lumps in the perineum were met with occasionally and their occurrence should be remembered by surgeons. The deposit of bilharzia at a distance from the normal habitat of the parasite was an interesting fact. Dr. Manson endorsed the statement that bilharzia ova discharged from the bladder usually presented a terminal spine, but in certain cases the ova discharged from the rectum presented a lateral spine. He was inclined to believe these two kinds represented two different species of the parasite. Treatment was most unsatisfactory, and any new suggestion was an advantage.

Dr. W. P. HERRINGHAM, referring to the source of infection, asked why in bathing should the worms get into the portal vein?

Dr. W. PASTEUR asked what was the general prognosis in this disease, and referred to a case which had been sent to him as a case of renal calculus, who eventually made a complete recovery without any special treatment.

Dr. BATTY SHAW remarked that the Boers in some districts of South Africa were well aware that the drinking of the water of certain streams was sure to produce bilharzia.

Dr. DUNCAN, in replying, remarked that lateral spines had been found in bilharzia from the bladder. He believed that the disease was produced by drinking water which was contaminated. He had not yet seen any case in which treatment did any good.

Mr. G. H. MAKINS, C.B., read the notes of TWO CASES ILLUSTRATING THE EMPLOYMENT OF INVAGINATION AND STITCHING OVER GANGRENOUS PATCHES OF INTESTINE IN THE TREATMENT OF STRANGULATED HERNIA.

The first case was a man, æt. 37, who for sixteen years had been the subject of an irreducible right inguinal hernia. The patient was admitted to hospital twenty hours after the signs of strangulation had become marked. He was then in considerable pain, the tongue dry, vomiting occurred at intervals, and the bowels were confined. The scrotum was red, tender, and considerably swollen. A herniotomy revealed a sac containing a quantity of red stinking fluid, six inches of small intestine with a small gangrenous patch perforated in the centre, and a single apple pip free. The small

gangrenous patch was inverted by the passage of four Lembert's sutures, the bowel was cleansed, the neck of the sac removed, and the bowel was returned within the abdomen. No attempt was made to close the wound, but this was plugged with gauze. The wound granulated up, and the patient left the hospital cured after an uneventful course on the forty-eighth day. The second case was a male infant, æt. 9 weeks. An ill-nourished illegitimate child, the subject of congenital syphilis, in whom a small partial enterocele in a state of gangrene was found to exist. Two cases were also mentioned in which "doubtful" rings of gut had been stitched over, and a third in which a gangrenous patch had been inverted successfully. The first case was admitted to belong rather to the category of an intestinal perforation than to that of gangrene, but the second was an example of an ordinary gangrenous partial enterocele, and it was claimed that the method of treatment adopted could not safely have been replaced by any other. The opinion of Messrs. W. Watson Cheyne and F. F. Burghard was quoted in favour of the adoption of the method of invagination in cases in which the condition of the gut is "doubtful," also some cases published by Professor C. J. Breitmann in which inversion of gangrenous patches was successfully carried out. The opinion of Professor Gräser condemning the method as dangerous was also quoted, but the author urged the value of the method in all cases where there was reason to believe the gangrene to be local and unaccompanied by diffuse infective inflammation of the bowel beyond, and claimed that it is applicable to some cases in which resection could be performed with safety to the patient as in the two instances which formed the subject of his communication.

Mr. A. L. DUNN referred to two cases of strangulated hernia which had been reduced *en masse* in which similar pathological conditions had been successfully dealt with by this method. Another case, that of a boy, had been thus treated, but the boy died accidentally of suffocation. In a fourth case no harm had resulted by leaving the gangrenous spot of bowel.

Mr. A. A. BOWLBY remarked on the frequency with which some surgeons met with cases requiring resection. His own experience was that such cases were few in number. There were, however, a certain proportion, especially cases of femoral hernia which might be best dealt with by bringing together the peritoneum over the gangrenous or partially gangrenous bowel. For some years he had adopted this method rather than more extensive resection.

Mr. C. H. GOLDING BIRD referred to the appearance of the gut in Mr. Makins' first case, in which the resiliency of the bowel was lost. This appeared to him a most important point.

The PRESIDENT hoped that Mr. Makins' paper would do away with the too free resection of the intestine, which was the practice of some surgeons. He had often adopted the practice advocated by Mr. Makins, especially in femoral hernia.

Mr. MAKINS replied.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF MEDICINE.

MEETING HELD FRIDAY, MARCH 13TH, 1903.

DR. GEORGE PEACOCKE on a case of
SPLENIC ANÆMIA.

After giving a short review of the literature of the subject, Dr. Peacocke related the history of a man, æt. 45, who was admitted into the Adelaide Hospital under his care on June 8th, 1902. He had enjoyed good health until about six months previous to his admission to the hospital, when he noticed he was getting weaker and less able for his work about the farm. His abdomen was also increasing in size, and he suffered from attacks of rather sharp pain in his left side. His condition on admission was that of a well nourished man. Pulse regular, 84 per minute. Tem-

perature normal. Heart sounds healthy and lungs normal. A large tumour was visible occupying the left side of abdomen; it was smooth on the surface, the lower end was rounded and extended to within two fingers' breadth of the crest of the ileum. The upper end was lost under the costal arch. A distinct notch was palpable on the anterior edge close to the umbilicus. The tumour did not move on respiration, was not tender to the touch, and was dull on percussion. A friction rub was audible over its surface. The urine was acid, sp. gr. 1024, and contained a trace of albumin. A blood count showed blood of a chlorotic type with no increase in leucocytes. There was, however, a relative increase of lymphocytes. After a fortnight's stay in hospital the patient's condition showed no improvement, so he was advised to have the spleen removed. The operation was successfully performed by Mr. Gordon on June 27th, and on August 16th he left hospital. In September he wrote to say he was in better health than he had been for years, and in December he again wrote saying he was doing all the work about his farm, and for the past ten days had been ploughing. He came up to town in January. His weight had increased two stones, and a blood count showed that his blood was practically normal except for a slight relative increase of eosinophiles. Professor Scott examined the enlarged spleen and found it weighed 8 lb. 2 oz. There was evidence of perisplenitis. Microscopical examination showed that the Malpighian corpuscles were enlarged until they touched. The spleen pulp was absent and there was no increase of the trabecular or the reticular connective tissue. The general appearance suggested lymphadenoma rather than any other cause of splenic enlargement. The case was considered as possibly a splenic form of Hodgkin's disease.

Dr. BURGESS on a case of
SEVERE MEASLES IN AN ADULT—SECOND ATTACK.

The symptoms were of the scarlatinal type, although there was no doubt as to the diagnosis. The case was remarkable for (1) the prolonged fever chart (2) exhibiting the sudden hyperpyrexia (106° F.), (3) the suppression of urine occurring thrice, (4) the continuous restlessness and insomnia which no drugs found any influence over. The patient made a perfect recovery.

Dr. H. C. DRURY said that he agreed with the diagnosis of measles as against scarlatina from the fact that there were well-marked symptoms such as were met with in measles previous to the appearance of the rash on the fourth day. The unusual symptom of vomiting was probably a family peculiarity, seeing that it occurred in the patient's two children. The dark colour of the rash was usually a bad symptom, as in this case, but he lately had a child under his care who went through an ordinary uncomplicated attack of measles, but with a petechial rash all over the body. A sister of the patient was admitted under the care of a colleague with a similar attack, and also a petechial rash. This probably illustrated another form of family peculiarity.

Dr. CONOLLY NORMAN read a paper on
HALLUCINATIONS.

He mentioned a case of unilateral hallucination of hearing occurring in a man deaf of the same ear, and described in much detail a number of cases of psychomotor hallucination. He referred to some of the rarer forms of hallucination and briefly glanced at the theories of hallucination propounded by Tamburini and Tanzi.

SECTION OF OBSTETRICS.

MEETING HELD MARCH 20TH, 1903.

The President, Dr. W. G. SMYLY, in the Chair.

Dr. TWEEDY showed an ovarian cyst, and also a parovarian cyst removed from the same patient.

Dr. PUREFOY showed a pyo-salpinx (salpingitis sthmica nodosa).

Dr. ALFRED SMITH exhibited a Bossi dilator and described its action and use.

Dr. Purefoy and Dr. Carton gave details of cases in which they had used the instrument, and Drs. Tweedy, Doyle, and the President also spoke.

The SECRETARY read for Dr. W. P. Cockle a paper on a case of "Eclampsia," with post-mortem delivery by forceps.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, MARCH 19TH, 1903.

Dr. WINSLOW W. HALL, President, in the Chair.

CLINICAL EVENING.

Mr. JAFFREY showed, for Dr. Crisp English, a girl, *æt.* 4, in whom nothing abnormal was noticed up to the age of two. Since then the gait has been waddling, but without pain. There was some atrophy of the muscles about the hip, and one inch shortening of the limb. The case was thought at first to be one of coxa vara, but a skiagraph showed it to be a well-marked instance of congenital dislocation of the hip. Mr. Jaffrey asked for suggestions as to treatment.

Mr. NOBLE SMITH considered the case a very favourable one for treatment by Lorenz' method. He thought that treatment by extension and fixation in an approximately normal position had shown permanent stability of the joint. With Lorenz' method the result should be even better. As regards the suffering of the patient, in young children no severe pain is felt, but only a little discomfort during the first twenty-four hours after operation. In older patients the pain lasts longer, but is not so severe as to cause much complaint. He had recently performed Lorenz' operation on a child of eleven and a half and a girl of eighteen, apparently with good results.

Mr. SIDNEY PHILLIPS showed an extreme case of
OSTEO-ARTHRITIS

of the left knee in a man, *æt.* 48. He had rheumatic fever at the age of fifteen, and began to suffer from osteo-arthritis at the age of thirty-three. Many joints are now affected, but the left knee is enormously enlarged, tense and elastic. A small amount of fluid withdrawn by aspiration proved to be sterile.

Mr. JAFFREY thought it much easier to treat non-articular disease of this nature. The treatment should be by massage and hot-air baths daily. Probably at least two or three different complaints are included under osteo-arthritis. Some cases are very likely of bacterial origin. He had found guaiacum and sulphur of use in many instances.

Mr. NOBLE SMITH said that no doubt the pathology of the disease differs in different cases, but in all cases there is increased tension in the bone. In chronic bone inflammation, therefore, he is in the habit of adopting "bone drilling." In tuberculous disease drilling is remarkably effective. It also relieves pain in the early stages of rheumatoid arthritis. He showed the drill he generally used.

Dr. G. A. SUTHERLAND remarked on the failure of drugs either to relieve symptoms or to cure the disease. Whatever the nature of the original poison, he thought it acted ultimately on the central or peripheral nervous system, so that the pains and deformities of the later stages are readily dependent on a nerve lesion.

Dr. E. CAUTLEY said that one definite type of osteo-arthritis is symmetrical in form, often occurs in acute attacks, simulating subacute rheumatism, and usually begins in the metacarpo-phalangeal joints of the first and second fingers. This type is most common in young women between fifteen and twenty-five; sometimes it occurs in young children, and is frequently seen in later life in a more chronic and less severe form. It is incurable. Another type of the disease is probably pyæmic in origin. A third form affects the larger joints, occurs in older people, and often follows an injury. The acute generalised form may be of nerve origin, due to some affection of the trophic nerves, or to some toxin. Some cases are preceded by neuralgic pains for months before any joint lesion is noticed.

The PRESIDENT advocated the use of cod-liver oil, at all events in certain forms of osteo-arthritis,

Dr. W. J. HARRIS showed a woman who was probably suffering from acute poliomyelitis. The disease affected the muscles about the left shoulder, and was probably due to hæmorrhage in the anterior horns of the fifth and sixth cervical segments.

Dr. LEONARD GUTHRIE thought that the case was proved not to be one of peripheral neuritis or of syringomyelia, and therefore the disease must be in the cord. It would be interesting to know whether it was due to hæmorrhage, embolism, or thrombosis.

Mr. DANIEL suggested treatment by anastomosis of the brachial plexus.

Dr. HARRIS, in reply, thought that the spasm of the extensor muscles which occurred at the onset of the disease suggested that the cause was hæmorrhage.

Mr. JAFFREY showed a patient supposed to be suffering from actinomycosis of the upper jaw. The jaw was swollen, and yellowish matter was exuding from points in the gum. Microscopical examination showed mycelial threads of a fungus, but these were not quite typical of the ray fungus. The patient was improving under iodide of potassium.

Mr. DANIEL thought that the case suggested an abscess in connection with the carious root of a canine tooth. He suggested that it should be slit up and scraped.

Mr. JAFFREY also showed two cases of monarticular osteo-arthritis of the elbow-joint.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

LLOYD ROBERTS, M.D., F.R.C.P., in the Chair.

(Reported by F. H. Westmacott, F.R.C.S., Hon. Sec.)

At the last meeting, a discussion took place on the ADMINISTRATION OF THE VACCINATION ACT.

Mr. DAVID OWEN, in opening the discussion said there was evidence that it had failed to secure effective vaccinal protection for the country. There were still epidemics of small-pox, and these would continue to recur so long as much of the vaccination in the country was only nominally performed. All vaccination performed by a registered medical practitioner should be paid for by the State at the same rate as public vaccination, provided that the standard of the Local Government Board was reached. In this way the quality of vaccination in the country would be greatly improved, especially if it were made subject to some form of inspection, which, as "surprise visits," might be carried out without any great additional expense, in estimating which, the enormous cost of small-pox to the community should not be forgotten. It was important to reconcile public opinion to compulsory vaccination and re-vaccination, and given a free choice of doctor, much of the present opposition would be removed. From statistics which he had collected he had no doubt that in Manchester, at least, the greater number of vaccinations did not reach the standard laid down by the Local Government Board, which may be taken as the standard of efficiency. There is nothing in the nature of the present Act to reduce the divergence between the vaccination results of the public vaccinators and those of private practitioners. The unsatisfactory nature of the present Act has been the subject of comment by members of the medical profession in the columns of the medical journals for nearly two years, and the feeling of dissatisfaction has culminated in an editorial in the *British Medical Journal* on the omission from the King's speech of any reference to improvement of the Act.

Dr. JOHN SCOTT said:—The one essential of improvement is the proposition advanced by Dr. Bond, of Gloucester, and others, that vaccination should be made a department of Public Health and placed under the control of the sanitary authorities. It is to be hoped that in the next Bill re-vaccination at the age of twelve, as recommended by Mr. Jonathan Hutchinson and Sir W. Guyer-Hunter to the Royal Commission, will be made compulsory. Dr. Scott pointed out that the lowest standard of vaccination was four marks, and in no case under his knowledge did a general practitioner

conform to this standard. He thought that the Act had failed in its intention—it had not provided efficient vaccination. He pointed out the colossal ignorance of the poor, and offered these three suggestions:—(1) That vaccination should be placed in the Public Health Department of the County Council authority. (2) The public vaccinator to do nothing else but this work. (3) To get the co-operation of medical men in educating the public in the efficiency of vaccination.

Dr. VIPONT BROWN said:—I thoroughly agree with all that Dr. Owen has said, and I have only to add that the reason why such an enormous proportion of children are not vaccinated efficiently is that it sometimes paid the general practitioner to vaccinate inefficiently. When parents bring their children to us in preference to the public vaccinator, it is very often in the hope that we shall put on only one or at most two marks. Indeed, that is what we are constantly asked to do. The remedy is obvious; make every general practitioner a public vaccinator, and let the State pay him for efficient vaccination, and for efficient vaccination only. Then self-interest will cause him to educate his patients to understand the advantage of efficient vaccination as defined by Government, and he will persuade them to submit to it.

Dr. RAYNER said that no person need have small-pox, and if a person suffered from small-pox after refusing vaccination he should be liable to pay for the expense the municipal authority is put to on his account.

Dr. WOOD would make it a penal offence to put only one spot on a child.

Dr. WILLIAMS stated that the majority of children in poorer districts are under care of midwives at birth, and are not patients of particular practitioners. The Government stipulates that a public vaccinator shall not visit a house in his official capacity before a child is four months old. Vaccination had taken up so much of his time that part of his practice had had to be given up, and had no doubt gone to his brother practitioner.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD (IN THE MEDICAL SCHOOL, SHEFFIELD), MARCH 20TH, 1903.

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

Dr. J. W. MARTIN (Sheffield) presented a married woman, æt. 25, in whom there was complete congenital absence of the left mamma, associated with defective development of the entire left half of the body, and especially of the left hand and arm. Lactation was fully performed by the normal right breast.

Dr. LLOYD ROBERTS (Manchester) showed a walnut-sized fibroma removed from the interior of the right Fallopian tube through an incision made in its wall. The growth was discovered during the performance of ovariectomy on a woman, æt. 56, and microscopically showed the typical characteristics of a fibroma.

Dr. CROFT (Leeds) suggested that tubal moles might be removed through similar incisions made in the tube, instead of sacrificing the whole viscus.

Dr. BUCKLEY (Manchester) also spoke, and Dr. LLOYD ROBERTS, in the course of his reply, remarked that Dr. Croft's suggestion threw new light on the treatment of tubal mole. He saw no reason why a mole should not be removed through an incision which could afterwards be sewn up.

Dr. E. C. CROFT (Leeds) showed a series of three polypi of the uterus which illustrated three different conditions and methods of treatment. 1. Small cervical fibroid polypus. 2. Large necrosing fibroid polypus separated from its attachments by the écraseur, and delivered with forceps in obstetric fashion. 3. Intra-uterine submucous fibroid treated by vaginal hysterectomy, the ovaries being preserved. Enucleation in this case was impossible.

CASE OF HYSTERECTOMY AND OÖPHORECTOMY.

Dr. A. DONALD (Manchester) showed a fibroid uterus removed from a girl, æt. 24, by abdominal

hysterectomy with oöphorectomy. He preferred this method to the écraseur, which he regarded as a dangerous instrument.

In the discussion on these specimens, Dr. LLOYD ROBERTS considered that the écraseur would be necessary from time to time in cases where the vagina was narrow and the tumour difficult to reach.

Dr. T. B. GRIMSDALE (Liverpool) always preserved the ovaries, as he thought their presence diminished the after-effects of the operation.

Dr. J. W. MARTIN (Sheffield) considered that the actual state of the ovaries should be the guide.

Dr. BUCKLEY (Manchester) removed the ovaries if they were accessible.

The PRESIDENT held that it was difficult to lay down the rule that the ovaries should be removed in all cases.

Dr. DONALD, in replying, maintained that the removal of the uterus minus ovaries renders the latter liable to cystic changes, and that resection of the ovaries does not leave any unpleasant effects.

Dr. CROFT, in his reply, said the écraseur was used because the pedicle was inaccessible to scissors. He had a strong conviction that the artificial menopause is more troublesome than the natural one.

Dr. FAVELL (Sheffield) showed (1) Fallopian tube and fœtus from a case of ectopic gestation. (2) Myomatous uterus removed from a patient, æt. 54.

Dr. A. DONALD (Manchester) read a case of

IDIOPATHIC ENDOMETRITIS,

illustrated by microscopic sections. From the age of twenty-one the patient had suffered from metrorrhagia, and when she came under observation at thirty-two hæmorrhage had been continuous for seven months. The uterus was then anteflexed with a conical cervix, consistence was normal, and there was no question of gonorrhœa or sepsis. Curetting was twice performed within a few months, and for nearly four years there was no irregular or profuse bleeding. Marriage took place, followed by three months amenorrhœa, succeeded by continuous bleeding. Decidual *d'bris* was removed, but two months later curetting was again requisite. During the following six years the discharge never stopped for more than fourteen days at a time. Atmœcasis was tried without avail, and finally hysterectomy was performed. The uterus was enlarged, very hard, and in a state of fibrosis. The case was exceptional in the symptom of excessive hæmorrhage, but in other respects was typical of a class of cases not infrequently met with.

The PRESIDENT mentioned a case in which curetting had been performed sixteen times in five years. Improvement for twelve months followed removal of the appendages, but the bleeding again recurred and, finally, the uterus was removed. It presented the same condition of fibrosis as that present in Dr. Donald's case. Was the metritis due to the original endometritis or to the operations?

Dr. BUCKLEY mentioned a similar case.

Dr. A. W. W. LEA (Manchester) inquired whether the patient possessed the neuropathic temperament. He pointed out that there were two periods in the history of Dr. Donald's case—before and after marriage, and he asked whether endometritis was really present at first.

Dr. LLOYD ROBERTS asked if it would not be better in many of such cases to boldly perform hysterectomy.

Dr. T. B. GRIMSDALE thought the patients were fortunate if bleeding occurred, because the condition was then submitted to treatment.

Dr. MARTIN spoke, and Dr. DONALD, in replying, said Dr. GRIMSDALE had hit the point—the patient was lucky to have had bleeding. She was of a quiet, uncomplaining disposition, and not neuropathic.

Dr. S. BUCKLEY (Manchester) related a case of

EXTRA-UTERINE PREGNANCY

with attempted abortion, and showed the specimen. From the date of the patient's admission the case was regarded as one of ectopic gestation, and the symptoms noted during the period of observation pointed to attempts at tubal abortion, but the patient's friends

were opposed to operation. Interference became imperative some three weeks after admission by reason of sudden collapse with signs of severe internal hæmorrhage. Laparotomy disclosed a gestation sac in connection with the left tube which, as adhesions were absent, was easily lifted out and removed, together with about two pints of clot of varying ages. The tube itself was unruptured and its fimbriated end was expanded and patent. The fœtus was about three months old. The patient made a good recovery.

Drs. LLOYD ROBERTS and E. O. CROFT discussed the case, and the question raised by it as to the course to pursue if a husband refused to consent to operation when the wife was suffering from serious internal bleeding. Dr. BUCKLEY replied.

Dr. T. B. GRIMSDALE (Liverpool) read notes of a case of

PRIMARY AMENORRHOEA WITH PYO-SALPINX occurring in a single girl, æt. 22. Three years previously she had had some chest trouble from which she had completely recovered. There had never been any approach to a menstrual crisis. The sound passed one and a half inches into the uterus, and to the right of the latter was a swelling the size of an apricot. Laparotomy revealed a uterus normal in shape but of small size; left appendages normal, the surface of the ovary being smooth like that of an olive. The right ovary showed a similar condition, but the tube was enlarged and adherent to the pelvic brim near the cæcum. The tube was removed and found to contain pus. Both tube and pus were examined, but the investigation was entirely negative, no evidence of tubercle being discovered. The virginity of the patient excluded the more frequent cause, and although the tube lay in close proximity to the cæcum and vermiform appendix, there was no evidence of disease of the latter. The chief point of interest lies in the presence of a pyosalpinx without symptoms, and apparently without any explanation of its origin.

Dr. A. W. W. LEA asked if the chest had been recently examined.

Dr. DONALD had never met with a case in which symptoms were absent.

In reply, Dr. GRIMSDALE said that the chest had been carefully examined by a physician, and had been pronounced practically normal. The proceedings then closed.

Special Articles.

THE PRIVY COUNCIL'S REPORT

ON

THE PHARMACY ACT.

By A BARRISTER-AT-LAW.

THE Report of the Departmental Committee appointed by the Privy Council to consider Schedule A to the Pharmacy Act, 1868, and to report the alterations therein which they deem expedient; and also to consider whether a third subdivision might not properly be added to the Schedule, containing substances which, whether sold by pharmaceutical chemists or not, should be labelled or otherwise distinguished, and if so, to enumerate the substances which, in their opinion, should be so treated, has just been published.

The Committee sat on ten days for the purpose of hearing evidence, and examined twenty-six witnesses, namely:—Pharmaceutical chemists (including the President, the Secretary and Registrar, and the Assistant Secretary in Scotland of the Pharmaceutical Society of Great Britain), 8; manufacturing chemists, 5; consulting chemist, 1; representatives of agriculture and horticulture, 5; doctors of medicine, 2; patent medicine vendors, 2; coroner, 1; ironmongers' representative, 1; dealer in photographic materials, 1.

The Committee found it impossible to consider and recommend a re-arrangement of the Poisons Schedule without taking into account, first, the effect of the restrictive sections of the Pharmacy Act, 1868, upon certain trades and industries, and, second, the changes

which have taken place, especially in agriculture and horticulture, since the passing of the said Act.

The Committee had their attention forcibly drawn to the great increase in the use of poisons in agriculture and horticulture since the passing of the Pharmacy Act, 1868. Sheep-dips, usually containing strong poisons, have come into universal use, and must be considered indispensable to the modern sheep farmer. Five-and thirty years ago the killing of weeds, of parasitical insects and of fungoid growths upon growing crops by means of poisonous substances was rarely if ever practised, but such poisonous substances are now to be reckoned among the regular auxiliaries of agriculture and horticulture.

The Committee, therefore, feeling convinced that the industries of agriculture and horticulture cannot be conducted effectively on modern principles without the extensive use of poisonous materials, felt it incumbent on them, before proceeding to suggest rearrangement of the Poisons Schedules, to ascertain whether either or both of the before mentioned undesirable conditions had been caused by the provisions of the Pharmacy Act, and if so, whether relaxation could be conceded without undue risk to human life.

Under the law, as it stands, certain poisons and poisonous compounds (other than liquid carbolic acid for sheep wash or other agricultural or horticultural purpose) cannot be legally retailed except by a registered chemist and druggist, and the Pharmaceutical Society is charged, under the 15th section of the Act, with the duty of proceeding against unauthorised vendors. The administration of this Section has been characterised by considerable uncertainty and irregularity, arising, the Committee believes, out of the inadequate means at the disposal of the Society, which has no staff of inspectors nor other regular machinery for detecting the sale of poisons by unregistered persons. There is this further objection to the administration of the Society's powers, that they can only be exercised upon voluntary information and by extemporised means, which renders the working of the restrictive provisions the reverse of uniform. For instance, in the West Midland district of England the sale by unregistered persons of poisons used in agriculture and horticulture has been completely stopped in consequence of successful prosecutions by the Pharmaceutical Society. In part of Kent it has been stopped temporarily; whereas, in many parts of Scotland and the North of England it is conducted by such persons with impunity. It follows from this that the effect of the 749 prosecutions undertaken during the six years, 1896-1901, by the Pharmaceutical Society, and of the numerous cases in which penalties were exacted without prosecution, has been very unequally felt; for, while the law has been enforced in some districts, it has been wholly inoperative in others. The Committee consider that the obligation laid upon the Pharmaceutical Society by Sec. 15 of the Act is unduly onerous, seeing that even the limited extent to which they have taken action under it has involved them in a net loss of £700 a year beyond the sums received as penalties, which are due to be dealt with as the Treasury may direct, but which the Society has been allowed to retain.

Inconvenience has been experienced by farmers and gardeners owing to the restriction of the sale of poisonous materials to registered chemists and druggists in such districts where there is no such qualified tradesman within easy reach. The Committee are convinced that the inconvenience would have amounted to a very serious interference with legitimate industry had the provisions of Sec. 15 been universally put in force. For example, in the Highlands and islands of Scotland, where sheep farming is the principal business of agriculture, farmers are sometimes upwards of fifty miles distant from the nearest registered chemist and druggist, and the sale of sheep-dips is regularly carried on by ironmongers and other traders in contravention of the statute.

A nurseryman and florist in Kent gave evidence as to the extreme inconvenience caused to cultivators

when, owing to the successful prosecution of a firm of seedsmen, the sale of weed killers and insecticides was discontinued by nurserymen. He alleged that in horticulture there are numerous small cultivators and amateurs who would use these materials if they could get them, to the advantage of their greenhouses and gardens, but that chemists and druggists do not know what to recommend, whereas the nurserymen have knowledge of the proper remedies and ought to be in a position to supply them.

The Committee are of opinion that preparations for use in connection with agriculture, horticulture, or sanitation might be placed in a third part of the Schedule to be sold only by licensed persons and subject to regulations to be made by the Privy Council. The Committee further recommend that the traffic in arsenic should be regulated either by an amendment of the Arsenic Act, 1851, or by more stringent enforcement of the provisions of Sec. 17 of the Pharmacy Act, 1868. And the Committee are of opinion that the conveyance of arsenic and substances containing large quantities of arsenic, under the present lax observance of precaution, is a source of danger to the public.

The Committee submit the following suggested alterations in Schedule A:—

PART I.—Arsenic and its preparations, except any preparation prepared exclusively for use in connection with agriculture or horticulture, and contained in a closed vessel or receptacle distinctly labelled with the word "Poison," the name and address of the seller, and a notice of the agricultural or horticultural purpose for which the preparation has been made.

Alkaloids: All poisonous vegetable alkaloids and their salts, and all poisonous derivations of vegetable alkaloids, except preparations of tobacco, or the alkaloids of tobacco, prepared exclusively for use in connection with agriculture or horticulture and contained in a closed vessel or receptacle distinctly labelled with the word "Poison," the name and address of the seller, and a notice of the agricultural or horticultural purpose for which the preparation has been made.

Aconite and its preparations; atropine and its preparations; cantharides; cocaine and its salts; corrosive sublimate; cyanide of potassium and all metallic cyanides and their preparations; tartar emetic; ergot of rye and its preparations; morphine and its salts and preparations containing one or more per cent. of morphine; picrotoxin; prussic acid and its preparations; savin and its oil; strychnine and its preparations; vermin killers containing poisons included in Part I.

PART II.—Acetanilide (antefebri) and its preparations; almonds, essential oil of (unless deprived of prussic acid); belladonna and its preparations; cantharides, tinctures and all vesicating liquid preparations of; carbolic acid and liquid preparations of carbolic acid and its homologues containing more than three per cent. of those substances, except any preparation prepared for use as sheep-wash, or for any other purpose in connection with agriculture, horticulture, or sanitation, and contained in a closed vessel, distinctly labelled with the word "Poison," the name and address of the seller, and a notice of the special purposes for which the preparations are intended; chloral hydrate and its preparations; chloroform; cocaine, preparations of; corrosive sublimate, preparations of; digitalis and its preparations; morphine, preparations of, containing less than one per cent.; nux vomica and its preparations; opium and all preparations of opium and poppies; oxalic acid and its soluble salts; precipitate, red; precipitate, white; mercuric iodide; mercuric sulphocyanide; strophanthus and its preparations; sulphonal.

PART III.—Preparations containing arsenic exclusively for use in connection with agriculture or horticulture, and contained in a closed vessel or receptacle, distinctly labelled with the word "Poison," the name and address of the seller, and a notice of

the agricultural or horticultural purpose for which this preparation has been made.

Preparations of tobacco or the alkaloids of tobacco exclusively for use in connection with agriculture or horticulture, and contained in a closed vessel or receptacle, distinctly labelled with the word "Poison," the name and address of the seller, and a notice of the agricultural or horticultural purpose for which the preparation has been made.

Preparations of carbolic acid or its homologues for use as sheep-wash, for any other purpose in connection with agriculture, horticulture, or sanitation, and contained in a closed vessel distinctly labelled with the word "Poison," the name and address of the seller, and a notice of the special purposes for which the preparations are intended.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 28th, 1903.

AT the Society for Internal Medicine, Hr. Rothmann, Sen., reported a case of

LUDWIG'S DISEASE.

On February 21st, he was called in to see a cook who was suffering from angina. At the same time he was consulted concerning a daughter of the house, *æt.* 21, who was suffering from swelling of the right submaxillary glands, which were not painful, whilst the mandibula showed tenderness on pressure. Nothing abnormal was seen about the mouth and fauces. On the next day the swelling was larger and very hard; no fever. Alum applications were ordered. On the 28th the face was red, swollen, and there was active fever, pulse 120. The swelling extended towards the middle line. The same great hardness. The next morning he was summoned again at five, as the condition was worse. The patient was found unconscious, with quick respirations, quick and rapid pulse. Hr. Fedor Krause was now sent for, who performed tracheotomy, and made a deep incision into the tumour. Deep in it was found a small suppuratory gland, containing brown, badly-smelling pus. The patient died the following morning. The first case was one of the disease called angina Ludovici, from the Württemberg physician who first described it. Whilst the cases hitherto described however ran a course of from ten to thirteen days, this had had a more rapid course. The disease was very rare. Death in the latter was due to cerebral embolism.

Hr. Max Salomon had had an opportunity of seeing five cases of the disease in a short time whilst assistant at the Altona Hospital. An epidemic of diphtheria was prevalent at the time and this possibly influenced the disease. In his experience the swelling never softened, but remained always hard. The only relief was in early deep and wide incision when a small suppurating centre would be reached. The swelling then generally quickly subsided. If the incision was not early enough gangrene and death followed. He had seen such a case in a near relative to whom he was called too late to be of any service.

ANTI-QUACKERY SOCIETY.

THE new German Society for Fighting Quackery held its first general meeting on Sunday in the Berlin Rathaus, under the presidency of Prof. Sommerfeld. In opening the meeting the President gave an address in which it was stated that according to police statistics a large part of the quacks were persons who had made shipwreck of their careers. Sixteen per cent. of the women and 24 per cent. of the men had been in prison, and 2 per cent. of the women and 3 per cent. of the men had undergone penal servitude. The meeting was not altogether a harmonious one, as a number of quacks or

so-called nature-doctors were present and would make themselves heard. A well-known hygienist, Jacobi, lauded his own method of treatment. Dr. Hirschfeld observed that these nature-doctors often did harm by preventing timely operation being performed, but the nature-doctor Carritz declared that the regular physicians might learn from them. They did not use dangerous drugs such as opium or morphia, that might do harm. They did not oppose operation, but only such as would be performed from a desire for operating; which were unnecessary in eighty out of a hundred cases. Hr. Dührssen combated the statement of the previous speaker, and showed that necessary operations had been opposed by quacks. The excitement became so great as the speakers proceeded that it became evident that the quacks were present in force, as was shown also by the way the arch-quack Carritz was greeted. The unruly meeting was finally brought to a close, and in the opinion of many it would have been better to have proceeded to the abolition of quackery in some other way.

At the Medical Society, Hr. O. Heubner gave an address on

BARLOW'S DISEASE.

He described the clinical features of the disease, the most prominent of which was swellings of the extremities; these came on rather suddenly, were more frequent in the lower than in the upper extremities, and were accompanied by lowered nutrition. In addition there were cutaneous hæmorrhages, callus thickenings of the knees, epistaxis, and hæmorrhage from the intestines and kidneys.

The disease, which occurred almost exclusively in infancy, might last for months, without making any marked progress, when it might suddenly get worse.

It was Barlow who in 1884 first showed that these hard swellings in the vicinity of joints were due to circum-periosteal hæmorrhages. Since then the disease had been much studied, and it was now known that the osteoblasts ceased to functionise. The marrow became atrophic and brittle, and in consequence of this hæmorrhages readily took place in it; this was also the cause of the periosteal hæmorrhages.

The nature of the disease was not known. It was not a simple scorbutus, it was a disease of infancy, and there were four decompositions and ulcers in the mouth. Only so much was known, that it was a disease of nutrition, which the speaker had never seen in breast-fed infants.

He had seen fifty-three cases, all in artificially fed infants; 13 of these were fed on milk simply boiled, not sterilised; 12 on milk prepared after the Soxhlet method; 19 by pasteurised milk; 7 on milk preparations and 4 who received a preponderance of starchy food. There were no data for showing percentages in any way. Fortunately we were not helpless as regarded treatment. He gave his patients uncooked, or only slightly cooked milk for some time, a teaspoonful of orange juice two or three times a day, a little vegetable broth and meat juice. After this change the improvement was usually striking, the swelling disappeared, the hæmorrhage vanished, and the colour improved.

At the Society of the Charité Surgeons, Hr. Dobbertin showed

(a) A CASE OF ILEO-CÆCAL TUBERCULOSIS.

The patient had had violent pain in the ileo-cæcal region before each evacuation of the bowels. The microscope after operation showed tuberculosis of the ileo-cæcum.

In connection with the case of ileo-cæcal tuberculosis Hr. Reckzeh related a case of tuberculosis of the

appendix vermiformis. A young man, *æt.* 20, who suffered from bilateral pulmonary and intestinal tuberculosis, was suddenly attacked with symptoms of severe illness. These were vomiting, complete obstruction of bowels, meteorism, indicanuria, and cardiac weakness. The vomit became *fæculent* on the second day, and these symptoms continued unabated for sixteen days, the patient dying on the seventeenth. The autopsy showed a large tuberculous ulcer in the distal end of the appendix, which had led to perforation and adhesion of the appendix both to small and large intestine. One of the bands had completely blocked a loop of small intestine.

(b) SUBPHRENIC ABSCESS AFTER APPENDICITIS, WITH RUPTURE INTO THE PLEURA.

On account of a large subphrenic abscess in a boy, *æt.* 16, all the ribs, from the fifth downwards, were resected almost to the spine. The abscess cavity was large enough to contain the operator's hand and forearm.

Hr. Ueber described a case of subphrenic abscess from Naunyn's clinic. The case at first looked like one of typhoid fever. The abscess cavity was very large, and the pus from it was very offensive. The speaker cultivated the *paracoli bacillus derogenes* from it.

Hr. Strauss had seen a case of pyo-pneumothorax in connection with a subphrenic abscess.

(c) SHOT WOUND OF THE LEFT TEMPLE WITH HEMIPARESIS.

A young man had attempted suicide by shooting himself in the temple. The X-rays showed the situation of the bullet. Both serrate were paralysed.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 28th, 1903.

GERM TRANSMISSION OF SYPHILIS.

THE Gesellschaft renewed the debate on the male germination of syphilis. Finger, who is a strong advocate of the sperm transmission, affirmed that Metzner had given no proofs to sustain his argument that Colles' law was correct. That a father had a recurrence of the disease followed by syphilitic births, which would disappear under specific treatment, was a strong argument against maternal transmission. Again, later marriages with a healthy male producing healthy children were to his mind incontrovertible. There were on record sixteen cases by authors of undoubted ability. Again, the morbid results obtained by Fournier were 37 per cent. by males; while mixed, which could not be separated, were 92 per cent. This result gave no encouragement for accepting pure maternal transmission. Metzner puts great stress on cases of immunity, but when carefully examined the children of a syphilitic father when far removed from the recurrence of the disease and born healthy are liable to be re-infected. It cannot, therefore, be denied that such children, if immune, are easily infected with the florid form, which may easily be proved by placing the healthy child thus born on a syphilitic wet nurse. Schiff next presented two cases from his private practice in support of the maternal transmission.

In the first of these cases the husband had been infected fifteen years ago. The year after infection he married, and the result was that abortions occurred for three years after at about the third month of pregnancy. After five years had elapsed a full-term child was born, but being so feeble, it died two days after birth.

Eight years after marriage an eight months child

was born, which still lives, though feeble. After twelve years another strong, healthy, and robust child was born. The husband had, prior to this last birth, undergone energetic specific treatment twice for recurrences.

During all this time the mother underwent no treatment, nor had she a single symptom of syphilis. In the second case he had attended the husband for eleven years when he was first infected with the poison. Three years after this, he married. Two and a half years after marriage an abortion in the third month occurred. Again he underwent energetic specific treatment, and since that time three healthy strong full-term children have been born. The mother throughout has never exhibited a single symptom of the disease.

Ehrmann admitted that the germinative transmission was a difficult problem to solve. Theoretically, he was in favour of the affirmative, but practically there was great difficulty in the proof. When compared with the transmission of lepra, which had been theoretically tested, he confessed his inability to follow the argument when he could not show how the virus was transmitted. For example, in the attempt to prove this bacillary knots of lepra have been sewn under the skin of animals and carried for years without having any effect in transmitting the disease. The immunity in syphilitic individuals can only extend to the initiated sclerosis, and not to the later forms. The syphilitic centre cannot be said to possess the primary effect, and therefore the intra-uterine affection cannot be admitted as possible. This would show that the mother of such a child is not immune. Riehl said that the clinical observations of competent observers had many characteristic failures in their diagnosis. It is well known that the disease may remain ten years perfectly latent and again manifest itself. Another point to be noted is the difference in the action of the virus on the male and female. In the latter the sclerosis appears as papules or erosions, while the secondary phenomena are less severe, though the poison may be transmitted at a later period than in the male.

The Operating Theatres.

MIDDLESEX HOSPITAL.

CERVICAL ABSCESS DUE TO SPINAL CARIES.—Mr. KELLOCK operated on a boy, *æt.* about 8, who had been admitted about ten days previously complaining of weakness of the limbs of fairly acute order. It had been found on admission that he had marked weakness of the arms and legs, the grasp being very feeble on both sides and the weakness of the legs was very marked when he attempted to stand or walk. The knee-jerks and triceps reflexes on both sides were exaggerated and ankle-clonus fairly marked on both sides. There was no clonus disturbance of the functions of bladder or rectum and no impairment of sensation. The movements of the spine were fairly good and there was no projection to be seen; the upper part of the dorsal spine, however, and the lower part of the cervical were unnaturally straight. Some week or ten days after admission, during which time the child had been kept absolutely on his back, a deep-seated fluctuating swelling was detected on the left side of the neck, extending from opposite the angle of the jaw nearly to the level of the sternal end of the clavicle. There was nothing abnormal to be seen or felt inside the pharynx. The temperature was normal, and the patient seemed to be in no increased discomfort. An incision about three inches in length was made behind and parallel to the

posterior border of the left sterno-mastoid muscle, which was drawn slightly forward after the deep layer of the cervical fascia had been opened. A little dissection deepened the wound until the transverse processes of the cervical vertebræ were reached. Situated immediately in front of them was a swelling in which fluctuation could be felt. The wall of this was incised and exit given to about one ounce of broken-down tuberculous material. The cavity was found to lead to the front of the bodies of what were probably the third or fourth cervical vertebræ. The edges of the opening into the cavity were held open, and its interior scraped with a blunt spoon and then irrigated with mercurial solution 1 in 4,000. In the washings a quite white sequestrum about the size of a green pea was found. The cavity, after being dried, was closed by three silk sutures passed through the edges of the opening in its wall, and the superficial structures closed layer by layer; the skin was closed by means of a continuous horse-hair stitch and a collodion and gauze dressing applied. Mr. Kellock said that the formation of this abscess had rendered clear the diagnosis of this case, about which there had been a little doubt previously. The disease in the spine, he remarked was evidently not very extensive but had obviously caused a little pressure on the front part of the spinal cord. The situation of the abscess deep in the side of the neck without producing any swelling inside the mouth was, perhaps, he thought, a little uncommon. In dealing with the abscess he said he had followed a course which he thought should be recommended in almost all cases of so-called abscesses in connection with tuberculous caries of the spine—namely, evacuation of the contents, scraping the wall, irrigation with a weak antiseptic, and subsequent complete closure of the walls of the abscess cavity and so its complete obliteration. It is satisfactory to state that the wound in the neck healed by first intention, and a fortnight after the operation there was no sign of any re-accumulation of fluid in what was the cavity of the abscess and that the paralytic symptoms showed marked improvement.

ROYAL FREE HOSPITAL.

REMOVAL OF MELANOTIC SARCOMA OF ORBIT.—Mr. WORK DODD operated on an old woman, æt. 83, of particularly good vitality, who came to the hospital suffering from a tumour of the left upper eyelid, which extended backwards into the orbit. The duration of the present growth was about two months, and it came as a small nodule and gradually increased to its present size; there was little or no pain. On admission the left upper lid was drooped, swollen, and occupied by a circumscribed mass about its centre, which showed bluish through the skin. The eyeball was hidden by the growth, but its movements were free in all directions when the upper lid with the tumour was retracted. The conjunctiva over the growth had a tendency to bleed easily on examination. There were no enlarged pre-auricular glands and the areas around seemed free from any growth. The woman had simple fibroid nodules in various parts, such as the face, &c., and she had also several moles. There was no indication of any secondary growth in the liver or other organs. She, therefore, being in such a good state of health was considered a fit subject for operation. The patient having been anæsthetised, an incision was made deeply from the external canthus on to the outer side of the orbit, that is to say, that the palpebral fissure was elongated outwards to beyond the orbital cavity; an incision commencing on the nasal side of the internal canthus was then carried close up to the eyebrow down to the bone of the upper edge of the orbit and continued

downwards and outwards to join the outer end of the first incision; the next incision, the lower lid being pulled down, was carried along from the nasal side of the internal canthus (the same spot where the upper incision started), inside the lower lid through its conjunctival surface down to bone of the lower margin of the orbit and made to join the first external incision, leaving the lower lid *in situ*, as it was not affected by the disease. The tissues were then separated from the bony walls by the use of scissors and scalpel, and finally, the optic nerve having been divided by scissors as near the apex of the orbit as possible, the whole contents of the cavity were removed. There was a little bleeding, it being found necessary to tie a few vessels. The orbital cavity was packed with double cyanide gauze, and dressed with a pad and bandage. Mr. Dodd said that at first glance the growth had appeared to be extra-ocular and events had proved it to be so, and he was under the impression that it might be a conjunctival melanotic sarcoma. The fact of the eyeball moving independently of the growth was a point against the intra-ocular origin of the disease. The lachrymal gland, he pointed out, was free. Melanotic sarcoma being a disease which, as proved in this instance, has a very rapid growth, it was important to make the incisions as far away from the tumour as possible in order to be sure that one left behind no altered or affected tissue from which new extension of the trouble might start, therefore the incisions were planned as described above. It was also important to cut the optic nerve as far away from the eye as possible, but this was still more important in intra-ocular sarcoma, in which case the growth extends along the nerve. In this case the bone not being affected, and not being likely to be affected, it was not necessary to remove any portions of it, or to use any caustic paste with the object of destroying any affected area.

Ten days after operation the wound was granulating healthily and Thiersch grafting will be done in a few days.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 1, 1903.

THE LATE DR. MACLAGAN AND HIS GREAT GIFT TO MANKIND.

THE death of Thomas John Maclagan, M.D., Edinburgh, M.R.C.P., London, has removed from

our midst a medical man who has conferred an unspeakable boon upon suffering mankind. The great work for which his name is, or should be, ever memorable is the discovery of the curative action of salicin and arising from that of the salicylates upon rheumatism. That method at once revolutionised the treatment of a most formidable malady, which was brought under the control of the physician in a striking manner, not only as regards severity of symptoms and the duration of attack, but also in the prevention of sequelæ. There is no more definite thing in the whole range of practical medicine than the specific influence of drugs of the salicyl group upon acute rheumatism. Indeed, the action of salicin and the salicylates in that complaint entitles them to be added to the scanty list of specific remedies in the possession of scientific medicine. Perhaps one of the most valuable results so far as the patient is concerned is the fact that many valvular diseases of the heart and other complications of joints and cavities of the body are, as a rule, prevented by the skilled and timely use of the salicylates during an attack of rheumatic fever. The original paper announcing the discovery was published in the *Lancet* of March, 1876. Curiously enough, Dr. Maclagan was led to his investigations upon entirely empirical grounds. He believed that rheumatism, like malaria, was of miasmatic origin, and that Nature commonly furnishes a cure in places affected with diseases of that type, and he was led to experiment with the bark of *Salix alba* and with Meadow sweet. It is difficult always to look at contemporary events in their proper perspective, but it seems certain that Thomas Maclagan deserves a niche in the temple of Fame as one of the great benefactors of the human race. His name will be added to those of Syme, Simpson, Lister, and the long list of illustrious men who have made the University of Edinburgh famous in the annals of medicine. He obtained the Edinburgh degree of Doctor of Medicine in 1860. In 1879 he came to London, and speedily became a most successful physician, with several Royalties among his patients. In 1882 he became a member of the Royal College of Physicians of London. It is a curious commentary on the inner life of the medical profession that Dr. Maclagan was never raised by the Council of the London Physicians to the Fellowship of that body. As everyone knows, the Fellowship is a purely honorary distinction, conferred upon members as a recognition of social and scientific standing. The fact that the College of Physicians did not see fit to confer their Fellowship upon the discoverer of the action of the salicylates in rheumatism will go down to posterity as a scathing comment on the value of a prophet in his own country—at any rate, among his own professional brethren. The College has had twenty-one years' opportunity of considering the point, a period during which many Fellowships have been conferred upon many members. In his private life Dr. Maclagan had many friends who were attracted by his kindly and lovable disposition and generosity

of nature. He died at the comparatively early age of 65 years. The discoverer of chloroform, likewise a great benefactor of the human race, has a single statue in Edinburgh, although in our opinion he deserves one in the most prominent place in London, every one of whose citizens has sooner or later cause to bless the man who introduced anæsthetics to this country. Side by side with Sir James Simpson should be placed a statue of the discoverer of the action of the salicylates in rheumatism. A noble trio might be completed by a figure of the originator of antiseptic surgery. Some day the world will wake up to the recognition of its real benefactors.

“EPIDEMIC DIARRHŒA.”

WHAT is the meaning officially attached to the term, “epidemic diarrhœa”? We are led to ask this question by the discussion which followed the reading of Professor Delépine's paper at the Epidemiological Society recently on the bearing of outbreaks of food poisoning upon the etiology of epidemic diarrhœa, with special reference to diarrhœa produced by contaminated milk. The Royal College of Physicians of London, the custodian of the conscience of the profession in matters of nomenclature, has recommended the disuse of all other terms for fatal diarrhœa than “epidemic diarrhœa,” “epidemic enteritis,” or “zymotic enteritis.” As the Registrar-General has abandoned the use of the word zymotic, we, in fact, have two alternative terms, and in practice we believe that the term now almost invariably used is “epidemic diarrhœa.” Formerly the profession used various “fashionable but unauthorised synonyms,” to quote the words of the College report. This report concluded by urging “the entire disuse, as synonyms of epidemic diarrhœa in medical certificates of death, of such terms as ‘gastro-enteritis,’ ‘muco-enteritis,’ or ‘gastric catarrh.’” But are these terms synonyms? That is really the whole question. The College was moved to recommend this change by the persistent efforts of the Society of Medical Officers of Health. We admit that they had a case, and that the use of fashionable but unauthorised synonyms was exceedingly inconvenient to the conscientious statistician. There was confusion, it is true; but it was due to the fact that the true pathology of the fatal diarrhœa of childhood and infancy was not, and is not, understood. Practical men know very well that the attacks of diarrhœal disease, often fatal in infants, present very different clinical pictures; they have endeavoured to reflect this difference as accurately as possible in the terms used in the death certificates. But the terms were unauthorised and the classification of the returns troublesome to the statisticians. So the College of Physicians was called in as an Alexander to cut the Gordian knot. Now the ungrateful vital statisticians are turning round upon the pathologists and clinicians, and finding fault with them for doing what these same statisticians moved heaven and earth, or the College of Physicians and

the Registrar-General, to obtain. Professor Delépine tells them that certain outbreaks of fatal diarrhoea in milk drinkers are due to contamination of the milk by a virulent type or strain of the colon bacillus, the obvious moral being that if you look after the milk supply better you will stop or greatly diminish the incidence of the disease of many unauthorised synonyms. Are the statisticians grateful? By no means. They turn round on Professor Delépine and tell him that this sort of thing will not do at all. His virulent bacillus in milk and other foods may account for outbreaks of diarrhoea, but not for the sporadic cases. Professor Delépine could only reply that when he said epidemic diarrhoea he meant diarrhoea occurring as an epidemic. The statisticians mean something else. They have persuaded themselves that fatal diarrhoea is a specific disease. It is not. The symptoms, the morbid anatomy, the bacteriology, and the natural history of the cases differ and might be said to have only one symptom in common, namely, diarrhoea, were it not that in some of the most severe cases of cholera infantum there is no diarrhoea. The change in nomenclature was made to prevent confusion in statistics; it is resulting in something much more injurious—confusion of thought. Bacteriology has not as yet succeeded in unravelling the difficult story of the pathology of acute diarrhoea in infancy and early childhood. Probably the causes are many. Then there are the very numerous cases of subacute, almost chronic, diarrhoea, many of which terminate fatally, often, but not always, by some exacerbation of symptoms during hot weather. These cases are probably due to another set of causes. The obscurity which now surrounds the subject will not be cleared away without much careful work, and probably some years must elapse before any clear view is obtained. But such investigations will not be encouraged or assisted by pretending to believe that there is nothing to investigate, and that when we have written "epidemic diarrhoea" on a death certificate we have really done all that can be expected of us. The College of Physicians is making arrangements for a new edition of the "Nomenclature," and we hope that this matter will be considered without prejudice.

THE CONTROL OF THE INEBRIATE.

THROUGH the long-continued researches of medical men and others interested in the scientific study of inebriety, much directing light has been thrown on the nature and essential characteristics of this morbid condition; and clearer views regarding the pathology of inebriety have during recent years led to the adoption of more rational measures aiming at its prevention, repression, and cure. An epoch-marking report has been prepared by Dr. R. Welsh Branthwaite, and a few days since was presented to Parliament, in which for the first time data have been rendered available concerning British, Colonial, and foreign statutes relating to the penal and reformatory treatment of habitual inebriates. Dr. Branthwaite's report is of the highest value and should receive careful atten-

tion by all interested in the arrest of alcoholism. Every member of the medical profession would do well to procure a copy and study it for himself. All civilised countries have realised the necessity of securing legislative machinery for the purpose of regulating the liquor traffic or aiming at the prevention, punishment, or reformatory treatment of drunkenness. A comparative study shows that the statutes dealing with the question may be roughly classified into three great divisions:—Laws or ordinances framed to secure the orderly sale of liquor; legislation having for its avowed object the prevention of drunkenness; and provision for dealing with drunkenness when it exists. Preventive legislation is manifest in State prohibition, local option, State monopoly, high licence, and the so-called Gothenburg or company system. The large majority of countries seek to prevent inebriety mainly by a supervision over the strength and purity of liquors sold; reduction of temptation by the exercise of control over the number of licensed houses; prevention of sale of liquor to children of ages varying in different countries; penalties on innkeepers and others in some countries for making persons drunk, and in most for selling liquor to drunken persons; penalties for keeping disorderly houses; and the exercise of a tight hand generally over the conduct of licensed premises. Unfortunately, the legal measures now in force in many countries for dealing with drunkenness cannot be said to be altogether in accordance with sound clinical experience, and are by no means always the outcome of a clear perception of the pathological basis of inebriety. The means now in force may be conveniently grouped as: Penal measures regulating the punishment of occasional or habitual drunkenness by fine or by short terms of imprisonment; control in penal establishments for lengthened periods; interdiction or laws prohibiting the sale of liquor to persons who are known inebriates; guardianship, whereby some person or persons may be endowed with legal power over the person and over the estate of an inebriate. It is, however, but comparatively recently that control in special institutions has been attempted, and so conducted as to provide reformatory treatment. And such control may be secured for the inebriate who makes voluntary application for admission, by compulsory seclusion for the inebriate who refuses consent to treatment, and yet manages to keep out of the reach of the law; and for the inebriate who is a police court recidivist, or who has committed crime caused, or contributed to, by drink. The legal and medical mind is wont to come into conflict oftentimes regarding definitions, dividing lines, and essential differences on which practical demarcation may be based. And in regard to inebriates it is well to admit at once that excessive drinkers are capable of being sorted into two great distinct classes—"occasional" and "habitual." Occasional drunkenness occurs in persons who still retain control over their drinking habits by the exercise of will, and for such it will be well that the power of punishment remains on the Statute Book; but when punishment ceases to

be deterrent, as in the case of the habitual inebriate, it loses what is practically its sole value. Much can always be learned by a resort to the comparative method, and since inebriety has been a morbid condition occurring in every age and among all sorts and conditions of men, it is desirable that the subject, both in its pathological and legislative aspects, should be submitted to the widest possible investigation. As a study of comparative legislation, Dr. Branthwaite's report is of great importance, and being prepared by a medical man who may also claim to be a legal expert, it must be considered as perhaps the most authoritative presentation of the case at present available. Much attention is being devoted to a scientific study of inebriety. Societies for the study of inebriety exist both in this country and in America, and have accomplished much in the presentation of facts and the moulding of thought. The subject is one which is essentially concerned with personal and public health. Medical men have exceptional opportunities of investigating inebriety in all its manifold forms, and we venture to think, instead of merely complying with legislative enactments, should seek to secure that all legal control is soundly based on the recognition of accurate pathological observations and trustworthy clinical experience. Inebriety certainly offers one of the most important of medico-legal problems, and there is much need for an extension of its scientific study.

Notes on Current Topics.

The "Medical Register" for 1903.

THE gradual increase of bulk in the official *Register* of the General Medical Council corresponds roughly with the growth of the army of qualified medical men of the United Kingdom. Although registration, in the wisdom of the legislature, has been made a voluntary act on the part of medical men, it nevertheless preserves on the whole a fairly steady ratio to the actual number of qualifications. The total number of names on the *Register* has increased from 22,936 in 1880 to 37,232 in 1902. The latter figures show an increased total of 320 over that of the preceding year, and of 877 over that of the year 1901. The total of names removed from the *Register* in 1902 reached the high figure of 1,051. Of that number 700 were removed on evidence of death, a loss that has not been equalled since the year 1885, when there were 711 deaths in the profession. There is no need to point out the value of the *Register* as a trustworthy record, so far as it goes, of the main facts regarding the qualifications of medical men in the British Empire. Some day it is to be hoped that the value of this official record will be enhanced by registration being rendered compulsory, and by the addition of more stringent safeguards on the part of the General Medical Council to establish the identity of persons whose names appear in the list. The modest price of the *Register*, six shillings brings it within the reach of everyone. It is surprising how, with such a means of reference at

hand, many of the advertisements that are the bane of the consulting-room are sent to former addresses. The present volume, as usual, is admirably printed.

Damages against a Kent Sanitary Authority.

A MOST important verdict, from the public health point of view, has just been delivered against the Gillingham (Kent) Urban District Council. The plaintiffs were a market gardener and his wife, who claimed damages for the loss of their child through negligence of the defendants. On the outbreak of small-pox in the district the Council housed a small-pox patient in a stable adjoining the plaintiff's premises. Evidence showed there was absolutely no drainage, the water-supply was obtained from a water-butt, and, in short, there were none of the appliances that should be found in a place used for the reception of infectious patients. Soon afterwards the plaintiffs' little girl took the disease and died. The plaintiff and his wife were then attacked severely, but in the long run recovered. The father and mother of one plaintiff and the mother of the second were then attacked and died. Later, two more patients were housed by the Council on the same site, in a sort of broken-down caravan. The jury found a verdict in favour of plaintiffs, with damages at £250. When the total expenses of the trial have been met the Gillingham Council will find their belated policy has cost them dear. It seems well-nigh incredible that any sanitary authority in any part of the United Kingdom should attempt to house infectious patients in a stable. Temporary wooden or iron buildings can be erected anywhere in the course of a few days to meet an emergency. The tragic death of these four victims and the presentation of a huge bill of costs may convince the good folk of Gillingham that it would be well to provide themselves forthwith with ample infectious hospital accommodation.

The Proposed Removal of St. George's Hospital.

THE contemplated resolution of the Governors of a great London hospital to decentralise their site by removing from a fashionable and costly central *venue* to a comparatively poor suburb, is arousing much comment. Last week a certain number of the members of the honorary medical staff addressed to the Governors of St. George's Hospital a letter in which their approval of the scheme was guarded by some most important conditions. Eighteen of the staff state that they are not in favour of removal unless enough money can be obtained for a perfect modern hospital of not less than 360 beds, with medical school and nursing home, also endowments sufficient to maintain increased expenses. Failing these conditions, they are in favour of making every endeavour to raise sufficient money either (1) to rebuild St. George's on its present site and such land as may be obtainable in the immediate neighbourhood, or (2) to purchase such adjoining

land as may be available to bring the present buildings into line with modern requirements. It will be seen that the conditions thus advanced are not of a purely medical nature. At the same time, coming from a large section of the honorary medical staff the opinion thus expressed demands most careful consideration at the hands of the executive.

The Kesteven Asylum Dispute.

THE Lincoln Board of Guardians have justly had cause to kick against the pricks if the complaint of the treatment meted out to a committee visiting this asylum consists of "truth, the whole truth, and nothing but the truth." The committee make out that they were received with the greatest discourtesy, that they found the patients, in spite of a heavy snow-storm, at work in the fields, that the officials had forgotten all about their appointment, and that the Medical Superintendent, when eventually interviewed, refused to accompany them round the wards. The complaint was considered by the Asylum Visiting Committee, who concluded that it was very one-sided, and in some respects actually untrue, and that if the superintendent was curt it was only what might have been expected after the offensive manner and opening remarks of the assertive gentleman who constituted himself spokesman. The other allegations are likewise discountenanced, and we are inclined to accept their conclusions as revealing the true state of affairs. We feel sure they would not encourage discourtesy in any of their officials, and that if the complaint had any foundation it would meet with its reward. Members of parish councils and boards of guardians are often too assertive when asylum visiting, and take too much for granted. The Guardians' Committee have to put their observations in black and white, and the matter will probably then be placed before the Commissioners. We regret this unpleasantness has arisen, and hope it will be amicably settled.

The Title "Doctor."

SEASON after season and year after year the question as to the proper application of the term "doctor" crops up. The meaning of the word in its technical sense gives no trouble. But the public will not draw fine distinctions, and as a result of carelessness the word has become a synonym for medical practitioner. A lay correspondent is anxious to know what the authorities say and we quote for his benefit some of the definitions bearing on this name of general medical practitioner. "Johnson's Unabridged Dictionary": (3) "A physician: one who undertakes the cure of diseases." "The Encyclopædic Dictionary," edited by Dr. Hunter: II. (1) "A physician: one who is duly licensed and qualified to practise medicine; one whose profession is the treatment and cure of disease." "The Century Dictionary," edited by Dr. Whitney: (3) "A person duly licensed to practise medicine; a physician: one whose occupation is to cure disease." "The Imperial Dictionary" does not differ from the above. "A New English Dictionary

on Historical Principles," edited by James A. Holloway: (6) "A doctor of medicine; in popular current use, applied to any medical practitioner. And in Webster's last edition: (4) "A physician: one whose occupation is to cure diseases." Gould's large illustrated "Medical Dictionary": "A physician, licensed to practise medicine." We dare not hope that the foregoing collection will lay this vexed question at rest.

Retirement of Dr. Alfred Hill, the Medical Officer of Birmingham.

THE retirement of Dr. Alfred Hill from the position of Medical Officer of Health to the City of Birmingham removes a familiar landmark from the domain of public health. Dr. Hill, the doyen of medical officers, is now in his 77th year, and has long been recognised as an authority on health matters. He was appointed Public Analyst in 1861, and held that post for forty-two years. In that capacity he did excellent work in food adulteration. Later he was appointed to the Chair of Chemistry and Toxicology at the Birmingham Medical School. When the Public Health Act of 1872 came into force the post of Medical Officer of Health was conferred upon him. Since then he has played an important part in the reduction of the death rate, and in the many important sanitary measures, such as sewage disposal, housing of the working classes, and the prevention of infectious diseases, that have been undertaken by the Corporation of Birmingham. Among other stirring events he was officially concerned in analysing the chemicals found at a surreptitious dynamite factory in the Fenian scare of 1883. Dr. Hill has lived a busy, strenuous and successful life, and retires from the scene of his labours, we are pleased to say, with a full measure of health and vitality. His scientific career has indeed proved of inestimable value not only to his fellow citizens but also to the greater world outside his native town.

A Bogus Breach of Promise Case against a Medical Man.

WE sincerely congratulate Professor Byers, of the Queen's College, Belfast, on the issue of the extremely unpleasant predicament in which he lately found himself. Medical men are particularly open to blackmailing actions, arising either from deliberate malice or feminine hysteria, and Professor Byers has been one of the latest victims. A professional nurse brought an action against him for the recovery of £2,000 damages for breach of promise of marriage, and after several months of vexatious waiting for trial, when at last the case came into Court, the plaintiff did not appear. Professor Byers' defence all through was a simple denial of the words and actions imputed to him, and was accepted by all who know him. The non-appearance of the plaintiff prevented him from entering the box and giving a denial on oath, but the remarks made on his behalf by the Solicitor-General, who appeared for him, will, we are sure, be taken by the public in the same manner as if they had been so made by Professor Byers. A

particularly malicious report was put into circulation to the effect that the absence of the plaintiff was due to the fact that there had been a compromise, but this was categorically contradicted by the Solicitor-General. Professor Byers is well known and highly respected throughout the medical world, not alone in the United Kingdom, but also abroad, as a distinguished authority in obstetrics and gynaecology, and many will join with us in congratulating him on his complete vindication.

Anti-Tuberculosis Alarmists.

EVEN the man in the street is beginning to believe in the existence of the tubercle bacillus, but it is hard to precipitate such belief into action which shall direct practice and protect prophylactic measures. There is the greatest need to agitate and to educate in order that hygienic righteousness may prevail. We, however, strongly deprecate any exaggerated or sensational presentation of the case, believing that alarm and panic must necessarily inhibit effectual measures for relief. It is, therefore, with some degree of anxiety that we notice an article in the current number of our distinguished contemporary, *The Academy and Literature*, which, under the heading of "Science," gives publicity to the statement that "our own death-rate has declined at less than half the German rate." And it is intimated that the tubercle bacillus is found "in one specimen in five of sputum gathered at random from the streets of London." We are also told that the dust of London consists of "the daily contribution of five thousand tons from the horse" and "of tuberculous sputum." The lamentable loss from tuberculosis of lives of inestimable value to the world is alluded to. "We have lost a possible sixth ode from Keats, the last movement of Schubert's noble symphony, the mature work of Chopin and Mendelssohn, and Mozart and Stevenson, and the rare genius of Emily Brontë," and many other examples might have been added. The loss is very real, the danger is very near, measures rich in prophylactic efficacy are available, and yet untold suffering and incalculable loss continue; but we cannot help thinking that such dogmatic statements as we have referred to, given without any reference to the sources from which they were obtained or the evidence on which they are based, is not likely to afford any real support to the anti-tuberculous campaign.

The Lip Reflex of New-Born Children.

THE act of sucking is undoubtedly the most fully developed of the voluntary co-ordinated acts of early life. It is also well known that the mother's nipple presents evidence of a well-marked reflex; when mechanically stimulated its muscular fibres contract, rendering it harder, longer, and thinner, and so more easily grasped and readily retained by the infant's mouth. It is therefore with no surprise that we learn from Dr. John Thomson that sleeping babies manifest a normal reflex movement of the lips on tapping near the angle of the mouth. The reflex is best elicited by a series of gentle taps

—a small-sized vulcanite ear-speculum, with its extremity padded and attached to the finger-tip by an elastic band, affords a very convenient agent—on the upper or under lip near the angle of the mouth. In a well-marked case there is a slight momentary jerk, generally towards the side tapped, but sometimes towards the other side. The lips close and become deliberately pursed together, so as to pout a little, and as the tapping is continued, the protrusion of the lips becomes more and more conspicuous. This lip-reflex seems to occur in nearly all healthy new-born babies when soundly asleep, but it is rare in waking infants. Until the end of the third or fourth month it is fairly common, but after this it grows less distinct. It certainly seems to merit the right to be considered a true reflex; the greater part of the characteristic movement is deliberate, co-ordinated, and quasi-purposeful; repetition of the tapping has a distinctly cumulative effect, the protrusion of the mouth never reaching its maximum until the lip has been stimulated over and over again; both sides of the mouth move in response to tapping on one side, although often not to an equal extent; and both lips act when one is touched at any point; and however markedly the lips move in response to tapping when the child is asleep, they nearly always cease to do so at once on awakening. The lip-reflex must not be confused with "Chvostek's symptom," which is not a true reflex, but a result merely of mechanical stimulation of the facial nerve at the point of impact. Neither must it be mistaken for the "lip-phenomenon" of Thiemich, where a tap on the upper lip is followed by a sudden contraction of the orbicularis oris which produces a momentary protrusion of the mouth. Students of pediatrics will do well to study this lip-reflex of infancy, and we shall hope soon to learn how and when it is modified, increased or lost by pathological conditions.

The Small-Pox Epidemic in Dublin.

WE are glad to learn that the Irish Local Government Board has written to the North Dublin Rural District Council to draw their attention to the necessity for immediately providing a hospital in which small-pox patients can be isolated. Up to the present, patients from the rural districts have been sent to the Hardwick Hospital or to Cork Street Hospital, but, as the Board rightly points out, owing to the extremely infectious nature of small-pox such an arrangement is most inadvisable. The Board consider that no arrangement can be considered satisfactory which does not provide for hospital accommodation in a place far removed from inhabited dwellings, and exclusively reserved for small-pox. The Board suggests, and we fancy everyone will agree with them, that the most suitable way out of the difficulty is to make terms with the Corporation for the joint use of the temporary hospital at the Pigeon House. This also appears to us to be the best course to adopt. We referred to the objections that have been raised by the Sanitary Association to the Corporation Hospital in a recent issue—objections with which we

were unable to concur. We would now urge on the rural district authorities the necessity for immediately conforming with the directions of the Board. The Council have written to the latter to say that arrangements are being made to provide hospital accommodation for any cases that might occur. This is a rather vague answer, but we hope the arrangements referred to will lead to some definite result in the immediate future.

Adulteration of Drugs.

THE medical journals in recent years have lost few opportunities of insisting on the necessity of medical men satisfying themselves of the purity of the drugs used in the dispensing of their prescriptions. And the drug trade has not been behind-hand in drawing attention to the statement that "none is genuine" without this, that, or the other name attached. We confess we have sometimes thought that the dangers of adulteration and substitution were somewhat exaggerated, but if we can draw any conclusion as regards this country from the state of affairs in New York, there may be reason to revise our opinion. The Board of Health for New York, with the energy for which they are noted, determined to make an investigation into the alleged adulterations of drugs within their jurisdiction, and as a convenient sample they chose what is sold as phenacetin. The result of the examination is somewhat startling. Out of 373 phenacetin powders purchased at various drug stores in Manhattan and Brooklyn, only 58 were pure. The remaining 315 were adulterated, the principal adulterant used being acetanilid. As the latter only costs two and a-half cents per ounce, and phenacetin about one dollar, the druggist, retail or middleman, has a very advantageous profit. It would be well if some English health authorities would undertake a similar investigation in this country.

How to Prevent Preventible Deaths.

A CENTURY ago a death-rate of 17.0 per 1,000 of population would have been looked upon as an unattainable ideal. Yet that is the now not unfamiliar figure of the last weekly return of the Registrar-General for London and seventy-five other great towns. That means, roughly speaking, a reduction of about half of the mortality rate of our grandfathers. It means, moreover, an enormous saving to the community, not only of actual lives, but also of freedom from disabling diseases. The question naturally arises in what way this incalculable saving of health and of life has been brought about. Apart from the bettering of environment in such matters as housing, water supply, drainage, improved conditions of labour and so on, the great gain has been due to the lessening of certain infectious diseases. Cholera and the plague are gone, as we confidently hope and expect, never to return; small-pox is scotched and nearly gone; typhus is practically dead, and typhoid fever fast disappearing; after much raging the evil genius of scarlet fever shows signs of confusion that most likely indicate an early rout. The deaths from the last-mentioned

disease in London have been 6, 7, 7, 7, for the last four weeks, as against 57, 68, 63, 62, from measles. Our two most deadly complaints at present are measles and whooping-cough, both highly infectious and altogether preventible maladies. Diphtheria and infantile diarrhoea are two other very fatal diseases. What is the moral of it all? Why, clearly, that we must prevent the preventible and not rest content until we have weeded these deadly germ-diseases from our midst. The Metropolitan sanitary authorities have only recently commenced to attack measles in earnest. If measles cannot be eradicated without isolation in hospital, then in the name of humanity let the Asylums Board provide the necessary accommodation. To the honour of Londoners be it said that no money has ever been stinted in that direction. Both measles and whooping-cough can be abolished by strenuous notification, isolation, and disinfection. Diphtheria is another disease that can be banished absolutely and definitely by a stringent medical supervision of public schools in addition to the ordinary control of notified cases. Let the public see to it that preventible diseases are prevented, for they, after all is said and done, constitute the final court of appeal.

A Mosquito Destroyer.

It is reported from Berlin that Dr. Dempwolff, the chief of the Sanitary Commission in German New Guinea, has discovered a water-fly that feeds on the mosquito anopheles. It is proposed to artificially cultivate these mosquito destroyers and place colonies of them on all water-pools where the culicidæ abound. There is an impression that the sanguinary culicidæ are confined to the tropics and semi-tropical zones, but as a matter of fact they abound in the Arctic regions, where Nansen found them in such numbers that they completely covered the exposed parts of the body. We hope the Dempwolff gnat may be found as universally distributed and equally active.

Long Life for Women.

THE expectation of life among women has greatly increased during the past generation, so that the average female life is better than that of the average male. This result springs from manifold causes, some of which lie on the surface while others are very much in the depths. Speaking generally, woman has, of course, benefited along with the improvement all along the line of environment. Some persons are inclined to think that the dress reform movement has materially helped her to longer years. Medical men, who are guided by practice, know well enough that ninety-nine women out of a hundred still dress in the bad old way, and that the latest abomination, the straight-fronted corset, has simply taken womankind by storm throughout the whole civilised world. Nor can much more be said in favour of physical culture as the lever that lifts femininity into the tougher standards of old age. The true factor, speaking bluntly, is the increased safety of women during the child-bearing

periods of life. That advance is due solely and simply to the introduction of antiseptic methods in maternity cases. Apart from special risks of the kind indicated, the average life of woman always was better than that of man. Now that the peculiar sex-risk has been done away with women have considerably the best of the game. Hence in the course of time the sprightly, hale, hundred-year-old females will be likely far to outnumber the centenarian male.

The Plague in Sydney.

AN interesting account of the epidemic of plague in Sydney in the years 1900 and 1902 has been published by Dr. Lyston. There were in all 303 cases, 293 of which occurred among the white and 10 among the Chinese population. The total mortality was a trifle less than 34 per cent., but the rate among the Chinese was 80 per cent. The proportion of attacks and the mortality rate were much about the same in the 141 cases comprised in the 1902 outbreak. The prevalent type of attack was the bubonic, and a few cases only of the septicæmic form were noted. Neither of these forms were found to be contagious, whatever be the case with regard to the primary pneumonia type. The conclusion of the Health Board as to the Haffkine prophylactic serum, which was used on "contacts" at hospital, is that its value is doubtful, and that apart from intrinsic merit its administration is attended with well-nigh insuperable obstacles. Actual patients were treated with Versin-Roux serum, which the Board also think little of as a specific, although it is useful as a temporary cardiac stimulant. The verdict is emphatic as to the usual route of infection. With the probable exception of the primarily pneumonic type, plague is never conveyed from the sick to the healthy save by the skin, either by such agents as fleas, or through cutaneous wounds or abrasions. The period of acute infection of a patient is limited to the time when bacilli are in the circulation of the skin, as in the septicæmic form, or within twenty-four hours of death in the bubonic form. The first case in Sydney on each occasion was preceded by an epidemic among the rats. The whole report forms a valuable experience gained from these carefully observed outbreaks.

Low-Flash-Point Oil.

THE large number of lamp fatalities arising from the use of low-flash oil render it particularly advisable that the public should be fully educated upon the matter. There is probably no readier means by which such knowledge can be disseminated among the community than in the evidence tendered in the coroner's court. As a rule the officials in charge of those investigations are ready enough to warn the outside world of the tragic dangers that are so constantly brought home to the jury. It is discouraging, therefore, to find a provincial coroner deliberately excluding evidence of the nature of the oil used in a lamp. His ground for that action was that there had

not been an explosion. His action is the more to be regretted, inasmuch as there is no official representation made in the provinces of the special danger of low-flash oil. In the Metropolis a specially appointed officer of the Public Control Department of the London County Council attends every inquest which concerns a lamp accident, and supplies statistics and skilled evidence of a most pointed and apposite order. The direct relation of lamp explosions to the flash-point was emphatically testified to by Professor William Ramsay in his evidence before the Select Committee on Petroleum. "I can only repeat," he said, "Mr. Macnab's remarks that on spilling lamps containing oil of 73 degrees flash-point, the oil invariably caught fire. On spilling lamps containing oil of a higher flash-point the oil did not catch fire." Why the Legislature has not long ago taken steps to exclude this terribly dangerous oil from the United Kingdom is more than a mystery. The result of their indifference is writ large in the death toll exacted year by year under the heading of lamp accidents. In this way our fellow-countrymen pay an indirect penalty of many lives as well as a large contribution to the pockets of American oil trusts.

Anti-Ferments.

ONE of the set riddles of physiology has always been the question, "Why does not the stomach digest itself?" Another puzzle has been the fact that intestinal parasites seemed to have a certain unexplained immunity to the action of the digestive juices. It would seem, however, that we are at last coming to an explanation of these and other similar phenomena by a wider knowledge of the production of the class of substances known as "anti-bodies." One of these is the "anti-ferment," which has the power of inhibiting the action of the particular ferment to which it is specific. The investigation of parasitic worms by Weinland has demonstrated the presence in their bodies of specific substances which have a neutralising effect on pepsin, and is hence called "antipepsin." This substance can be precipitated from the expressed juice of the worm, and on impregnating fibres therewith, the latter withstand the action of proteolytic ferment for a considerable time. On examination of the cells of the mucous coat of the intestine of the higher animals, an identical ferment, as far as its action is concerned, was separated.

A Strange Dinner-Party.

QUITE recently a new York surgeon is reported to have given a dinner-party to patients upon whom he had successfully operated on for appendicitis. The principal table decoration was a miniature model of the operating-room, with the operator, his assistants, and nurses, all the instruments, bistouries, and so forth. Commenting on this strange feast, a Continental contemporary is surprised that the Yankee surgeon did not place the excised appendix in the flower vase by the side of its former owner.

Small-Pox in the Provinces.

THERE seems to be a steady spread of small-pox in various parts of the United Kingdom. Fresh cases of the disease have been reported from Manchester, Radcliffe, Market Drayton, Ashton, Bury, Darwin, Hucknall Torkard, Middlesbrough, Mansfield, Wrexham, Ripley, Hartlepool and other places. Last week there were nine patients under treatment at South Shields, and at Durham four patients. The medical officer for Liverpool more than a week ago reported thirty-four fresh cases of small-pox with eight deaths. Several cases have been reported at Sheffield. Five or six cases have occurred at Newcastle. Burnley has had no less than 120 cases during the present outbreak. Leeds is threatened with a heavy epidemic, as well as Manchester and Birmingham. The last available return of the Registrar General for London and the seventy-five great towns of England and Wales show six deaths from small-pox in Liverpool, three in Birmingham, and one each in Aston Manor, Wallasey, and Hull, but not one in any other of the seventy-six towns. London had two cases of the disease, as against one, two and two in the preceding weeks.

PERSONAL.

PROFESSOR CONRAD WILHELM RONTGEN, the discoverer of the famous X-rays, last week attained his fifty-ninth birthday.

VISCOUNT KNUTSFORD has consented to preside at the forthcoming Festival dinner of the Mount Vernon Hospital for Consumption.

THE Chief Inspector of Factories has appointed Dr. Nathan Hannah to be certifying surgeon under the Factory Act for the Ashton-in-Makerfield district.

MISS ANNIE CHAMBERLAIN, niece of the Colonial Secretary, is at present studying at the Vienna Medical School. She is twenty-four years of age, and is an M.D.Lond.

DR. E. WOLFENDEN COLLINS (Sydenham) has been appointed to represent the Royal College of Surgeons in Ireland at the coming International Medical Congress at Madrid.

MR. THEODORE THOMPSON, M.A. of Christ's College, Cambridge, and B.A. and B.Sc. of the University of London, has won the London Hospital Medical Scholarship, and was bracketed equal first in the Duckworth-Nelson Prize (which is divided).

THE late Dr. John McIntyre, of Odiham, Hants, whose estate has been valued at £150,173 14s. 10d. gross, left £1,000 for a cottage hospital at Odiham, £1,000 to the Royal Medical Benevolent College for the Pensioners' Fund, and £500 to the British and Foreign Bible Society.

WE learn that the position of principal medical officer of the Army in Scotland is about to be vacated by Colonel James Park, R.A.M.C., a Licentiate and a Fellow of the Royal College of Surgeons, Ireland, who has had thirty-six years' Army service, and has held his present post for nearly seven years. He will probably be succeeded by Colonel Francis Wollaston Trevor, M.B., who recently joined the staff of the Scottish district.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

PAROCHIAL MEDICAL OFFICERS IN THE HIGHLANDS AND ISLANDS OF SCOTLAND.—The unsatisfactory condition of the parochial medical service in the Highland crofting counties is emphasised by an official return of the Scottish Office, Edinburgh, now before us, showing the number of medical officers dismissed by Parish Councils during the septennial period 1895-1901. Inverness comes first with five dismissals to its discredit, and Orkney and Shetland are second with four, Sutherland takes third place with three, Ross-shire has two, and Argyll and Caithness one each. Of the whole sixteen cases a reason for dismissal was assigned in only six; in Argyll, Caithness, Ross, and Sutherland the parochial authorities apparently hold it an infringement of their dignity to give any reason for dispensing with the services of their parish doctor. It would be well that the return should be carefully scanned by those whose attention is drawn to the speciously-worded advertisements (in which a salary of £100 or £120 is offered in a district where private practice is said to be abundant) which appear with clock-like regularity in the columns of Scotch papers. It should be clearly understood that in many such cases the house rent may be heavy, a horse and trap may be required, medicines and medical appliances may have to be supplied by the doctor, and the opportunities for private practice may exist largely in the imagination of the advertiser. When, in addition, the fortunate candidate finds that if he takes any holiday he has to pay the expenses of his locum tenens, his disillusionment as to the financial results of practice in these northern climes will be complete. In the notice appended to the return, by Mr. Colin Scott Moncrieff, to which we are now referring, intending applicants are advised to communicate with the outgoing medical officer for information as to the points we have referred to, and as to the character and general attitude of the parish council to the medical officer—a course which will obviously commend itself to every sensible person. It is also pointed out that certain reforms, only to be secured by legislation, are necessary, these including the right of appeal to the Local Government Board against unjust dismissal; the necessity for an adequate salary, free house, holiday, and superannuation. It seems to us that the first of these is the crux of the whole question. Until the medical officer holds his office on the same tenure as the Inspector of Poor and all other parish officials—i.e., without being liable to dismissal except with the sanction of the Local Government Board, no self-respecting man ought to accept one of these appointments. Increase of salary and its equivalents, in the way of house, holiday allowances, etc., can only be regulated by supply and demand, and so long as men are willing to accept the miserable sums offered the parish councils cannot be expected to offer more. So much has now been said in the medical Press as to the real meaning of the duties of such posts that nobody need take one except with his eyes open, and if medical aid became increasingly difficult to obtain in these counties there is no reason but to suppose that the ordinary economic laws would operate, and the purse-strings of the Celts and Scandinavians be opened. It seems to us that with so good a cause it is unwise to refer contemptuously to the composition of the parish councils of lay preachers, small shopkeepers, crofters, fishermen, etc. It is perfectly obvious that in the devolution of local self-government the smaller areas must necessarily be managed by the very classes mentioned; and no one who knows how well, generally speaking, local affairs are managed by these very shopkeepers and fishermen can dispute that they are the right people to do it. There is no reason to suppose that the medical officers

would meet with better treatment at the hands of another class. The whole question resolves itself into a demand for the same tenure of office as the other officials, and the resolution on the part of young medical men not to accept inadequate salaries.

Correspondence.

THE FORTHCOMING CONGRESS AT MADRID.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When I compare notes on past International Medical Congresses with the one about to be held in Madrid, it appears to me that the latter is not attracting the attention its meeting-place deserves. I am a member of several societies, and neither at these nor at any of the many public dinners and receptions recently given, have I yet run across anyone who is going to the Congress. Now Spain is a much more delightful country for scenery than Germany, according to my experience, the Spaniards are notably hospitable, and Madrid is of itself one of the most interesting cities with which I am acquainted. Then there is the attraction to good sailors of the delightful sea trip at reduced fares to and from Lisbon, referred to by your correspondent last week. Yet there is no gainsaying the fact that there is an unaccountable lack of interest, not previously wanting in similar congresses, and many to whom I have spoken had not even heard of the meeting. This is to me, altogether inexplicable, and I can only construe it to mean that the profession has got tired of congresses, and takes but a languid interest in those to which they cannot go without trouble and expense. If this feeling becomes general, it will be a bad outlook for scientific medicine, and will, to a great extent, justify the public in its present estimate of the profession as a body.

I am, Sir, yours truly,
ONE WAITING FOR COMPANIONS.

Obituary.

DR. MACLAGAN.

WE regret to announce the death of Dr. Thomas John MacLagan, of Cadogan Place, London. Dr. MacLagan, who was sixty-five years of age, died from carcinoma of the stomach, which declared itself first in December last. An exploratory laparotomy revealed an area of disease so extensive as to preclude the idea of further operation. Dr. MacLagan was the son of a medical man who, after a successful career in Jamaica, retired to Scone, in Perthshire. He took the M.D. degree of Edinburgh University in 1860, and then studied for some years in Paris, Vienna, and Munich. He was a successful practitioner in Dundee in the seventies, having previously been Resident Medical Officer at the Dundee Royal Infirmary, where he began his work during a bad epidemic of typhus fever. He was an ardent student of the germ theory of disease, and applied its principles to the study of acute rheumatism. In 1875 and 1876 he devoted much time to finding a shorter method of treatment than that then in vogue, taking as the empirical basis of his search for a remedy that where a disease exists in Nature there Nature has also planted a remedy. He tried several marsh plants, especially queen of the meadow, or meadow sweet, before he lighted on salicin, and it was solely due to his efforts that the salicin, and through it the salicylate treatment, was introduced. His paper on the subject was communicated to the *Lancet* in 1876. The Earl of Southesk was one of the first sufferers from acute rheumatism who was cured with salicin, and the Countess got Dr. MacLagan to come to London. He accordingly sold his practice in Nethergate, Dundee, to the late Dr. Macleod, and settled in Cadogan Place. Among his many distinguished patients may be mentioned the late Thomas Carlyle, the Duchess of Albany, and H.R.H. the Prince and Princess Christian of Schleswig-Holstein, to whom he was physician-in-ordinary. He leaves a widow and a family of three sons and one daughter. His loss will be

felt by a wide circle of friends to whom he was endeared by his sincerity and kindness of disposition. His chief publications were "The Germ Theory of Disease," in 1876; "The Treatment of Acute Rheumatism by Salicin," 1876; "Rheumatism: its Nature, Pathology, and Successful Treatment," 1881; and "Fever, a Clinical Study," in 1888. He became a member of the London College of Physicians in 1882. His name will certainly go down to posterity.

THE news of the death of an illustrious Italian surgeon has reached us in the person of Enrico Bottini, who died of apoplexy on the 11th ult. at San Remo, in his sixty-sixth year. He was born in 1837 at Stradella, in Piedmont, and graduated with honours in medicine at the University of Turin in 1860. For the past twenty-five years he had held the chair of surgery in the University of Pavia. In 1866 he published a famous monograph on the use of carbolic acid in surgical operations, and supported his views with details of 600 cases. His work in the field of galvano-cautery has left a lasting impression upon modern surgery, especially in the treatment of angioma. As a brilliant operator he attracted a number of interested spectators to his operating theatre at Pavia.

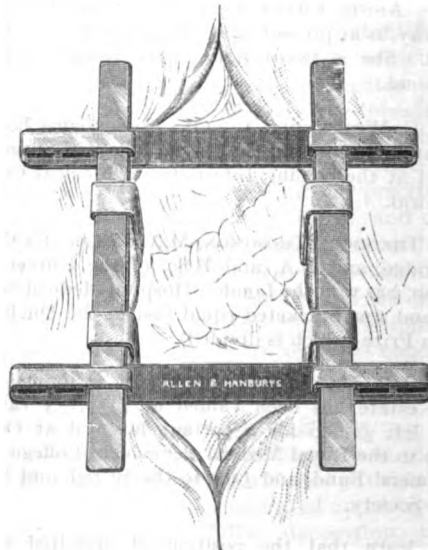
WE regret to announce the death of Mr. John Paddon, M.B. London, J.P. for Glamorgan. Born in Truro, 1816, he graduated in London in 1840, and died at the age of eighty-seven. His death removes a prominent figure from Swansea, although he had retired from practice for the past fifteen years.

New Inventions.

SELF-RETAINING RETRACTOR FOR ABDOMINAL CÆLIOTOMY. (a)

BY DR. J. S. MACCORMAC.

THE want of a self-retaining retractor which may be adapted to small or large abdominal incisions has often struck me. To the operator in the "city" with a large staff of assistants at his command this is a matter of little moment, but to the surgeon in the country with perhaps only a single nurse to help him in a cæliotomy, an instrument that will facilitate the due performance of the operation is of service.



The self-retaining retractor which I have designed, and which has been made for me by Messrs. Allen and Hanbury, consists of a metal frame which can be enlarged in either direction to suit the requirements of the operator. On either side are two blades which move along the lateral sides of the frame and which can be adapted to the incision.

(a) Exhibited at the meeting of the British Gynaecological Society, March 12th, 1903.

The instrument shown will be found useful in suspension operations, but it can be made in larger sizes for cases where more room is required. It may be used with one blade on either side or two may be used, and it will be seen that the second blade may be easily introduced during the progress of the operation, in cases where it is necessary to enlarge the incision.

Laboratory Notes.

"NEURILLA."

THIS preparation (by the Dad Chemical Company, New York; London Agents: Roberts & Co., New Bond St.) is a nerve-tonic and general sedative of a purely vegetable nature.

As many preparations intended to produce a sedative effect have been found to owe their activity to opium, chloral, bromides, and other drugs of this nature, we have made a search for them in this preparation and are able to affirm their absence. It is essentially a liquid extract, whose basis is Scutellaria, a well-known drug, which has acquired a high reputation in America, and is free from all objectionable additions.

We have also tested "Neurilla" for preservatives, but with the exception of small quantities of alcohol and glycerine, none were present.

The taste of this preparation is by no means disagreeable, and as we have seen no ill effects after prolonged use, as is too often the case with sedatives prepared from opium, it is likely to become a favourite with the profession when it becomes well-known.

SANATOGEN.

WE have received from Messrs. F. Williams and Co., 83 Upper Thames Street, E.C., samples of a new alimentary product called Sanatogen. It is a combination of soluble casein with the glycerophosphate of sodium, so that it is not only a readily assimilable albuminous food but a tonic medicament with a selective action on the nervous system. It is presented in the form of a fine white powder, readily soluble in warm or aerated water, if care be taken first of all to rub it into a paste with cold water. It is devoid of any distinctive taste or odour, so that it can be given in association with any liquid or semi-liquid food. The therapeutical value of the salts of glycerophosphoric acid in the treatment of debility, anæmia, rickets and similar states, has been firmly established, and the idea of combining the glycerophosphate of soda with soluble casein is ingenious and practicable. Judging from the results of the Sanatogen treatment, which has been extensively employed on the Continent, the combination is one which will find a wide sphere of usefulness. The administration of Sanatogen affords a ready means of introducing organically-combined phosphorus into the organism together with a large proportion of soluble and therefore readily assimilated albumen. It is an ideal food for rickety children and in general for the victims of malnutrition and constitutional debility, being at the same time a food and a tonic of the nervous system.

LAXATINE.

MESSRS. F. WILLIAMS AND CO., have also submitted to us samples of a palatable preparation of castor oil in combination with magnesia, to which the name Laxatine has been applied. Laxatine is a homogeneous white powder containing 50 per cent. of the oil. It is quite tasteless and devoid of odour, so that it may fairly be claimed to have solved the problem of the administration of this useful but repulsive drug. Laxatine appears to be a perfectly stable product, and is admirably adapted for use in all cases—and they are numerous—in which the innocuous laxative effects of castor oil are required. In future no objection is likely to be raised by the most fastidious patient, and its action, so far as we have been able to judge, is free from any drawback.

GONAL.

GONAL is a clear yellow oily fluid, with a faint odour

of sandalwood oil. It is in reality sandalwood oil of good quality, freed from the inert and irritating constituents of the crude oil by a special process. The administration of Gonal is not followed by the lumbar pain and cutaneous eruptions associated with the use of the crude oil, and in this respect it presents a distinct superiority over the official oil. Volume for volume it probably possesses more active anti-blennorrhagic properties than ordinary sandalwood oil, and as its cost is very little higher than the latter, it is likely to take its place in the treatment of inflammatory and catarrhal conditions of the bladder and urethra. Gonal is sold by Messrs. F. Williams Co., 83 Upper Thames Street, E.C.

Waterford County and City Infirmary.

THE half-yearly meeting of the Waterford County and City Infirmary was held on the 25th ultimo. The medical report, which is very satisfactory, tells that 181 surgical cases were admitted from the city and 73 from the county during the half year, and 42 were admitted on payment from the adjoining counties. Eight patients were admitted as urgent cases and 45 as accident cases; 213 patients were discharged as cured, 23 were relieved, and 24 unimproved. There were 6 deaths; 170 operations were performed during the six months. There were 197 medical cases admitted during the half year, of which 154 cases came from the city and 32 from the county and 11 were admitted on payment from the neighbouring counties; 147 cases were discharged as cured, 28 were relieved, 8 were unbenefited, and 11 died.

Royal College of Surgeons in Ireland.

THE Summer Session in the College School opens to-day (Wednesday). The college has issued a guide for medical students, giving full particulars for the conjoint diplomas, medicine, surgery, and midwifery, which can be had gratis on application to the registrar.

Fellowship Examinations.—The following candidates have passed the primary part of the Fellowship Examination—Mr. W. W. Boyce, Mr. R. A. Brown, Mr. R. Bury, Mr. J. S. Dunne, Mr. G. H. Gallagher, and Mr. J. M. Hayes.

Death under Chloroform at West Bromwich.

AN inquest was held last week at West Bromwich respecting the death of an infant, æt. 9 months. Deceased suffered from a tumour of the eyelid. He was taken to the District Hospital, where chloroform was administered, and whilst the surgeon was performing the operation the child suddenly ceased breathing. Artificial respiration was resorted to, but without avail, and deceased expired. It was stated that the chloroform was properly administered and that death was due to failure of the heart's action.

Dublin Hospital Fund.

AT the twenty-ninth annual meeting of the Dublin Hospital Fund held last week it was stated that collections had been made in 280 places of worship. The collections in November amounted to £3,826 12s. 6d., being a decrease of £113 19s. 1d. as compared with 1901. The Committee determined to distribute £3,630 amongst fifteen institutions.

University of Dublin.

AT the recent spring commencements the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:—Baccalauri in Medicinâ, in Chirurgia, et in Arte Obstetriciâ—D. Jacovides, J. M'Cutcheon, T. E. ff. Manning, S. Pringle (B.Ch., stip. cond.), W. P. Ringland, T. L. Sands, T. F. Wilson, J. Wallace. Doctores in Medicinâ—J. H. Douglas, J. R. Garratt, J. N. Laird, F. W. J. A. Lamb, R. G. H. Tate, A. Tuthill, S. H. Woods.

Trinity College, Dublin.

The following Candidates have passed the Examination for Diploma in Public Health. Part I. George Raymond, Thomas G. Moorhead, Kingsmill W. Jones, Albert L. Hoops, Walter C. Oram; John N. Laird, Robert G. H. Tate, Thomas F. Telford—equal.

Notices to Correspondents, Short Letters, &c.

CONTRIBUTORS 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.

GRADUATE.—Sir William Turner still retains his position as President of the General Medical Council.

PER OVAM.—There are no purely medical clubs in London. Several attempts have, in the past, been made to organise clubs for medical men only, but, after a brief existence, these have always come to an unfortunate end. The last club of the kind, we believe, was started some years ago and, at first, there appeared to be a possibility of its ultimately proving successful. Shortly, however, before finally closing its doors, a member drove up in a cab, accompanied by two ladies, and, rushing upstairs to the lavatory, while the ladies waited below, put an end to his life by a pistol-shot.

PNEUMATOR.—No grounds, that we know of, exist for the allegation. **DERMATOLOGIST.**—The Finzen Light treatment is a very costly undertaking. Apart from the installation, we understand that the maintenance expenses at the London Hospital involve an annual outlay of £1,200.

POST-GRADUATE.—We cannot see that any useful purpose would be attained by instituting an examination test after a course of post-graduate study.

P. F. O.—The melting point of paraffin for the plastic operation should be 115° F.

G. F. W. (Brighton).—Quite impossible to give the advice you ask in these columns.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, APRIL 1ST.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. H. Williamson, Dr. Lea, Dr. Fairbairn, Dr. Groves, and Dr. W. C. Swayne. Short Communication:—Dr. V. Bonney: A Case of Primary Infection of the Puerperal Uterus and Vagina by the Pneumococcus. Papers: Lieut.-Col. A. J. Sturmer: Four Cases of Ruptured Extra-uterine Gestation occurring in Two Women, Removal by Abdominal Section, Recovery. Mr. W. Sampson Handley: A Case of Hydrosalpinx of an Accessory Fallopian Tube due to Twisting of the Pedicle.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Cantlie: Clinique. (Surgical.) 5.15 p.m. Mr. H. Pinch: Diphtheria and its Antitoxin Treatment.

THURSDAY, APRIL 2ND.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Paper:—Dr. L. Guthrie: On Some Ancient Remedies. Mr. R. Johnson: Some Mistakes in the Diagnosis of Malignant Disease.

ROENTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Paper:—Mr. J. H. Gardiner: Some Effects Produced by Radiations.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital, N.).—4 p.m. Clinical Cases.

NEUROLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Paper: Dr. E. F. Buzzard: The Pathology and Bacteriology of Landry's Paralysis (illustrated by specimens).

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. T. R. Glynn: On Infective Endocarditis, Mainly in its Clinical Aspects. (Lumleian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Mr. H. Pinch: Diphtheria and its Antitoxin Treatment.

FRIDAY, APRIL 3RD.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Discussions on the Principles of Dietetics (opened by Dr. R. Hutchinson). The President, Dr. M. Dockrell, Dr. F. S. Toogood, Dr. R. E. Scholefield, Dr. H. Woods, Dr. L. Williams, Mr. C. Williams, and Mr. C. Ryall have promised to take part in the discussion.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases will be shown by Mr. L. A. Laurence, Dr. W. H. Kelson, Dr. Donelan, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. S. Stephenson: Clinique. (Eye.) 5.15 p.m. Mr. S. Paget: The Use of Paraffin in Plastic Surgery.

ROYAL INSTITUTION OF GREAT BRITAIN (Albemarle Street, W.).—0 p.m. Right Hon. Lord Rayleigh: Drops and Surface Tension.

Appointments.

Briscoe, William Thomas, M.D., M.Ch.Dub., Medical Officer for the Pewsham District by the Chippenham Board of Guardians.
Burgess, Mildred M., M.B.Lond., Assistant House Surgeon to the Victoria Hospital for Sick Children, Hull.
Burnet, James, M.A., M.B.Edin., M.R.C.P.Edin., Clinical Tutor to the Extra-mural Medical Wards Royal Infirmary, Edinburgh.
Chadwick, C. M., M.D., F.R.C.P. Honorary Consulting Physician to the Leeds Public Dispensary.

Fairbairn, John Shields, M.A.Oxon., F.R.C.S., M.R.C.P.Lond., Physician to Out-patients at the British Lying-in Hospital, Endell Street, London.
Firth, John Lacy, M.D.Lond., F.R.C.S., Physician to the Throat and Nose Department, Bristol General Hospital.
Pitton, Herbert, L.R.C.P.Edin., M.R.C.S., Honorary Surgeon to the Dewsbury and District Infirmary.
Hannah, Nathan, L.R.C.P.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Ashton-in-Makerfield District of the County of Lancaster.
Jones, Francis Frederick, M.R.C.S., L.S.A., Medical Officer for the Second District by the Bath Board of Guardians.
Martin, Antony Alexander, M.D.Lond., B.S., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H., Medical Officer to the Eastbourne and Seaside District of the Eastbourne Union.
McGrath, M., L.R.C.P., L.R.C.S.Irel., Visiting Medical Officer to the Limerick Workhouse.

Vacancies.

Parish of Glenelg.—Medical Officer. Salary £120 per annum. Applications to D. M'Lure, Inspector of Poor, Glenelg.
Sunderland Infirmary.—House Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary.
Wandsworth and Clapham Union.—Assistant Medical Officer. Salary £130 per annum, with apartments, board, lodging, and washing. Applications to F. W. Piper, Clerk, Union Offices, St. John's Hill, Wandsworth, S.W.
The Middlesex Hospital Medical School.—Demonstrator in Physiology. Salary £80 per annum. Applications to F. Clare Melhado, Secretary.
West Norfolk and Lynn Hospital, King's Lynn.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Weekly Board.
Dundee Royal Lunatic Asylum.—Junior Medical Assistant. Salary £100 per annum, with board and lodgings. Applications to Mr. R. C. Walker, 5, Whitehall Street, Dundee.
York Dispensary.—Resident Medical Officer. Salary £110 per annum, with board, lodging and attendance. Applications to W. Draper, Esq., De Grey House, York.
Ecclesall Bierlow Union.—Resident Medical Officer. Salary £130 per annum, with board, washing, and furnished apartments at the hospital. Applications to Thomas Smith, Clerk to the Guardians, Union Offices, The Edge, Sheffield.
Warneford Asylum, Oxford.—Assistant Medical Officer. Salary £100 per annum, with board, &c. Applications to the Medical Superintendent.
Royal Infirmary, Newcastle-on-Tyne.—Senior House Physician.—Salary £100 per annum, with board, lodging and washing. Applications to Senior House Physician, Royal Infirmary, Newcastle-on-Tyne.
North-Eastern Hospital for Children, Hackney Road, Bethnal Green, N.E.—Casualty Officer.—Salary £100 per annum, with lunch in the hospital. Applications to T. Glenton-Kerr, Secretary.
North-Eastern Hospital for Children, Hackney Road, Bethnal Green, N.E.—Resident Medical Officer. Salary £120 per annum, with board, residence, and washing allowance. Applications to T. Glenton-Kerr, Secretary.

Births

OWEN.—On March 26th, at The Limes, Kingston-on-Thames, the wife of John Griffith Owen, M.R.C.S., of a son.

Marriages.

HOWARD—FASKALLY.—On March 24th, at St. Peter's, Cranley Gardens, London, S.W., Walter Liddon Howard, eldest son of Walter Howard, of Leaveaden, Weybridge, Surrey, to Nina, only daughter of George Bleack Faskally, F.R.C.S., of 26, Lexham Gardens, Kensington, W.
KIDD—JOHNSON.—On March 28th, at Holy Trinity, Islington, Harold Andrew Kidd, Medical Superintendent of the West Sussex County Asylum, Chichester, to Mildred Isabel Carlile, youngest daughter of Captain Johnson, Governor of H.M. Prison, Pentonville.
KERRHAW—BARTKLS.—On March 24th, at Christ Church, Lancaster Gate, London, W., William Henry Kershaw, L.S.A.Lond., of 6, Southgate Road, N., to Frances Laura, eldest daughter of Dr. Bartkls, of West Kensington.
MURPHY—REDFERN.—On March 25th, at St. George's Church, Belfast, Charles William Murphy, B.L., youngest son of the late Edmund Murphy, to Lucy, daughter of Professor Redferri, M.D.

Deaths.

HUGO.—On March 29th, at New Brompton Kent, Edward Henry Hugo, L.R.C.P., M.R.C.S., L.S.A., in his 59th year.
PRITCHARD.—On March 22nd at Prestwich, Manchester, George Alfred, youngest son of the late Frederick Pritchard, M.R.C.S. and L.S.A., Stratford-upon-Avon, aged 40.
RICE.—On March 27th, at Brighton, in his 71st year, Surgeon-Major-General William Roche Rice, M.D., C.S.I., late of the Indian Medical Service.
SOWERBY.—On March 25th, at his residence, Welshpool, Thos. Sowerby, M.R.C.S., L.S.A.Lond., in the 81st year of his age.
SCHOFFIELD.—On March 21st, after six years of intense suffering, Frances Olivia Ainsworth, daughter of Dr. Schofield, of 141, Westbourne Terrace, and 8, Harley Street, London.
SCHOFFIELD.—On March 27th, at Strathcullm, Hele, in her 85th year, Myra, widow of the late H. D. Schofield, M.D., formerly of Welshpool.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

VOL. CXXVI.

WEDNESDAY, APRIL 8, 1903.

No. 14.

Original Communications.

A CONTRIBUTION TO THE SURGERY OF THE PROSTATE. (a)

BY SIR THOMAS MYLES, F.R.C.S.

Ex-President Royal College of Surgeons, Ireland; Surgeon to the Richmond Hospital.

THE object of the present article is not to waste time by any lengthened historical review of the subject under discussion, but to deal solely with arguments in support of the two following propositions:—

1. That the perineal route in the majority of cases is to be preferred to the abdominal for the complete removal of enlarged prostates.

2. That the palliative treatment of this condition by the establishment of a permanent supra-pubic fistula has not been given a fair trial in this country.

Both of these propositions will, I know, excite a good deal of hostile criticism, but I must trust to the toleration of readers to give my case a fair hearing.

When any method of operation claims to be the best available, it ought to possess, in my opinion, the following characteristics: It should be easier, quicker, safer, and more efficient for its purpose than any rival method. Let us now, taking these points as a basis, analyse and compare the abdominal and perineal routes. At first sight the abdominal route seems obviously easier than the perineal for obtaining access to the prostate, but this greater facility, I believe, is more apparent than real. It is much easier to open into the bladder by the abdominal route than by the perineal, but to open the bladder is one thing, to attack the prostate is another.

Men who have opened the bladder very frequently for the removal of stone by the abdominal route become so quick and skilful at the operation that they are apt to be somewhat prejudiced in favour of this route, even for a totally different defect. They are, I believe, misled by a false analogy. There is really no true analogy between removal of a stone from the bladder and enucleation of a prostatic growth that is not pedunculated. In fact, if one reflects on the two problems, it will be seen that the very objections to the perineal route for lithotomy become arguments in favour of this route for enucleation of the prostate, and that the advantages of the abdominal route for stone become disadvantages when the prostate is our object.

Every surgeon knows that to open a distended bladder over the pubes is an easy and safe operation,

that when it is opened he can in most cases just reach the floor of the bladder with his finger tip, and sweep it around; but unless he has a very long finger, or the patient is very thin and very profoundly anæsthetised, so as to produce complete muscular relaxation, he can do little more than this. To get his finger-tip down to the apex of the prostate requires a considerable effort, and a good deal of compression of the abdominal wall on the one hand, or a good deal of pushing up of the prostate from the rectum on the other. This difficulty of getting complete access to the prostate becomes in stout elderly men very great indeed; in fact, in some exceptional cases it amounts to a physical impossibility. I do not wish to labour the point unduly, but I think most surgeons of experience will agree with me when I say that it is very often a somewhat difficult procedure to reach with the finger-tip and shell out a prostate by the abdominal route.

Let us next take the question of the relative speed of the two operations. A distinguished London surgeon recently said during his visit to Dublin that he would undertake to shell out by the abdominal method any prostate in seven minutes. Such rapidity of execution is not common in Ireland, I think. I confess I have never yet seen the operation, even in the easiest cases, occupy less than twenty minutes, though in this, as in other operations, doubtless, when we have all had more practice, we shall become quicker at it; but I have very little hope that we shall at any time reach the record-breaking speed claimed by the operator referred to.

The third point, that of the relative safety, is the most important of all. Few here will deny that at the best the removal of the prostate by the abdominal method is a grave and dangerous operation, attended by a high mortality. Occasional brilliant successes must not be allowed to blind us to its danger. Perhaps I am inclined to exaggerate those dangers, but speaking frankly, I confess that I regard it as one of the gravest operations any surgeon can undertake. That it should be so is not unreasonable. The patients are elderly men, suffering almost invariably from secondary kidney disease consequent upon obstruction to the ureters, produced by the incomplete emptying of the bladder; their general vitality has been lowered by the frequent disturbance at night with the inevitable loss of sleep; the circulation in the pelvis has been impeded by the prostatic growth and the constant straining, so that they always suffer from more or less varicosity of the pelvic veins, which renders them peculiarly liable to septic absorption. Is it to be wondered at,

(a) A Paper read before the Surgical Section of the Royal Academy in Ireland, March 6th, 1903

therefore, in the face of all these unfavourable factors, that the mortality should be so high ?

I believe that the cause of death in the majority of these cases is sepsis pure and simple. Remember that the bladder in such cases is usually enormously dilated, and incapable of contraction ; that after the prostate has been shelled out a large raw cavity is left, in which pus and decomposing urine must accumulate ; that this cavity cannot be efficiently drained through a supra-pubic opening alone ; that the veins of the prostatic plexus must be torn in the operation ; and it cannot be a matter of wonder that sepsis should occur under such circumstances.

I am quite prepared for the assertion that death in such cases is due to pneumonia, shock, &c., just as in the early days of laparotomy the condition euphemistically described as "secondary shock" was alleged to be the frequent cause of death after operation ; because such cases frequently exhibited neither a high temperature nor a quick pulse. We know now that acute sepsis was the cause of death in all these cases, and I am convinced that the pneumonia, shock, &c., credited with the responsibility of the fatal issue in prostatic operations is really sepsis, what I might call an inevitable sepsis, when all the circumstances are fairly considered.

Let us turn now for a moment to the consideration of the comparative advantages of the perineal method. To enable me to place the two methods before you so as to admit of comparison, it is necessary for me to give you some details of the perineal operation as I suggest it ought to be performed. First, a free exposure of the prostate is necessary. This can best, I think, be obtained by a Y-shaped incision, a short vertical and two fairly long lateral incisions joining the first at its lower end three-quarters of an inch in front of the anus. When these incisions are deepened, the bulb covered by the accelerator urinæ and the transverse perinei muscles come into view. The latter are now divided and the dissection carried deeply into the anterior portion of the ischio-rectal fossa on each side. This exposes the anterior portions of the levatores ani, becoming aponeurotic towards the front. A director is now introduced between these muscles and the prostate, and the muscle and aponeurosis freely divided. When this is done and the rectum retracted, the prostate is very well exposed, if the patient is in a proper position, that is one compounded of the ordinary lithotomy posture and Trendelenburg's. The prostatic capsule, formed by the pelvic fascia and its own inner capsule, are now divided, either with an angular scissors or on a director, and the gland tissue of the prostate is now open to attack. It will be found if this procedure is carried out that the capsules can be easily stripped off the gland all around with the greatest ease. Bleeding can in the various stages be easily controlled, and the whole operation does not call for any high degree of technical nor for any profound anatomical knowledge. As I have said, the gland can easily be shelled out of its capsule, but clearing it from the urethra is much more difficult. The capsule strips off readily, but owing to the presence of the numerous gland ducts, stripping it off the urethra is more difficult, and requires to be done more carefully. It is at this stage that a staff in the urethra is useful. It is hardly necessary and sometimes even in the way in the earlier stages.

In a certain number of cases, practically the entire gland can be thus removed without opening into the bladder at all, but in the majority it will, I think, be found either that the mucous membrane of the bladder covering the prostate, or the upper part of the urethra, will be torn into, as one or both are often very soft and friable from the continuous maceration in an alkaline fluid. If the urethra has not been opened, a grooved staff is passed into the bladder and the prostatic urethra opened on it. The finger through this opening can now explore the interior of the bladder either for a pedunculated growth or for the calculus that is so often present. Through this opening a stout drainage tube with many apertures is passed into the bladder and secured in position. The wound is now douched out thoroughly, a few sutures are passed close to the middle line, and the space formerly occupied by the prostate is tamponed with gauze brought out on each side.

What are the advantages of this operation ?

First, and above all, it guarantees that the bladder shall be kept empty, and that no accumulation of urine or pus can take place in a pouch with a high capacity for absorption.

Second, that no hæmorrhage shall take place, which, through its source being invisible, is uncontrollable by direct surgical methods.

Third, that every stage of the operation is in sight of the operator.

Against it are the facts that it requires a bigger and more elaborate dissection ; that it may, until one acquires practice at it, take more time in the initial stages, and, lastly, that there is a supposed element of danger in detaching the rectum from the central tendinous point of the perineum. The value of each of these objections has to be decided by every operator for himself, and it is not necessary for me now to argue them *pro* and *con* at greater length.

One word before I conclude this part of my subject. I shall ask you in the subsequent discussion not to confound the perineal operation I have briefly outlined for you with the operation usually spoken of as the perineal operation in which the urethra is opened on a staff through a median or other incision, and the finger introduced through this wound shells out the prostate through a rent in the lateral wall of the urethra. That you will see is a totally different method in principle ; it is merely a modification of the blind operation from above, in which the sense of touch is one's only guide, and its only advantage, a very great one, I admit, is that it provides the first and last essential, an efficient drain for the bladder.

Before leaving this part of my subject, I should like to say how much we are all indebted to the brilliant work of our distinguished fellow-countryman, Mr. P. J. Freyer, for our present knowledge of this subject, and for the great and unquestioned progress the scientific treatment of this condition has made in the last few years. To him alone the entire credit of having placed the operation on a scientific basis is due, and I am sure I express your feelings as well as my own in trusting that he may live for many years to still further advance the science of which he is to-day one of the most brilliant exponents, and to effect in other branches of surgery the improvements in principle and in technique which in lithotomy and prostatectomy have placed him to-day in a position of such well deserved pre-eminence in the surgical world.

Now, having stated the case for my first proposition, let me say a few words about the second. I think that in far too small a proportion of cases is the idea of establishing a permanent suprapubic drain entertained by surgeons, and yet there is much to be said in its favour. Let us take a typical case. An elderly gentleman, retired from active work, possibly living on a pension, with others dependent for their maintenance in comfort on the slender thread of his life. He has been living a catheter life for some years; he is going down hill, and the consulting surgeon is called in to offer advice.

The surgeon usually sets before the patient either a continuance of the treatment by catheter, supplemented by washing out the bladder with antiseptic fluids and medical treatment, on the one hand, or, on the other, a grave operation attended by a high degree of risk to his life, necessitating confinement to bed for three weeks or a month at least; though this operation is often most brilliantly successful, it usually necessitates a modified use of the catheter for some time after. I venture to submit that an intermediate course might more frequently be recommended to him with benefit—that of establishing a permanent suprapubic drainage. The operation for this is easy, simple, and safe. It does not even require a general anæsthetic; it can be done under cocaine. It involves merely a small incision on the middle line, hooking up the big bladder and fixing it with two stitches on each side of the wound. In a few weeks the opening contracts and a short piece of rubber tubing and an appropriate truss guarantees that our elderly patient shall not live in constant terror of complete retention any longer, that he can easily wash out his bladder himself as often as he wishes, that he can walk about without the haunting fear that he may not be able to obtain the necessary privacy to pass the catheter which he always carries with him, and, above all, that in submitting himself to this trivial operation, he does not place in jeopardy the comfort of those who are dependent on his life.

It may be said that a permanent urinary fistula makes life intolerable to the man himself and to those around him. That is not so, and should not be so if a little care and thought is given to the mechanical appliance worn by the patient.

Hitherto too little attention has been given to the development of these mechanical appliances, but I am confident that if any of our professional friends with an aptitude for mechanics gave their minds to the subject they would easily effect such improvements in these appliances as to win the approval even of those who now disapprove so strongly of their use.

Vienna Clinical Lectures.

ON A CASE OF PSEUDO-PERITYPHLITIS.

BY PROFESSOR HERMANN NOTHNAGEL, M.D.,
Physician to the Emperor of Austria.

[SPECIALLY TRANSLATED FOR THIS JOURNAL.]

M. NOTHNAGEL, in speaking of a very interesting case of pseudo-perityphlitis, said: It is known that hysterical individuals sometimes show symptoms of a diffuse and acute peritonitis without anatomical changes occurring in the peritoneum. The entire

syndrome, in such cases, is of a purely functional nature, and sometimes disappears almost as soon as discovered.

Watson, Henoch, Valentiner, and other authors drew the attention of the profession to these pathological conditions, and M. Nothnagel had described them in his work on "Diseases of the Intestines and Peritoneum." The clinical facts are analogous to the observation in question. It occurred in the case of a patient who showed symptoms of perityphlitis, for which laparotomy was performed, while in reality we had to do with purely functional symptoms of a nature similar to pseudo-perityphlitis.

The details of this curious case are as follows: L. L., æt. 20, hairdresser. History: A grandfather mad, a sister epileptic, and a cousin who suffered from cerebral abscess. Nearly all the members of the family were, like the patient, nervous, capricious, and easily irritated. At the age of fifteen he fell from a ladder on to the back of his head. This fall was not followed by any immediate consequences. A few days later, however, he suffered from headache, excessive trembling of the hands, general feebleness with inability to work, and a vertigo so intense that he often fell down, without, however, losing consciousness, suffering spasms, or any involuntary micturition or defæcation. He was cured after six weeks of electric treatment.

Two years ago he was attacked by pains in the right iliac region, the cause undiscoverable. These pains, which bore the character of colic, increased very rapidly and became very intense. The patient was admitted to the clinic, where the following was noted:—Nothing abnormal on inspection of the abdomen; the ileo-cæcal region was very sensitive to palpation. In the region of the vermicular appendix a long and oval tumour of the size of a nut was suspected. In the sacro-lumbar region of the right side hyperæsthesia was remarked; the lower lumbar vertebræ, as well as the os sacrum, were apparently sensitive to the touch. The patient was apyretic; pulse rate, 72. His condition had hardly changed at all for fifteen days; application of cold compresses had no effect; he remained apyretic. The diagnosis of perityphlitis was abandoned and the idea of laparotomy, at first entertained, was given up.

The patient was allowed to leave the hospital. At home he continued in the same condition; pains in the ileo-cæcal region persisted; there was, however, no fever. He returned to hospital, and himself requested that an exploratory operation should be performed. The result was as follows:—The condition quite normal, not even a trace of inflammation or adhesion either in the extra-peritoneal regions or in the intra-peritoneal, such as the cæcum or vermicular appendix. Nevertheless, resection of the vermicular appendix was performed, and for the following reasons: That of resection, "ut aliquid fiat," and, secondly, as a preventive measure against "skolikoiditis," that being the technical term which M. Nothnagel proposed to substitute for the word appendicitis, which is not very classic, and which might supervene. Examination of the vermicular appendix showed it to be in a normal condition. Healing occurred by first intention; the patient was still apyretic; the spontaneous pains, as well as those

caused by excited pressure, disappeared rapidly, and he left the hospital in good health.

During the next two years after the operation the patient felt perfectly well; slight sensations in the right iliac region reminded him, however, from time to time of the pain he formerly suffered.

Fifteen days after the patient was attacked, without any apparent cause, by intense pains in the ileo-cæcal region, which persisted almost continuously and deprived him of sleep. Appetite was good; had had constipation for six years. He was received into Professor Nothnagel's clinic.

The following essential facts were then disclosed:—Extension of the right leg produced pains in the right iliac region. The patient complained of very intense and continuous pain in this region over a surface the size of the palm of the hand and quite near the iliac fossa. Pulse, respiration and temperature were normal. Nothing abnormal in the urine. The abdomen was below the chest level, and no part, even in the right iliac region, was prominent. Palpation in the ileo-cæcal region gave him violent pain, but nothing pathological was found on deep pressure. The rest of the abdomen was not sensitive to touch, and even repeated examinations failed to find any irregularity in the abdominal cavity. When a fold of the skin was lifted without, however, exerting any pressure, the patient experienced most intense pain; this fact was very characteristic of his condition. Sensations caused by touch, such as a pin prick or the touch of cold objects, were felt more in the right than in the left side. These impressions were even painful. The same lateral difference was noted higher up on the trunk, where the pin-pricks were felt more on the right than on the left. Percussion of the abdomen gave normal results. No change in the other organs. We also noted considerable exaggeration of the rotary reflex and a concentric narrowing of the field of vision on both sides, and especially on the right side. Appetite was good; bowels sluggish. The patient remained fifteen days under the care of M. Nothnagel, and always continued apyretic; maximum temperature was from 37° C. By the application of faradism the symptoms complained of disappeared, and according to the patient himself, he left the care of the doctor without any pain at all.

Professor Nothnagel continued his very interesting communication by adding that the case was clearly that of a nervous boy with excessive neurasthenic tendencies, who had two years ago apparently shown the same symptoms. Excitiparation of the vermicular appendix was performed, but nothing abnormal found; even so was it in the case of the entire right iliac region after laparotomy. Later on the pains in the ileo-cæcal region again occurred; no fever, no vomiting; palpation gave no result. At the same time excessive cutaneous hyperæsthesia occurred to an extent that M. Nothnagel had, up to that time, not observed, even in real perityphlitis; besides this there were exaggerated reflexes and narrowing of the field of vision; lastly, a rapid improvement due to electrical treatment.

Taking into consideration all these facts, said M. Nothnagel, they must quite abandon the idea of an anatomical perityphlitis, rather admitting the presence of an hysterical pseudo-perityphlitis.

It is interesting to note the important fact that two years ago we imagined a resistance in the right iliac region, while laparotomy declared the condition to be quite normal.

It could not be ascertained whether the patient, at the commencement of his illness, was one suffering from perityphlitis.

MIGRAINE: WITH SPECIAL REFERENCE TO ITS TREATMENT.

By JAMES BURNET, M.A., M.B. Edin., M.R.C.P. Edin.

As a form of headache, migraine is one of the most troublesome maladies with which the practitioner has to deal. As a condition, it is often very serious and far-reaching in its effects upon the sufferer. Various theories have been advanced as to its causation, none of them, however, at all satisfactory or practical. There can be no doubt that migraine assumes various degrees of severity, from the very serious and somewhat rare form in which the attack resembles very closely an epileptic seizure, to the milder and very common type—popularly termed "sick-headache" or "bilious attack."

It is not my intention to discuss the pathology of migraine in this short paper; but, in order to more clearly understand how the treatment should be directed, I must say a word or two about the causes that produce migraine and the conditions under which it is encountered. As regards race, it would seem that Europeans are more liable to attacks of migraine than coloured peoples. It is certainly far more common in thin, neurotic subjects, and, personally, I have noticed it more frequently in blondes than in dark-haired individuals. Before the age of ten it is very rarely observed, and after thirty-five it usually tends to become less common. It is usually thought to be more frequent in the female, but if we eliminate what I call menstrual or pseudo-migraine (quite another condition in my opinion), then I think it is far more frequently met with in the male sex. Climate has a marked influence. In colder latitudes it is very common, especially where east or northern winds are much experienced; whereas in sunnier and milder regions it is not so frequently met with. Heredity likewise plays an important part in the production of migraine. It is certainly much more common in gouty and rheumatic families than in others. It is also met with in families some of whose members are affected with true epilepsy. It is hardly fair, however, to conclude from this fact that migraine is really a form of suppressed epilepsy.

As regards determining causes, we have quite a variety to deal with. Over-work and mental worry, eye-strain or some error of refraction (such as myopia, hypermetropia, or astigmatism), errors in diet, constipation with consequent absorption of toxic products, carious teeth, adenoids it may be sometimes, chronic nephritis, and we may perhaps add (with certain reservations) menstrual disturbances—any one or more of these may bring on an attack. One of my own patients has an attack whenever a cold east wind is blowing. It will therefore be at once apparent that in order to treat migraine successfully we must attack it very largely from an etiological standpoint. When face to face with an attack we must ask ourselves two questions—(1) What is the patient's diathesis? Is he gouty, rheumatic, or neurotic? and (2) How has the attack been brought on? Was it by constipation or by some mental worry? Until we have obtained satisfactory answers to these two questions, we need not attempt the treatment of the patient. It is far from satisfactory to label the case one of migraine and then write a prescription for phenacetin, put on our hat, and wish the patient good-day. It is this kind of off-hand treatment that sends so many sufferers from migraine to seek the advice of a specialist. Time after time have I seen patients come to hospital seeking advice for their "bilious attacks" after having applied to their own medical adviser without obtaining relief.

I prefer to regard the treatment of migraine from three different points of view. In this way we usually overcome the onset by making a threefold attack.

First, then, we shall consider the *general treatment*. This applies to almost every case of migraine with but

few exceptions. The first essential is rest in a darkened room. Absolute quietness must be enjoined. I have not said rest in the recumbent position, for I have known patients whose symptoms were aggravated by lying down. Rest may therefore be taken in a comfortable arm-chair, or the patient may half-recline on a couch. Rest in bed, however, suits the majority of cases, and should therefore be usually ordered as a preliminary. As the feet are often cold a hot water bottle is a great comfort. Nothing is better, in my opinion, than a warm shawl thrown lightly over the head. Mustard applied to the back of the neck is advised by some, and is certainly worth trying in severe cases. The administration of strong tea or coffee is not, as a rule, advisable. Some patients, but by no means the majority, are benefited by such beverages. Tea or coffee only serves to aggravate the condition in many sufferers. I believe that most cases of migraine obtain more relief from absolute rest in bed between warm blankets than from the administration of any known therapeutic agent. If the patient can be made to fall asleep for some hours he will usually be free from his symptoms when he wakes up.

The next line of treatment to adopt is what I choose to call the *etiological treatment*. We here presuppose that we have discovered the patient's diathesis, and also the underlying factor that produced the attack. If the patient is gouty, a little colchicum should be given; if rheumatic, salicylate of soda or aspirin is most valuable. Where overwork or mental worry is the cause, sodium bromide in 10 to 15 gr. doses every three hours produces good results. Where migraine is produced by eye-strain or some error of refraction, it is well to combine the bromide with small doses of tinct. belladonnæ. In such cases tinct. hyoscyami is also recommended, but I have not found it so serviceable as belladonna. If the stomach is at fault, the administration of alkalies with some warm carminative and peppermint water is indicated. Cases of constipation are best treated by 5 gr. doses of calomel followed by a seidlitz powder. If the patient has any specially tender tooth he should have it attended to, extraction being indicated very often, or if not, the application of pure carbolic acid. In every case of migraine it is well to examine the urine, especially in persons over twenty years of age. Not only must albumin be tested for, but the specific gravity is likewise of importance, more especially if no trace of albumin be found. If the attack come on during the menstrual period, then a sitz bath or even a hot foot-bath is advisable, followed by the administration of some such mixture as the following:—

R Spt. chloroformi, ℥ij ;
Spt. ammon. aromat, ℥ij ;
Tr. card. co., ℥ij ;
Liq. ammon. acet. ad ℥ijij ;
Sig. ℥ij secunda hora ex. aq.

I have already hinted, however, that the attacks which are so often seen at the menstrual periods, and which are characterised by headache, backache, and the vomiting of bile, are not true migraine. The vomiting here is purely reflex, induced by ovarian or uterine pain, and the headache is not the prominent symptom as a rule.

Thus far I have not mentioned a single analgesic, because my firm belief is that this class of remedy is far too often prescribed to save the practitioner further trouble. Hence drugs such as phenacetin often fail eventually to give relief, though they may do so to some extent in the first attack. Analgesics should only be administered when the etiology of the condition has been very carefully and fully investigated.

This brings me to my third mode of attack, viz., the *symptomatic treatment*. Headache is usually the most typical symptom, and this, as a rule, yields to analgesic remedies. Of these we have a large and ever-increasing variety. I shall only mention a few examples, viz., phenazonum, phenacetin, exalgin, neuracetin, ammonol, phenalgin, citrophen. Phenacetin is by far the most popular, but to be of any use it must be given in 15 or 20 gr. doses. To give 5 or 10 gr. doses, as is so often done, is but to trifle with the pain. Phen-

azonum and exalgin are much less trustworthy. Caffeine, so greatly praised by many, has never given any good results in my hands, but in one or two cases has tended to make the sickness much worse. By far the best analgesic and the most reliable remedy in all forms of migraine is, in my opinion, citrophen. If given in 15 gr. doses every four hours, till 45 grs. have been taken, we may almost make the dogmatic statement that complete relief will result. It must, however, be used intelligently, and only as an aid to other appropriate remedies. Thus in rheumatic patients it is well to combine it with salicylate of soda or with aspirin.

Nausea and even vomiting are often troublesome symptoms. Mustard applied to the epigastrium and ice to suck often give marked relief; but time after time I have known the following simple mixture helpful—

R Tr. zingiberis, ℥j ;
Tr. capsici, ℥j36 ;
Syr. zingiberis, ℥iv ;
Aq. menth pip, ad ℥ijij
Sig. ℥ij omni hora ex. aq.

* Where sickness persists in spite of such simple measures, I have known the plan of inducing vomiting by giving large draughts of warm water, followed by drachm doses of vin. ipecac. secure speedy relief.

The disturbances of vision call for no special treatment as a rule, as, though they are disagreeable, they are not usually painful. Tincture of belladonna is as useful a remedy in these cases as any. Cannabis indica has its advocates, but as I have never used it in migraine, I cannot speak of it from personal experience.

I purposely omit mention of many vaunted specifics. I have tried most of them, and have never seen any good results derived from their use.

So much for the treatment of an attack of migraine. There still remains, however, the consideration of the treatment of the patient from the prophylactic point of view. Can we do anything in the intervals between the attacks to prevent their recurrence? In many instances we can. I can only briefly outline the points that the practitioner must attend to with this object in view. He must make a thorough examination of his patient, not omitting the teeth, the throat, and particularly the urine and intestinal tract. A visit to the dentist will often improve matters, not only in the way of removing a source of pain, but also in improving the patient's digestion and appetite. Adenoids and nasal polypi should be removed. If the patient is the subject of chronic renal disease, he should be put upon a white food diet, red meat only being allowed once a week. This remark likewise applies largely to gouty and rheumatic patients. In every case it is well to avoid pastry and greasy dishes, heavy suppers, and late hours. Any error of refraction should be remedied by the wearing of appropriate spectacles (not eyeglasses). Overwork and mental worry are not so readily disposed of, but where possible in such cases change of occupation or change of scene works wonders. Especially in every case must a daily free evacuation of the bowels be insisted on. Personally, I am in the habit of ordering cascara, but we must make sure that the extract is a trustworthy one, as many inferior preparations are sold under the name of cascara which are quite valueless.

If the patient be at all anæmic a course of some such pill as is noted below will prove of special value:—

R Ferr. sulph. exsic., grs. ijss.
Extr. cascar. sagrad, gr. ss.
Ft. pil.

Sig.—One to be taken thrice daily after food.

It is necessary to add cascara, as the iron sulphate is too astringent when given alone.

Should the patient be run down, I know of nothing superior to strychnine as a tonic. Nux vomica is not nearly so satisfactory. If he is at all thin or neurotic I am in the habit of ordering cod-liver oil emulsion. (a) The latter should only be given twice a day, viz., after

(a) Emulsio ol. morrh. made for me by Mr. Davidson, 1, Polwarth Place, Edinburgh, contains 65 per cent of oil, and is by far the best emulsion with which I am acquainted. Few, indeed, contain more than 50 per cent.—J. B.

breakfast, and again at bedtime. If it is given oftener it tends to diminish the patient's appetite.

Potassium iodide has been advocated as a useful drug for administration between the attacks. I could believe there is some foundation for its proving of value, as it tends to act as a vaso-dilator; but it is a drug which has many drawbacks, and is therefore not generally applicable. If iodides are given at all the sodium iodide is usually preferable in such cases, as it has less tendency to cause gastric disturbance. Arsenic is sometimes of service, and valerianate of zinc is mentioned by one authority as extremely good. I doubt very much if either of these last-mentioned drugs have any marked influence on migraine.

In the form of migraine which occurs in gouty subjects exercise is very beneficial. Generally speaking, most patients who are subject to migraine lead sedentary lives, or are confined in stuffy rooms. It is always well, therefore, in every case to prescribe daily exercise in the open air. Chills must be carefully guarded against, and warm but light clothing worn. Attention to the elementary principles of hygiene will often ward off attacks. Ventilation of living and sleeping apartments, wholesome and easily digested food, bodily cleanliness—all of these are factors which aid our patients in their struggle against these much-dreaded attacks.

Were I to sum up in a few words the treatment of migraine, I would say, keep the primæ viæ right, get all the fresh air you can; and if, in spite of this, an attack comes on, go straight off to bed with hot bottles and perhaps a dose of citrophen. Otherwise, of course, the treatment of an attack must in every case be carried out with a keen appreciation of individual peculiarities and of the etiological and other factors underlying it. I am perfectly convinced that if these few hints were more frequently acted on there would be less trouble with our migrainous patients.

Clinical Records.

NOTES ON A CASE OF PITIRIASIS RUBRA FILARIS

Under WILLMOTT EVANS, M.D., F.R.C.S.
Dermatologist to the Royal Free Hospital.

A MARRIED woman, æt. 56, was admitted into the Royal Free Hospital on March 19th, 1903, complaining of an extensive irritating eruption on the trunk and limbs. In her family and previous history there was nothing of importance. The history of her present illness was as follows:—In August, 1902 numerous red spots appeared on her forehead, cheeks, and abdomen, and subsequently the rash spread to the chest and scalp. She described her face at that time as "lobster-coloured." The rash was at no time moist, and soon became scaly, and many of the scales were thrown off. The face slowly recovered, and at the time of admission showed slight patches of scaly redness only on the nostrils and eyebrows. Later still, a similar rash appeared on the arms and legs, especially on the exterior surfaces. Within the two months preceding admission the skin of the palms and soles became dry, hard and markedly thickened, while numerous painful fissures appeared. Her state on admission was as follows: On the greater part of the surface of the body the skin is beset with small pointed scaly papules, each corresponding to the mouth of a hair follicle; these are so firm that on palpation they feel like a file. From each papule can be extracted a horny plug. These papules are discrete and recur in profusion on the chest and abdomen. On the flexures of the elbows they are also well seen, and on the extensor surfaces of the forearms, but on the elbows themselves the scaliness is more marked and the papules run together to form shagreen-like surfaces. On the thighs and knees the scaliness is more severe, and large scaly surfaces are formed which desquamate freely. This scaliness is also conspicuous in the internal fold. The scalp is scaly and the hair scanty, but the patient is sure that the hair is less so than a few months ago. The thickening and cracking of the palms

and soles have already been described. Most of the nails are raised from their beds by an accumulation of ill-formed keratitious material. Everywhere the skin is abnormally dry, and much irritation is complained of, the night's rest being interfered with. Her general health is good, and the patient thinks she has been better since the rash appeared. Before coming to the hospital she had some treatment, but with little effect. On admission she was ordered one tabloid of thyroid extract every night; after four days the dose was increased to two tabloids in the day and later to three tabloids in the twenty-four hours. She has been kept in bed and a light diet ordered, but no local treatment has been adopted. Already the irritation is much relieved, and the skin is softer, the desquamation has increased, but the underlying skin appears to be much more normal.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND. PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, MARCH 27TH, 1903.

The President, PROFESSOR McWEENEY, in the Chair.

ADENOMA OF BREAST.

DR. L. G. GUNN exhibited a specimen of a secreting adenoma of the breast, and showed microscopic sections.

The President, Dr. Neville, Professor O'Sullivan, and the Secretary spoke. Dr. GUNN replied.

CHANGES IN A RABBIT'S KIDNEY DUE TO EXPERIMENTAL INTRAVENOUS INJECTION OF MOULD SPORES.

The PRESIDENT (Professor E. J. McWeeney) read a paper on this subject. In the course of immunising rabbits against human blood he had occasionally been compelled to make use of blood that had stood for a considerable time in the refrigerator and had become mouldy. One of the rabbits that had received injections of such blood sickened, and post-mortem one of the kidneys was found enlarged to four times its normal size. On section it was found to be everywhere interpenetrated with tufts and isolated filaments of fungus mycelium, with here and there what looked like attempts at the formation of sporogenous hyphæ of the *aspergillus* type. The histological changes were interesting, and may be summarised as follows:—(1) Disappearance to a large extent of the renal parenchyma and its replacement by a fibro-blastic granulation tissue, containing numerous foreign-body giant-cells of the largest kind, and swarming with cells containing acidophile granulations of moderate coarseness, whilst others contained granules with a tendency to fix the basic dye—Ehrlich's amphophile or B-group. These cells differed from the eosinophiles of human blood in being for the most part mononuclear and fibro-blastic in type. (2) Presence of fungus hyphæ, sometimes singly, sometimes in groups of parallel or stellately arranged filaments, and sometimes in short *oidium*-like segments. The filaments were septate and provided here and there with flask-shaped or globular dilatations. Many of the shorter fungus elements were enclosed in giant-cells. They were devoid of protoplasm, and their highly refractive cell-wall distinctly amphophile in reaction. It did not stain selectively by Gram or Ziehl-Neelsen. Where the fungus masses were too large to be enclosed in giant-cells they were surrounded by a necrotic zone rich in broken-down and pycnotic nuclei, very similar to that seen in the pre-caseous stage of experimental tuberculosis. It was evident that the fungus was not playing the part of a perfectly indifferent foreign body, but was exercising a necrotising influence on the tissues. Yet he had been unable to satisfy himself that any growth had occurred. The filaments appeared to be quite devoid of protoplasm. The occurrence of swarms of fibro-blastic cells stuffed with coarse acidophile and amphophile granules in the immediate neighbourhood of the fungus-filaments was interesting when viewed in connection with the fact that trichinosis and other helminthiases in the human

subject evoked the production of eosinophile cells; he had himself lately examined a case of *Bilharzia* disease in which most of the pus-cells contained in the urine were of that variety.

The SECRETARY asked Professor McWeeney if he knew why the fungus lodged in one kidney only.

Professor O'SULLIVAN would be cautious in assuming that all the cell granules referred to were eosinophile, and in addition asked whether the President had formed any opinion as to the variety of fungus present.

The PRESIDENT, replying to Professor White, said that he did not know why it was that the injected fungus had lodged in one kidney only. The normal one had been examined and no fungus was found. To Professor O'Sullivan he replied that he quite recognised the distinction between the acidophile and amphophile cell-granules of rodents and the eosinophile granules of human blood. In the absence of perfect sporogenous hyphæ one could not determine the species to which the fungus belonged, but to judge by what looked like an abortive spore-head which he had found, it was most probably an *aspergillus*.

CHROMOGENIC ORGANISMS.

The PRESIDENT showed cultures of a number of these obtained in the course of various bacteriological investigations. Two belonged to the non-liquefying fluorescent group, and were remarkable, one of them for its extremely powerful fluorescent dichroism, the other for the fact that in old cultures the fluorescent green became brown near the surface of the gelatine. Another species he showed was *Cladothrix nigra* of Rossi Doria, the *Cladothrix dichotoma* of others. Its pure brown diffusible pigment was very remarkable and accounted he ventured to think, to some extent, for the brown colour of peaty soils which were the natural habitat of this organism. The fluorescent and brown pigments were devoid of typical spectra, but the prodigious pigment, of which he handed round a strong solution in amylic alcohol, yielded a typical and beautiful spectrum.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD MARCH 20TH, 1903.

DR. HENRY ASHBY in the Chair.

MR. HENRY J. CURTIS (on behalf of Mr. Stansfield Collier) showed a baby, born at the eighth month, two weeks after rupture of the membranes. There was extreme dimpling of the skin over the olecranon process and both sides of the knees, and there was also lateral compression of the limbs and of the skull. The grooving observed over the right inferior maxilla and the lower third of one leg was accounted for by the compression of the lower parts of the buttock by the funis. The skin dimpling, it was suggested, was due to amniotic adhesions. The child presented other deformities.

DR. G. A. SUTHERLAND showed a case of infantilism in a boy, æt. 11. He weighed 28 lbs., and his height was 39 inches. The body and the limbs were well formed, and the only indication of disease was a clubbing and bigness of the fingers. The expression of the face was infantile, and the mental condition was backward.

DR. G. E. SHUTTLEWORTH suggested thyroid treatment, although he admitted that the child manifested no marked signs of cretinism.

DR. A. E. SANSOM remarked that the absence of pronounced signs of congenital heart disease did not exclude that condition.

DR. ROBERT HUTCHISON showed (a) a girl, æt. 5½, affected with great excitability, incoherence, and restlessness, and other evidences of chronic mania; and (b) a baby, æt. 5 weeks, suffering from enlargement of the left side of the tongue, left arm and left leg. The case was apparently one of hemiatrophy.

The cases were discussed by the Chairman, Dr. Shuttleworth, Dr. Sutherland and Mr. H. J. Curtis.

MR. HENRY J. CURTIS read a paper on a case of CONGENITAL PAROSTEAL SARCOMA,

arising from the acromion process of the scapula in a child, æt. 5½ months. At the time of operation the tumour was the size of an orange. It extended from the point of the shoulder to the lobe of the ear, and could not be moved independently of the scapula. It measured 11 inches in horizontal circumference. It was removed, and microscopically proved to be a mixed spindle- and round-celled sarcoma. The author drew attention to fibro-cellular tumours of an allied kind sometimes seen in young children.

DR. HENRY ASHBY and MR. SYDNEY STEPHENSON read a communication on

ACUTE AMAUROSIS

following infantile convulsions. They described a series of cases, which they believed to be due directly to severe convulsions. For example, the infants developed convulsions with coma, resembling the status epilepticus of adults, and upon recovery were found to be blind, and sometimes hemiplegic or aphasic. Ophthalmoscopic examinations yielded negative results. There was no definite evidence of meningitis. The authors distinguished this form of amaurosis sharply from the amaurosis (also without ophthalmoscopic signs) which may accompany or follow posterior basic meningitis in infants. They concluded (1) That there is a form of post-eclamptic amaurosis, due to anaesthesia of the visual centres, occurring in infants; (2) that the convulsions, which may be due to various causes, are apt to be severe and accompanied by coma; (3) that the amaurosis may be associated with aphasia and paresis of the hemiplegic distribution; and (4) that the amaurosis is for the most part transient.

DR. A. E. SANSOM suggested as cause for the blindness either a vaso-motor ischaemia or a poisoning of the nervous mechanism involved.

DR. ROBERT HUTCHISON alluded to amaurosis following superficial meningitis in infants.

MR. GEORGE CARPENTER mentioned a case of a somewhat analogous nature occurring in an elder child.

DR. ASHBY replied to the discussion.

MR. A. H. TUBBY described a case of

PNEUMOCOCCUS ARTHRITIS IN AN INFANT,

æt. 14 weeks. No history of accident or injury. On admission child evidently very ill. The right knee was bulbous, red, tender, and fluctuating. A quantity of pus was evacuated by means of two lateral incisions and a drainage-tube was passed through the joint. No signs of pneumonia could be discovered, despite repeated examination of the chest. The pus from the joint was examined by Dr. Lazarus-Barlow, who found that it contained the micrococci pneumoniae in pure culture. Mr. Tubby briefly reviewed the literature of the subject, incidentally mentioning two similar cases that had been under his care at the Evelina Hospital. In one of the latter there had been an antecedent pneumonia, but in the second case no pulmonary symptoms were found. Mr. Tubby remarked that these cases of pneumococcal arthritis threw some light on the pathology of the "acute infective arthritis of infants."

MR. LOCKHART MUMMERY suggested dividing the patella in these cases and nursing the baby in such a way as to facilitate the escape of pus from the diseased joint.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD MARCH 19TH, 1903.

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

DR. PHILIP NELSON reported a case of nasal polypus of unusual size; the growth measured when fresh, two and a half inches by one and a half inches. The growth occupied the left nasal passage, the septum being much deflected to the right, and was readily removed by the snare; the right side was cleared by the use of Mackenzie's forceps. The polypi, as usual, were attached to the ethmoid bone.

Mr. BARK agreed as to the unusual size of the polypus, and also as to the use of the snare. In cases where the pedicle was situated in the hiatus semilunaris, and the body filled the post nasum, he found the use of forceps better.

Dr. KARL GROSSMANN showed a case of paralysis of both third nerves, and of the left fifth nerve. The patient, a woman, æt. 38, had been well up to four years ago, when a heavy cold combined with headaches attacked her. The headaches persisted, and a year later she noticed numbness on the left side of the face, and the left eye became inflamed. Present state: The eyes cannot be raised above the horizontal line, then can only be moved downwards about 45°; the movement inwards is also limited to about 45°. The lids do not droop, but the left lid does not open quite so much as the other, otherwise the lids can be opened and closed freely. The left cornea shows a large adherent leucoma, the pupil is narrow and adherent posteriorly, and there are two opacities under the lens capsule. Anæsthesia of the left side of the face, cornea and conjunctiva. Taste is absent on the left side of the tongue. On opening the mouth the jaw and tongue go to the left side. Dr. Grossman thought there was a circumscribed meningitis (gummatous?) on the left side of the pons.

Dr. T. R. BRADSHAW said that the symptoms described and the escape of the great occipital and posterior auricular nerves indicated the course of the fifth nerve near the pons rather than the nuclei as the site of the lesion. The association with extensive palsy of the third nerve pointed to a lesion extending forwards to the interpeduncular space, and he agreed with Dr. Grossmann that in all probability the lesion was syphilitic meningitis.

Mr. DOUGLAS CRAWFORD showed a boy, æt. 17, in whom the right inferior extremity was three inches longer than the left. The cause was probably lymphatic obstruction of congenital origin. The skin over the tibia and thigh was hyperæsthetic. The subcutaneous tissue in the same regions, as well as over the face, was soft and pulpy. Proptosis of the right eyeball was present. Whilst in hospital the head of the femur became separated from the neck.

Dr. BRADSHAW suggested acromegaly as a possible cause of the condition.

Mr. DAMER HARRISSON read a paper on

DEFECTIVE-MINDED CHILDREN,

illustrating the various types by lantern slides. After discussing the features of some individual cases he suggested that the education of these children must be on the lines on which we are generally agreed. In short, muscular co-ordination must lead the way, and the intellectual development be dealt with later. In all, or most, cases some physical defect was present, and malnutrition very common; these conditions must be seen to. Congenital cases responded better than those born normal, but in whom arrest from one cause or another occurred. He also emphasised the necessity for prolonged after care, and the wisdom of providing colonies for such individuals.

Dr. STANLEY GILL thought a good many cases were due to some preventable fault in the ancestry, such as alcoholism, injudicious marriages, and he was not quite sure whether injury at birth by midwifery forceps had not a great deal to answer for. Further, the schoolmaster must be reckoned with, who through his ignorance of even the elements of physiology, often forced a child's brain beyond what it was capable of bearing, and thus brought about an early mental breakdown.

Dr. CLEMENCY thought home influences reflected themselves in the career of defective-minded children. He agreed with Mr. Harrison that the care of these children after leaving school demanded attention.

Dr. LLOYD ROBERTS said his experience at the Eastern Counties Asylum for Imbeciles was that although most of the cases were capable of a certain amount of improvement, yet in the vast majority this was so slight that throughout their lives the patients would continue to require supervision and protection. The practical utility of the study of these

cases lay therefore in considering (1) whether any of the causes were preventable, (2) what were the best means to be adopted for the care of these cases. He agreed with Mr. Harrison as to the desirability of the formation of colonies. He thought birth injuries were less often due to forceps than to delay in using them.

Mr. HARRISSON replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MARCH 19TH, 1903.

The President, DR. ROBERTSON, in the Chair.

DR. ARTHUR HALL showed a specimen of "Cerebellar Tumour," and gave an account of the case.

Professor C. J. PATTEN showed a series of models in wax and plaster, illustrating topographical anatomy of the abdominal viscera. The originals from which the models were made were first thoroughly hardened by formalin injected through the femoral artery. Most of the specimens were from adult male subjects in which no sign of visceral disease was apparent. The models exhibited were: (1) The kidneys and their relations to the vertebral column, lower ribs and pleura. (2) Front view of the abdominal viscera seen on removal of the anterior abdominal wall. (3) A wax model of all the abdominal organs on the reconstruction method. (4) The pancreas, duodenum, and spleen with the relations of the branches of the abdominal aorta and inferior vena cava. (5) Wax models of foetal lungs (human), of lungs of the Cynocephalus babuin (dog-faced baboon) and of the Hainan gibbon (*Hylobates hainanus*). (6) A model in plaster of the entire trunk of *Hylobates hainanus*, showing the relations of the thoracic and abdominal organs, especially to the vertebral column. (7) Another model of the same animal showing the form of the pancreas, duodenum and spleen.

Dr. ROBERTSON read a paper on

AN OUTBREAK OF TYPHOID FEVER DUE TO THE CONSUMPTION OF OYSTERS IN SHEFFIELD.

Every year there have been from twenty to thirty more or less isolated cases of typhoid fever which possibly may have been due to the consumption of polluted oysters. On one or two occasions groups of as many as two or three cases appear to have occurred from one oyster shop. As a general rule it was exceedingly difficult to be quite certain that the infection was derived from particular oysters. This difficulty arises from, first, the difficulty in tracing the source of the oysters; secondly, the fact that everybody who consumes oysters does not contract the disease; and thirdly, that in towns where typhoid fever is endemic, it is very difficult to trace the source of the disease. The occurrence, however, of these isolated cases every year, many of which derive their oysters from one particular district, gave rise to suspicion that the oysters from at least one source spread typhoid fever. During last summer between August 14th and September 18th, forty-three cases of typhoid fever were notified in Sheffield. This is a much smaller number than is usual at that time of the year. On examining these cases it was found that in no less than twenty of them patients had partaken of oysters from Cleethorpes within the previous twenty-five days. Oysters come direct from the Cleethorpes layings to Sheffield and, in Dr. Robertson's opinion, this is an important point. Oysters which are stored in clean water, or even in shops, lose their power of conveying the disease. In Sheffield there is every chance that the oysters from Cleethorpes are fresh. Most of the persons suffering were persons of the working classes who had either been to Cleethorpes for a holiday, or had bought Cleethorpes oysters in Sheffield, or had had them sent from Cleethorpes. The period which elapsed between the consumption of oysters and the notification of the disease as typhoid fever varied up to twenty-five days, in the majority of cases the period varying between ten and fifteen days. In two of the cases they were certified to be typhoid fever within seven days of the last occasion on which oysters were partaken of. In the well-marked outbreak at the Wesleyan University, Connecti-

cut, the period varied from thirteen to thirty-three days. After describing the oyster layings at Cleethorpes, and quoting from the report of the Local Government Board, Dr. Robertson described some of the other oyster layings and alluded to the difficulties which the oyster-growers had in obtaining sites suitable for rearing oysters, which were quite free from sewage pollution. He recommended that the profession should give warning against oysters, until some guarantee were obtained of their freedom from all risk,

CORK MEDICAL AND SURGICAL SOCIETY.
MEETING HELD WEDNESDAY, MARCH 25TH, 1903.

DR. P. T. O'SULLIVAN, President, in the Chair.

DR. H. R. TOWNSEND read notes of an operation for GANGRENOUS APPENDICITIS

on a man, æt. 22, and showed the patient, and the diseased organ. The man had been attacked by sudden acute pain in the right iliac region, which continued for seven days before he was admitted to the South Infirmary. On examination a swelling could be detected in the right iliac fossa. This was dull on percussion, immovable, and very tender on pressure. The temperature was 103.2°. Two days afterwards an operation was performed. On opening the abdomen the cæcum was found inflamed and distended, and on searching for the appendix some adhesions between the cæcum and the surrounding intestine gave way, and about one and a half pint of pus welled up through the incision. With this pus the appendix was washed away, as well as a faecal concretion about the size and shape of a tooth. The appendix was found to be in a gangrenous condition. By sewing together the peritoneal surfaces of the cæcum and ileum, the cavity containing the pus was completely shut off from the rest of the abdominal cavity, and the patient made a good, though slow recovery. Two drainage wounds were made, and these were still secreting slightly.

DR. P. J. CREMEN read notes of a case of SEPTICÆMIA

in a girl, æt. 19. For a long time past she had suffered from dysmenorrhœa accompanied by severe vomiting. The uterus was found to be in a condition of retroflexion, and one Fallopian tube was enlarged. The uterus was replaced by the sound, and a Hodges' pessary inserted. That night the patient got a rigor, and next day her temperature was 103.2°, and continued high for two days. The catamenia then appeared, and the temperature fell to 102° for five days, but rose again to 103°, and the patient now suffered from abdominal pain and vomiting; her respirations were 35, and her pulse 120. Antistreptococcic serum was then injected, and was continued in doses of 10 ccs. every four hours as long as the temperature was above 102°. In a few days the temperature fell to 99°; but the lungs became affected with broncho-pneumonia, evidently of a septic type, and at this period the patient was in an extremely low condition. It having been found that a rectal injection of one pint of normal saline solution, to which 15 grs. of quinine were added brought about a material improvement, this was repeated on several occasions and always with good results. A few hypodermic injections of strychnine were given at this stage, but after three doses of 1-30 grs. at four hours intervals, symptoms of strychnine poisoning developed, and the drug had to be abandoned, digitalin being substituted. A number of subcutaneous abscesses in the limbs appeared later on, and had to be opened. Eventually, long after all hope had been abandoned, the disease appeared to have worn itself out, and the patient made a very slow, but complete recovery. In all, 55 injections of serum were given.

DR. JOHN REID read notes of a case of HÆMORRHAGIC ENDOMETRITIS in a woman, æt. 38. The menorrhagia was profuse, and continued for five weeks, resisting all the ordinary methods of treatment. The patient would not consent to curetting. Among other drugs which failed to

give relief was adrenalin, administered internally, but on packing the uterus with iodoform gauze steeped in a solution of adrenalin chloride (1-1000) the hæmorrhage immediately ceased, and the patient did not lose another drop of blood.

ULSTER MEDICAL SOCIETY.
MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST,
THURSDAY, APRIL 2ND.

The President, DR. JOHN CAMPBELL, in the Chair.

THE PRESIDENT showed (1) the Fallopian tubes from a case of double pyosalpinx; (2) the ovaries and uterus from a patient who had a rudimentary uterus, an incomplete vagina, and her ovaries in the internal inguinal rings, one of them being cystic.

DR. DRYDEN STEAD showed a case of injury to the brachial plexus.

DR. WM. CALWELL showed a case of disease of the skin for diagnosis.

DR. ALEX. DEMPSEY read notes on some cases of laparotomy presenting points of interest.

DR. S. AGNEW read a paper on "Irish Sanitary Law." On the recommendation of the Council, the following resolution was proposed by the President, seconded by Professor Redfern, and passed unanimously:—

"That we, the Fellows and Members of the Ulster Medical Society, desire to congratulate Professor J. W. Byers on the satisfactory result of the recent action brought against him in the Law Courts. During the time that this case was pending, the medical profession in Ulster, knowing Dr. Byers' high and honourable character, were unanimous in the opinion that there could be no foundation in fact for the allegations of the plaintiff. We are, therefore, extremely gratified that the proceedings in Court have amply justified this opinion. We tender to Professor Byers our most sincere sympathy in the trying circumstances in which he has been placed in the eye of the public by this most unjustifiable action."

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, April 4th, 1906.

At the Medical Society, Professor J. Israel read a paper on RECOVERY AFTER OPERATIVE TREATMENT OF SPINAL PARALYSIS.

From the literature of the subject he had collected thirty-four cases in which operations had been performed for tumours of the cord, and brought forward a case of his own. The case was peculiar in that the tumour sprang from the vertebra itself. It was that of a woman of thirty-nine who had borne nine healthy children, and had never previously suffered from any ailment. For a year and a half she had a continuous pain in the upper part of the abdomen, with temporary exacerbations. It then spread upwards. After a year and a quarter there came on weakness of the right leg, which soon passed to the left. There was paræsthesia of both legs. After three months this became paraplegic with complete cessation of all sensation, exaggerated patellar reflexes and ankle-clonus. The bladder was not paralysed, the muscles of the legs not atrophied, the vertebræ not tender, nor changed, but the patient could not raise herself up nor sit down. The right kidney was enlarged, but the urine contained nothing abnormal. The spinal column might be affected, but there was a question whether the changes were intramedullary or not. With the symptoms shown the first was not probable. Everything pointed to external compression. Syphilis, tuberculosis, spondylitis could be excluded, so that tumour only remained. The question now arose as to whether the tumour was

primary or a metastasis, or whether the enlargement of the kidney was connected with it. This could not be determined clinically so an exploration was made, when it was found that the kidney was prolapsed and enlarged, but nothing more.

The disease affected the seventh dorsal segment. The speaker therefore removed the vertebral arches of the sixth and seventh vertebræ and found a tumour springing from the right half of the sixth arch, which pushed aside and covered the cord itself. The tumour was very brittle and could only be partially removed from the bone by the sharp spoon. At this part of the operation a hissing sound was heard, showing that the tumour had grown through the bone into the pleura. Immediately after the removal of the growth the spinal cord regained its normal position.

The further course was favourable. After some weeks sensibility returned, from below upwards, the paralysis retrogressed, and now after eight months the patient has improved so far that she can walk, but not securely. The power was rather less in the right than in the left leg, muscular sense normal, sense of heat rather diminished, the patellar reflexes were still somewhat exaggerated, no more ankle-clonus.

The tumour was a chondro-sarcoma, and as radical removal was impossible the prognosis was unfathomable. Even Röntgen illumination showed a shadow to the right of the diseased vertebræ which might be indicative of recurrence.

At the meeting of the 18th inst, Herr Westenhoefer brought forward a case of

TRANSFERENCE OF HUMAN TUBERCULOSIS TO A CALF.

The material used for inoculation was taken from the body of a girl, æt. 4, who died on July 28th, 1901. The autopsy made the day after death showed extensive tuberculosis in the intestines and lymph glands, and the case appeared to be one of primary intestinal tuberculosis.

The calf was three or four weeks old and had been treated with tuberculin without reaction, so that in the general view it was itself free from tubercle.

On July 31st it was inoculated in a subcutaneous gland, and at the same time two control guinea-pigs were inoculated. After a fortnight an abscess developed at the site of the inoculation, but it contained no tubercle bacilli, only streptococci and coli-like bacilli. The animal was for the earlier weeks healthy and fed well, but a gland enlarged in the inguinal region. The weight increased. On September 26th, a tuberculin injection was given which was followed by fever for two days, without general disturbance. From October 1st the fever was dry.

The animal was killed towards the end of November, when it was found that the whole of the glands were swollen and cretaceous, there were nodules in the spleen, liver, and kidneys. It was a case of typical *Perlsucht* with early tendency of the nodules towards reticular calcification without caseation. In the microscopic preparation tubercle bacilli were seen in the nodules.

The speaker claimed that the experiment showed the identity of human and bovine tuberculosis, their differences depending on the locality in which they originated.

Hr. M. Wolff had inoculated a healthy calf with human tubercle from isolated intestinal and splenic disease and had the calf killed eighty-three days after, in the meantime injecting it with tuberculin with a positive result, although before this the result had always been negative. The animal was found to be affected with typical bovine tuberculosis. A second calf was inoculated with tuberculous human sputum, and the results were identical. (Preparation shown.)

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 4th, 1903.

INFANTILE HYSTERIA.

FRIEDJUNG showed to the "Gesellschaft der Aerzte" at its last meeting, three cases of hysteria occurring in children. All the children were suddenly attacked with severe pain over the region of the stomach resembling incarceration of the bowel. Throughout the whole course the rectus abdominalis was in diastole, while the whole abdomen was in a hypersensitive condition. When the painful attacks approached, the whole of the intestines appeared to be pressed out between the recti muscles, which were very tender at this period when touched. By the application of adhesive plaster over the abdomen and tincture of valerian internally the whole was speedily cured with the assistance of a little suggestive therapy.

EPITHELIOMA OR RHINOSCLEROMA.

Spiegler exhibited a case of supposed rhinoscleroma in a man, æt. 65, who three months ago began to complain of a swelling on the nose. In both nostrils were swellings about the size of beans which were in no way ulcerated. The whole swelling extended to the upper lip, having a light red colour and very hard.

On excising a piece of the tumour it was found to be an epithelioma microscopically, although clinically it had all the appearance of rhinoscleroma.

ELEPHANTIASIS CONGENITA.

Swoboda presented a child, 11 months old, having all the appearance of elephantiasis congenita, with partial giant formation. Both gluteal regions from the crista ilei backwards as well as the right leg and left foot were enormously increased. The swelling was elastic, though in places hard and nodular. The circumference of the pelvis was 54 cms., or 21.254 inches, the right leg was 34 cms, against 14 in the left leg. This malformation was observed at birth and has gone on proportionally increasing since that time. The case appears to be a combination of giant growths in which are planted a number of cutaneous papillary swellings having the character of fibroma molluscum.

OXYGEN INHALER.

Deim showed an instrument for the administration of oxygen, which he considered was absolutely necessary with our present knowledge of therapeutics. Hitherto this gas has been administered from india-rubber bags containing about 30 litres of the gas, which could not be said to be quite pure, neither could it be long retained owing to its action on the india-rubber. His instrument was a steel flask containing about 90 litres of the gas under pressure of 60 atmospheres. With such a pressure it is necessary to have it reduced before inhalation, which is done by passing it through bottles of water and spiral tubing as well as a steriliser before reaching the breathing mask. The weight is 6 kilogrammes and costs 35 florins.

RÖNTGEN RAYS AND FOREIGN BODIES.

Grünfeld exhibited a modification of Perth's foreign body puncture apparatus. Under the rays he inserts a steel needle with a bent point which he presses forward to the foreign body and by the curve arrangement retains the substance in a fixed position for surgical removal.

Holzknacht reported excellent results, although it was not yet the ideal method of preventing further accidents, as the wounding of large vessels and nerves could not always be avoided.

FOLLICULAR SERPIGINOUS ULCERS OF THE NOSE.

Finger exhibited a young girl, æt. 15, with Kaposi's

serpiginous ulcers of the nose. In both alæ were deep ulcerations with sharp edges and granular bases. The surrounding inflammatory swelling had roseate soft nodules. The affection is very painful, though not malignant. An application of 2 per cent. boracic ointment has been applied with the best results.

A URINE "SEGREGATOR."

Lichtenstern demonstrated the utility of Lay's "Harn Segregator," which he said was easy of application and trustworthy in its results. Others bore testimony to its excellence, particularly in the case of females, but were inclined to discourage its use in the male as impracticable for diagnostic purposes.

Nothnagel asked why its use was not as beneficial in the male as the female. Zuckerkandl replied that this instrument was often used in France on the male as well as the female, although its construction was not so suitable for that sex as for the female.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, April 4th, 1903

A NEW PHARMACOPŒIA.

REGARDING the fact that since the publication of the last edition of the Hungarian Pharmacopœia seventeen years have elapsed, during which period innumerable valuable drugs have been introduced into practice, and considering the fact that Hungary has been preceded by other nations in the publication of a Pharmacopœia of recent date, the Sanitary Committee of the city of Budapest has decreed that a new Pharmacopœia shall be compiled and issued as soon as possible. Substances used for preserving foods, even if they do not prevent decomposition, but only delay it, will be withdrawn from trade. The Board of Industry and Commerce requested from the Sanitary Committee the allowance of the free sale of washing soda, with the restriction that grocers must supply their customers with printed cautions relating to its being poisonous. This request, however, has not been complied with, and both poisoning and adulteration will be made more difficult on the advent of the new Pharmacopœia.

THE FIGHT AGAINST CONSUMPTION.

This is being waged here with the greatest possible energy. Lately the post and telegraph offices with the largest traffic have been instructed to supply the premises frequented by the public with waterproof side-walls (cement, linoleum, asbestos) and to hang on the walls, on a visible spot, printed warnings to the public, to use the spittoons.

It has also been decreed that all the greater hospitals in towns shall be instructed to adopt every possible precautionary measure.

In the year 1902 infectious diseases were fewer in number than in the preceding year; this particularly holds true in regard to typhoid as shown by the following table:—

| In | Typhoid fever. | Deaths. |
|------|----------------|---------|
| 1896 | 769 | 107 |
| 1897 | 619 | 77 |
| 1898 | 909 | 183 |
| 1899 | 798 | 175 |
| 1900 | 310 | 75 |
| 1901 | 258 | 57 |
| 1902 | 217 | 30 |

A considerable increase of cases has been observed with diphtheria and croup. Against 830 cases in 1901 there were 1,371 in 1902, the increase being 571 cases. No cases of small-pox occurred in Budapest during last year.

NEW REGULATIONS FOR FEMALE TRAVELLERS.

The Minister of the Hungarian Railways has

issued new regulations to the railway-guards wherein they are earnestly admonished to strictly separate women passengers travelling without escort. That this has become increasingly necessary, was emphasised by a sad incident which occurred a few days ago. A girl of sixteen (travelling in the 3rd class), through lack of room in the female department of the car, entered a smoking cabin. The men therein carried on during the journey such a vulgar and disgusting discourse that the girl, when leaving the car, fell down from nervous prostration as the consequence of the filthy conversation she had been compelled to listen to. This new decree, that girls without escort must not travel in railway cars, except in reserved compartments, has been received with general favour.

CASE OF SPORADIC CRETINISM.

At the recent meeting of the Royal Medical Society Professor Bokay Tanos demonstrated a recovered case of sporadic cretinism. First he showed projected photographs taken during the progress of a case of myxœdemic idiocy, in which thyroid tablets were administered. The case underwent treatment when the child was only two years of age, and after four years hardly any traces of cretinism could be found. Professor Bokay referred to the interesting cases reported in English and American periodicals as agreeing with his own extensive experience gathered in similar cases after the systematic administration of thyroid tablets, and warmly advocated its use. In no case did he notice any pathological by-effects of the drug. He further mentioned that in exceptional cases of sporadic cretinism, when the thyroid gland was found to be in a wholly normal state, the administration of thyroid tablets would be, of course, of no avail.

THE number of physicians shows a considerable diminution; from 1,379 it went down to 1,268. On the other hand the number of midwives shows an increase, and now totals 973.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

NEURECTOMY OF THE SECOND AND THIRD DIVISIONS OF THE FIFTH NERVE FOR TRIGEMINAL TIC.—Mr. CARLESS operated on a woman, æt. between 60 and 70 (sent up by Dr. Jollye, of Alresford), who had suffered from severe trigeminal neuralgia on the left side off and on for twenty years. All her teeth had been removed on this side without amelioration of the symptoms. When admitted her pain was almost continuous, so that she obtained but little sleep. The pain was practically limited to the region of distribution of the second and third divisions of the nerve, but the tongue was not involved. On inspection considerable facial twitching was noted, and the left side of the face looked dirty as the patient could not bear it to be touched even for washing purposes. She was unable to masticate food, and hence had to live on slops and even these had to be given very carefully. Apart from this she was a fairly well-preserved woman for her age. No peripheral operations had previously been undertaken. The patient was anæsthetised with A.C.E. mixture and subsequently chloroform was administered through a nasal tube by means of Junker's apparatus. A curved incision was made externally from the external angular process of the frontal bones backwards, a little above the zygoma to its root, and then downwards in front of the tragus, and finally forwards to a point a little above and internal to the angle of the jaw. The flap thus marked out was

dissected forwards, care being taken not to cut too deeply for fear of injuring the facial nerve or Stenson's duct. Bleeding having been stopped, the periosteum over the zygoma was divided and stripped back so as to enable holes to be drilled back and front for subsequent wiring. The process was then divided with a saw and, together with the masseter, turned downwards. The temporal tendon and coronoid process were thereby exposed, and the latter was divided with large cutting pliers and removed, together with a portion of the temporal tendon. After pulling away some loose fatty tissue the external pterygoid was clearly exposed and the internal maxillary artery seen coursing over it towards the pterygo-maxillary fissure. Ligatures were passed round the artery by means of an aneurysm needle, and the vessel ligatured in two places and divided between. The pterygo-maxillary fissure was in this instance very narrow, scarcely admitting an aneurysm needle, and hence a portion of the posterior bony margin had to be carefully chiselled away. It was then possible to introduce an aneurysm needle and feel the foramen rotundum and demonstrate the second division of the fifth nerve passing from it forwards into the orbit. The nerve was divided as close to the foramen as possible, and its peripheral segment pulled and twisted out, an inch at least of the nerve being secured in this way. Attention was next given to the third division, which was found in the posterior part of the wound above the upper margin of the external pterygoid. The muscle was drawn down and the various branches of the nerve very clearly shown. Some trouble arose at this period of the operation from the middle meningeal artery, which was, however, finally secured by ligature. The third division was divided within the foramen ovale, and the peripheral part pulled and twisted out; but no very long portion was secured. Bleeding having been controlled, the zygoma was wired up into position, the periosteum over it sutured, and the external wound closed in the usual way. Mr. Carless said that the patient had originally been sent up to see Professor Rose, who transferred the case to him (Mr. Carless). Mr. Rose considered that the patient's welfare would be best secured by attacking the second and third divisions outside the skull rather than by seeking to remove the Gasserian ganglion, in which opinion he (Mr. Carless) fully coincided, as there was no evidence of the first division being involved, and the major operation had certainly a mortality 10 per cent. higher than that of the peripheral operation. In dealing with the two divisions at the same time some slight modification of the technique, he pointed out, had to be adopted from that utilised for either branch separately. The difficulty, he remarked, lay in the temporal tendon and coronoid process, which lay between the two divisions, and the solution of the difficulty consisted in removing the process and the lower end of the tendon. Experience, he said, had abundantly demonstrated that this procedure caused less interference subsequently with the movements of mastication than attempting to wire the coronoid process after its division. Some slight difficulty, he thought, occurs in removing large portions of the third division with this procedure owing to the nerve having to be pulled up over the upper border of the external pterygoid. When the surgeon attacks the nerve from below it is easy, he stated, to twist or pull out four or six inch lengths of the chief nerves, until the present operation he had to be satisfied with much smaller portions.

It is satisfactory to state that the patient suffered

very little from shock, the whole operation not lasting longer than an hour and a quarter. There was some escape of blood-stained fluid and subsequently a discharge from the upper part of the wound of a curious glairy material stated by the clinical pathologist of the hospital (Dr. Emery) to be red bone marrow. The pain was entirely relieved, and the patient left the hospital free from pain and with the wound healed in about a month, eating, sleeping, and feeling very well.

PERIPHERAL NEURECTOMY OF SUPRA-ORBITAL AND MENTAL BRANCHES OF THE FIFTH NERVE.—The same surgeon operated on a subsequent occasion on a case of severe recurrent neuralgia involving all the peripheral branches of the fifth nerve. The patient was a man, *æt.* about 60, and had previously been operated on by Mr. Rose, who had removed the greater portion of the Gasserian ganglion by Doyen's method. The case was reported in the *Practitioner*, May, 1902, and a diagram was there appended to indicate the amount of the ganglion that was removed. The patient gained relief for six months or more, and then the pain recurred in all the divisions of the nerve. When admitted to hospital the man was in a miserable state of malnutrition, the pain was almost constant, and any examination which suggested the possibility of the face being touched brought on a severe paroxysm associated with facial contortions. Anæsthesia was present over a portion of the area supplied by the second division, but elsewhere was not very marked. Mr. Carless commented on the extreme interest of this case. He had assisted Mr. Rose at the former operation, and could vouch for the thorough removal of the intra-cranial portions of the second and third divisions of the nerve and of at least the lower two-thirds of the ganglion associated with these divisions. It was obvious that nothing further could be done to the ganglion, and the only measure that suggested the possibility of giving relief to the patient was removal of the peripheral segments. Mr. Carless stated that he had seen cases before in which pain persisted in the peripheral segment after the central portion of the nerve had been removed, and in which relief was given by secondary removal of the peripheral painful spot. He therefore proposed to remove as thoroughly as possible the three chief terminations on the face of the nerve. The supra-orbital nerve was removed through a transverse incision along the eyebrow, the nerve was found to be emerging from the orbit through a long canal which was opened up by a chisel, and thus an inch at least of the intra-orbital portion of the nerve was secured. The intra-orbital nerve was exposed by an incision parallel to and just below the lower border of the orbit. The canal was similarly opened up with a chisel, and the nerve extracted by torsion. A good deal of bleeding ensued from the supra-orbital artery, which had obviously been torn. The mental division was laid bare by an incision along the lower border of the jaw, the soft tissues being retracted from the bone. Careful traction enabled a considerable portion of this nerve to be drawn out.

It is satisfactory to note that the patient's pain was entirely and immediately relieved, and that he left the hospital in a fortnight. The further history of this case will be watched with the greatest interest.

DR. W. H. MOORHOUSE, of London, Ontario, is the elected President of the thirty-sixth annual meeting of the Canadian Medical Association, to be held in that city in August of the present year.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 8, 1903.

LUNACY AND LAW.—I.

THIS interesting and important topic has of late been prominently brought under the notice of the Medico-Psychological Association of Great Britain and Ireland by papers read at the general meetings at the instance of Sir William Gowers and Dr. Ernest White. These papers have provided much food for careful reflection, and have brought into light a number of questions of no small importance. We hope, therefore, they will bear fruit, and that the points calling for redress will receive consideration from the reigning authorities and legislators, and not result in mere vapour. To us the crux of the whole question appears to lie in the stigma which is inflicted undeservingly and without compassion on our more unfortunate brethren who have required asylum treatment. Now this should not be, for there is no substantial reason why this stigma, if such there be, should appear an insurmountable barrier. It is certainly made far too much of, and this is much to be regretted. In referring to an hospital for the treatment of mental diseases, that unnatural term "asylum," so regularly used, should be treated with contempt, and such an institution should always be designated a "mental hospital." There should be no prejudice against "mental hospital," and were this suggestion generally adhered to rigidly we believe that the supposed stigma would soon be precipitated into oblivion. No stigma is attached to a person treated in a general hospital, then why depart from this principle when the necessary treatment requires to be meted out in a mental hospital? For the modern asylum, like the fever hospital, is only a differentiation from the general hospital—the tendency of the age being to specialise and differentiate. Again, their main objects, viz., the cure, care, and well-being of their patients, are uniform. The boundary line between mental and physical disease is not

sharply defined and there are often cases, presenting more indications for physician than for mental treatment, sent to a mental hospital, the wards of which, therefore, are for the time being suggestive of the wards of a general hospital. Not so long ago the public regarded a consumptive person with a feeling of reproach, and practically the same stigma was then attached to him as that so unjustly imposed at the present time on a person who has been treated in a mental hospital. But that feeling and stigma in the former case have now been totally discarded, and we earnestly hope that we shall be able at a not far distant date to apply the same term to the latter case also. It is a matter for regret that the general practitioner, perhaps unconsciously, often encourages the public in their unreasoning and paltry prejudices against mental hospitals by shunning the ordeal of labelling the illness "mental," and pursuing his fruitless treatment of the patient in a private dwelling. This is a grave misapprehension, and it ultimately detracts from the patient's chances of recovery, or, at least, it makes recovery more tedious. He continues to pass the mental aberration off as neurasthenia, or some other such disease, and delays the evil day until the patient becomes quite unmanageable, and then calls in an alienist to pronounce "sentence" on the patient and break the news to the sorrowing relatives. Surely this should not obtain at the present stage of psychological medicine, and while it does, the public mind will harbour and recognise that supposed stigma. The medical spirit in mental hospitals has developed apace of late years, and the establishing of real hospital wards in connection with them has done much to remove the popular prejudices attaching to such institutions; for we find an increasing facility in the reception of the idea that insanity is a disease, and requires hospital treatment like any other disease. Undoubtedly the modern mental hospital has done much to wipe out these prejudices, often exaggerated, which have long lingered against them, and which are fostered by such barbarous names as asylum, lunatic, and the like. In order to further the change of public opinion these jarring terms should be obliterated, and were these points strictly observed we have no doubt the public would ere long look upon a mental hospital from the same standpoint as they at present regard a general hospital. The public also retain a prejudice against consulting a medical man for mental symptoms, and when once they realise and recognise the importance of obtaining without delay medical advice on mental as well as physical symptoms, the preventive treatment of insanity will have made a good step in the right direction. Another drawback which must disappear is the suppression of information about patients. It is most important that the physician should be fully acquainted with the history of the illness, and the reticence on the part of the relatives is a weighty obstacle to a proper estimation of the

nature of the mental disease. It is to the interest of all concerned to check the increase of lunacy as much as possible, and it stands to reason the more completely physicians, and especially mental hospital physicians, are entrusted with the threads of a case at the outset, the more likely is the treatment to prove successful. We hope the public will soon look at these matters in their true light, and that these prejudices will soon be ranked among the things of the past.

QUACKERY IN THE EIGHTEENTH CENTURY.

QUACKERY is not limited to any particular age or confined to certain races; it is an evergreen growth of human frailty, and in every period and among all people in some form or other springs into more or less prominence as a manifestation of man's nearness to his origin in the dark days of superstition and cruel ignorance.

It would be well if medical men before clamouring for the suppression of the quack and agitating for the prohibition of such irregular and irrational measures as he is accustomed to follow could study that aspect of human psychology which, at least in part, is capable of throwing light on the persistent support of the charlatan, furnished in all ages by cultured and highly-trained minds as by the impressionable populace. Quackery prevails and flourishes perhaps even more in the circles of the intellectual than in the workshops of the people. Churchmen, lawyers, politicians and statesmen are all theoretically defenders of the faith, but, as every medical man knows, at all times and in all countries there is a conspicuous tendency among such to maintain an open door for the entrance of the untaught, untrained quack or "healer," who by innate agencies, occult powers, or supernatural abilities may, perchance, have discovered a way of relief. And it cannot be denied that strong evidence may be adduced in favour of the wisdom of such a course. Certainly some of the most beneficent measures which have gone far to mitigate suffering have owed their conception to the ingenuity of minds untrained in medical matters. Those who know most are best able to appreciate the need for such liberty as shall not hinder the powers of natural originality. The days when mere "authority" ruled and when "dogma" was accepted without dispute are fortunately past, and it is by the casting off of ancient follies and the discarding of mediæval fancies that medicine has won the place of being regarded as one of the most progressive forms of applied science. In studying the quackery of to-day it is well to apply the evolution method. The history of the past is rich in lessons for the present.

Although we claim that the twentieth century is flooded with the true light from the perpetually burning lamp of Science, it is well to remember that evidences in all too rich abundance show that we are in reality not far removed from the gross quackery of the eighteenth century.

This has been well indicated by the late Sir Walter Besant, in his recently published noble posthumous work on "London in the Eighteenth Century." The famous "Dr. Graham" stands out as one of the most conspicuous of the fashionable quacks of this bygone age. He made his first appearance in 1780. His house in Adelphi Terrace was inscribed with the legend *Templum Æsculapio Sacrum*. He gave lectures, admission to which required the fee of two guineas, and at their conclusion a girl was revealed standing in a recess naked, but adorned with all the charms supposed to belong to the Goddess of Health, which she was supposed to personate. Graham, we are told, "became famous and made money." He designed the "Celestial Bed," a four-poster standing on glass legs, "by means of which children of the most perfect beauty could be begotten," and it is said he charged £500 a night for the use of this nocturnal necessity. Later this impostor advocated "bathing in earth," but finally, it is comforting to learn that his creditors pursued him, and he had to retire into the country. There was also a notorious quack named Perkins, who introduced "metallic tractors" for the cure of rheumatism, gout, sciatica and the like. His bits of metal sold for five guineas. Sir Walter Besant gives a long list of old London signs and advertisements which amply illustrate the widespread circulation of quack medicines in the eighteenth century. But while it is interesting to study the means adopted to deceive the sick and suffering in the past, we fear just as many examples from the present might readily be collected to show that the same spirit of selfishness and an identical manner of lying characterises the quackery of the enlightened twentieth century.

DUODENOSTOMY.

DUODENOSTOMY and the production of an artificial mouth in the duodenum is a very unusual operation. Braune in 1878 (*Arch. d. Heilk.*) drew attention to the facility with which the duodenum could be reached and drawn out through an abdominal section, and incised. No further progress was made in this direction until an accident revealed to Dr. Carl Langenbuch in the year 1880, the relief that such an operation might give in certain cases of carcinomata. The Congress of German Surgeons occurring in the same year gave the desired opportunity to him for bringing the matter before his surgical brethren and recounting the steps of the operation which he had but a short time previously performed, and exhibiting the pathological specimen that told of death from causes unconnected with the operation. The case is of such interest and is so little known that we may be excused for giving an abstract of the report which was published in the *Berliner Klinische Wochenschrift*. The patient, a woman thirty-two years old, had suffered from "stomach troubles" for years. In the neighbourhood of the pylorus a well-marked tumour could be found, and extending along the course of the lesser curvature of the stomach a rather hard ridge was felt. The

pylorus seemed to be entirely occluded, as there was constant vomiting of the fluid, and scarcely any fæces were passed. The operation was intended to be exploratory; if feasible the pylorus was to be excised, if not, then an opening was to be made into the duodenum, and this, in fact, was done, for it was found that the cancerous disease had spread along the lesser curvature of the stomach, and that therefore resection of the pylorus was impossible. A piece of the first portion of the duodenum was attached to the abdominal wall by fifteen or twenty-five sutures, which did not quite penetrate the entire thickness of the duodenum. Seven days after the bowel was opened. The patient died ten days after the second operation from exhaustion. In January, 1888, Mr. F. B. Jessett read at the meeting of the Medical Society of London a report of a duodenostomy which he performed on a woman, aged forty-three, who was in a very emaciated condition when operated on. As in Langenbuch's case the duodenostomy was not the operation of selection. The operation was performed on June 4th, 1887, and the patient died on the 3rd of the following July, during which time she enjoyed comparative comfort and took food through the artificial opening without inconvenience. The most recent case is that of M. Hartmann, who operated on a woman who had destroyed the mucous membrane of her stomach by swallowing a quantity of a caustic liquid. In a paper read before the Société de Chirurgie, on December 11th last, he expressed himself as much pleased with the facility and ease with which the operation can be performed. The patient died of septicæmia, which the autopsy demonstrated as due to a large ulcer of the stomach, which the patient aggravated by taking food by the mouth. These cases, which include, we think, all those recorded, raise the question of the relative merits of duodenostomy and gastro-enterostomy. Duodenostomy deprives the patient of the mastication of food and the attendant outpouring of the salivary and gastric secretions, and there is a difficulty in preventing the escape of bile, which irritates the wound and adds to the patient's discomfort. When formally stated these disadvantages look formidable. But, as a matter of fact, they are merely fireside objections. It cannot be seriously said that the patient derives benefit from food lying to decompose in a carcinomatous stomach with occlusion of the pylorus. Such a viscus has practically ceased to be a stomach; it cannot secrete healthy gastric juice, and the imperfectly masticated food, for such disease usually occurs in those advanced in life, introduced into it simply acts as an irritant and stimulates the growth of the disease. There are exceptional cases in which carcinoma of the stomach gives no pain—such cases are the exception, they remain undetected until death and escape the ken of the surgeon. The escape of bile was a source of much trouble in Mr. Jessett's case, and is one of the real difficulties that the surgeon is called on to contend with, withal it is a much less evil than those that call for the operation. We think that duodenostomy and gastro-enterostomy

both have their recognised place in the field of surgery, and if the carcinoma was found to be confined to the pyloric orifice most surgeons would prefer a gastro-jejunostomy, which gives the advantages of mastication and the gastric secretion and the complete retention of the bile to the nutrition of the patient; even though it carries with it the danger of kinking. Duodenostomy is intended to meet a different class of cases—it is valuable when the carcinoma has not alone occluded the pyloric orifice, but extends throughout the organ, particularly if the cardiac orifice is affected. Indeed, in all cases where the excision of the stomach is contemplated the alternative operation of an artificial duodenal mouth should be considered; it is much less dangerous, more easy of performance, and not less satisfactory in its results, for not one of the patients operated on died as a result of the operation, and in every case it gave temporary relief. As we read the reports we are driven to the conclusion that in every case the operation was delayed until the recuperative powers of the patient were lost. To be a success, duodenostomy, like every other operation, must be performed before all hope of recovery is lost.

Notes on Current Topics.

The Corporation of Dublin and the Hospital Grant.

THE report of the Estate and Finance Committee of the Dublin Corporation on the estimates of receipts and expenditures for the ensuing year is not one which will prove very pleasant reading to any class of citizen, but it will be especially unpleasant to the boards of the various Dublin hospitals. The committee recommend that a reduction of ten per cent. should be made in the annual grant to the hospitals on the ground that the obligations of the Corporation are now very much greater than they were at the time when the grants were originally fixed. The recommendation of the committee concludes with an enigmatical remark which we confess we are quite unable to understand: "Having regard to the pressure on the civic finance incident to the present time . . . we think we are not unduly pressing those authorities who contribute nothing in relief of taxation in asking them to accept a ten per cent. reduction on the amount granted to them heretofore." This may mean that hospitals pay no rates—as is the case—but if so, is it not in the nature of a rather pointless sneer? What advantage would accrue to the ratepayers if hospitals did pay rates? would not the obligation of so doing necessitate the collection of more subscriptions and a larger corporation grant—a robbing of Peter to pay Paul of a particularly Hibernian character? We entirely deny that, as a matter of fact, the hospitals contribute nothing in relief of taxation. They collect a quantity of money through the country generally and spend it in the city, and they take off the hands of the Poor-law authorities an enormous number of the sick poor of the city

who would otherwise be a direct charge on the rates. A contemporary terms the condition revealed by the report of the committee "The Municipal Muddle," and, indeed, we fear that the Corporation is largely to blame for the present state of affairs. We must absolutely protest against the reduction of the hospital grants. If the Corporation think for a little they will find that there are better and more justifiable modes of economising.

Pollution of the Belfast Water Supply.

OUR Belfast correspondent calls attention to an alarming state of affairs that exists in Belfast, one which goes far to account for the outbreaks of typhoid fever that have recently occurred. The last of these outbreaks has been in the catchment area of the Stoneyford reservoir, and from what our correspondent tells us we fear that, if radical measures are not adopted, the next outbreak may be in the area supplied by the same reservoir. It appears that a small medical committee consisting of Professor Lorraine Smith and Drs. Robb and Whitaker visited the scene of the epidemic lately in company with a sanitary officer, and found that some of the streams which supply the reservoir were in process of being directly polluted with non-disinfected typhoid dejecta. The committee accordingly reported to the Corporation that they considered the Stoneyford water should be condemned for domestic use for the present, and recommended a full inquiry into the circumstances attending the present outbreak. Their recommendations were subsequently discussed at a meeting of the Waterworks Committee, at which the engineer of the works was able to bring up the crumb of comfort that none of the water from the infected streams could get into the reservoir so long as the latter remained at its present height, and that, in fact, there was a matter of eight feet of water between the inhabitants of Belfast and an outbreak of typhoid. As this watery barrier is of an extremely unstable nature, we trust that the large portion of common sense with which the inhabitants of Belfast are accredited will force the authorities to act in accordance with the expressed opinion of their medical advisers.

Mirror-Writing.

To a good many people we think that the term "mirror-writing" will prove a little unfamiliar. It is that form of writing which is illegible to the ordinary reader unless the paper be held before a mirror, or read through from the other side. For many years the faculty of mirror-writing has been observed occasionally as a concomitant of some forms of insanity and hysteria. Latterly, however, it has often been noticed to occur in people who have no mental degeneracy, and whose only other peculiarity is left-handedness. De Rudolf, of Toronto, who has recently published an interesting summary of the subject (*Canadian Practitioner*, February), is of opinion that it is the natural way of writing with left-handed people. Right-handed mirror-writing, on the contrary, is purely artificial and

imitative. A left-handed patient, whose case he relates, naturally wrote left-handed mirror-writing, and with difficulty was taught to write in the ordinary way with the right hand. Now she is able with ease to write four quite different styles, ordinary hand mirror-writing with each hand. In many cases of mirror-writing the subject is unable to see that there is anything peculiar in his method of writing, or that it is different from the ordinary method. The muscular movements employed in left hand mirror-writing are, of course, the same as in right-hand direct, so that there is no difficulty in agreeing with De Rudolf as to the co-existence of left-handedness and mirror-writing. He adduces various statistics in support of the same contention.

The Sale of Poisons.

IN view of recent poisoning cases which have attracted public attention, it is interesting to learn that those responsible for administering the pharmacy and poison laws are actively engaged in an endeavour to make the restrictions upon the sale of poisons more effective. The Pharmaceutical Society, on whose behalf a Pharmacy Acts Amendment Bill has just been introduced into the House of Commons, finds that there are two serious defects in the present law affecting the sale of poisons. In the first place the Companies Acts enable unqualified and incompetent persons to escape the incidence of the Pharmacy Act of 1868, under which the sale of poisons is regulated. It is found that individuals who fail to pass the qualifying examination of the Pharmaceutical Society frequently convert themselves into limited liability companies—some of which are so-called "one-man" companies—and are thus able to do all those things which the Pharmacy Act prohibits them from doing as individuals. Such persons may use a chemist's title, but are under no obligation to conform to the regulations regarding dispensing or the storage and sale of poisons which have been imposed by statute upon trained and registered individuals. The Pharmaceutical Society does not seek to prohibit limited companies from keeping open shops for dispensing medicines or selling poisons, but it seems essential—in the public interest—that companies should be compelled to comply with the same regulations as registered chemists, and it is desired, therefore, that companies should be placed in the same position as individuals in that respect. The second defect in the law is that under the existing legal procedure it is only possible to prosecute the actual seller of a poison, who is frequently merely an assistant in the shop, while the real offender—the employer who causes the offence to be committed—cannot be proceeded against. The Bill now under consideration would alter all this by making the master fully responsible for the acts of his servants—a change which would be to the undoubted benefit of the public. It also provides means such as do not at present exist, of ascertaining readily (1) in what shops poisons are retailed, and (2) whether the persons in charge of

the business at such places are duly qualified or not. At the same time it is most desirable that the Bill should not interfere unduly with poison dispensed in medicines, either by medical men or by dispensing chemists, and from that point of view close attention is required from medical members of Parliament.

The Steady Drinker.

It is the fashion nowadays to belittle the value of statistics by the timeworn adage that it is possible to prove anything by figures. In nine cases out of ten that wise warning against fallacy is read in the light of an answer to the original proposition. The fact is, of course, that statistics are valuable evidence if properly handled. It is interesting to see that figures point to a great increase of the "steady drinker" in France. Since the year 1874 no special license has been required for selling liquor, with the result that the number of persons engaged in the trade has doubled. In the Department of the Eure it was found that an equal population in 1870 consumed 20,000 hectolitres of alcohol; in 1880, 30,000, and in 1890, 56,000. In that part of France it is not surprising to learn that the mortality is steadily rising instead of falling, and that suicides and lunacy are rapidly on the increase. In the United Kingdom, happily, figures seem to point to the conclusion that the "steady drinker" is, if anything, slightly on the decrease. The consumption of spirits per head of population in 1898 was 1.04 gallon, a figure that, with the exception of the six $\frac{1}{2}$ years 1872-78, has only once or twice been exceeded by a minute fraction during the past forty-eight years. In the seven years mentioned the average was 1.21. These figures were compiled by the late Lord Farrer, a just and careful statistician. If we may judge by spirit consumption alone the "steady drinker" has not found many recruits during the past half century in our own country. Assuming that the "steady" or "quiet" drinker represents the disastrous habit of drinking in its most fatal and insidious form, we may congratulate our countrymen on the passing away from our midst of the immoderate moderate drinker.

Sport v. Sentimentalism.

THE ways of mankind are curious, to say the least of it, with regard to the lower animals. Man—masterful man—asserts his right over beast, bird, fishes and insects for purposes of food, sport, labour, amusement and, as a lawyer might say, "for any further purpose wheresoever or howsoever required, encompassed or exacted." Yet the Legislature, which is supposed to represent more or less faithfully the views of the man in the street, has passed various laws restraining the powers of the community over dumb animals. The most stringent measure is far and away that directed against vivisection, in spite of the fact that that species of scientific research is conducted by men belonging to a broad and ykindl

profession in the interests of mankind at large. In other words, the highest and loftiest aims possible to the human intellect are hampered and insulted by rules that are not considered necessary say, in the regulation of sport and of slaughter of animals for food, two directions in which savage cruelty is daily perpetrated. A short while ago a man was severely punished by a magistrate for allowing a dog to worry a rat with an unnecessary amount of cruelty. Compare that eccentric sentimentalism with the scenes to be witnessed at stag hunts and rabbit coursing. A torn and bleeding rabbit dragged from the dogs is often carried some distance, while still alive, without any attempt to put an end to its sufferings. Clearly the sentimental value of a rat or a rabbit varies with its environment, whether that be a back alley in a town, a scientific laboratory, or a country field. No vivisector objects to reasonable control of experimentation, and it is hard to see why "sportsmen" who claim to be fair and generous in the exercise of their craft should not kick against humane legislation. Consistency is the rock upon which the sentimentalists have hitherto split in their endeavours to regulate the relations between man and the lower animals.

Police Magistrates and "Temper."

WHAT is to be done with the weak-minded persons whose life under modern social conditions is spent between the starvation of the wastrel "and the sordid surroundings of the gaol and the workhouse"? The rough and ready solution offered by society in dealing with them is to the last degree unsatisfactory. Their mental want of balance is often evidenced by epilepsy, or by acts that are purposeless, hopelessly eccentric, or otherwise lacking insane moral control. Last week a "morose-looking" young woman, twenty-four years of age, was brought up at Worship Street Police Court in the Metropolis, charged with begging. The evidence showed that the prisoner had only that morning come out of prison, where she had just served a month's imprisonment for refractory conduct in a workhouse. The gaoler of the court said that on a previous occasion of the girl being charged she had a series of fits in the prisoners' room. A doctor was called on three occasions to her, but though it was evident she was not shamming it was said her illness was "temper." It is impossible to avoid the conclusion that the worthy gaoler's report was inaccurate, for we refuse to believe that any responsible medical man would describe an epileptic seizure as the result of "temper." The magistrate, however, in spite of the evidence as to the diseased brain condition of the unfortunate girl, sent her to hard labour for two months. A verdict of this kind seems to us a terrible travesty of justice, in the sense that it metes out punishment of the harshest to an irresponsible offender, who is, in point of fact, simply the defective product of social and family causes outside her personal control. It is a pity lawyers, especially when in

an administrative position, cannot be compelled to take a course of study in elementary psychology and mental diseases.

Naphtha and the Explosives Act.

THE Explosives Act is a salutary measure intended to minimise the danger caused to the public by the storage of various inflammable materials. Like many other laws that are admirable in principle, it is nevertheless so badly drawn as to be full of contradictions and absurdities. The other day in a London County Council prosecution it was shown that a man's premises could not be searched unless he were licensed, while the moment any offence was discovered the offender became an unlicensed person. He was convicted, however, in spite of this comic opera fooling on the part of the law. He was shown to have broken the conditions of his license in three respects:—First, he had more than twice the six gallons of naphtha spirit, which proved the legal limit; secondly, he did not store it apart in a special chamber; thirdly, the flash-point of his naphtha was 61 degrees, whereas the Act fixed the minimum point at 73 degrees. There is probably no law in the Kingdom more systematically and widely evaded than that of the Explosives Act. In the fatal Queen Victoria Street fire in London last year it was shown that an explosive was kept in large quantities without a license. It is to be hoped that local authorities through the United Kingdom will inquire more closely into this important social matter.

An Antitoxin to Morphia.

IN the enunciation of his brilliant "side-chain theory of immunity," Ehrlich always insisted on the great importance of drawing a distinction between the poisons of simple chemical compositions, such as the metallic poisons of alkaloids, and those of more complex molecules, as he supposes bacterial toxins and certain vegetable poisons, as well as snake-venom, to be. The latter class he thinks resemble proteids very closely, and it is on this account not only that they are able to enter into true chemical combination with the cell, but also that they possess the power of stimulating the cell to the production of antitoxins. According to his theory, the simpler poisons have not this power, nor do they enter into true combination with the cell. If, however, the recent researches of Hirschlaff are sound, Ehrlich's doctrine must be modified, since the former claims to have discovered an antitoxin to morphia. He proceeded to immunise rabbits by gradually increasing doses of the drug, and in some weeks the blood-serum was found to have a marked protective effect on mice. The protection could be gained whether the antitoxin was administered before or shortly after the poison. Carrying his investigations to man, Hirschlaff was able in the one case of acute morphia poisoning which came under his observation to try the result of the serum treatment. It was markedly successful. The importance of the discovery, if it is supported by further testimony, is no less in

regard to practice than it is interesting from the side of pure science.

The Trustworthiness of Temperatures taken in the Mouth.

IN a recent number we commented on the untrustworthiness of cheap clinical thermometers, and showed the extent of the differences in reading that may be obtained from such instruments under identical circumstances. Drs. Burton-Fanning and Champion have now brought some interesting facts to light regarding some of the difficulties that surround the correct taking of temperatures in the mouth, even when the thermometer is all that it should be. According to their observations, which have extended over a period of some three years, with specially selected half-minute thermometers certified at Kew, it took under certain circumstances from 30 seconds to 30 minutes for the thermometer to reach a maximum when placed in the mouth. The explanation of this is that while the half-minute thermometer correctly registers within half a minute the temperature of the cavity in which it is placed, it may take much longer than half a minute from the time the lips have been closed to raise the cavity of the mouth to its full heat. Drs. Burton-Fanning and Champion consider that the lips must be kept closed for as long as thirty minutes in cases in which the patient has been breathing cold air with parted lips before the temperature of the oral cavity becomes normal. If this is so, it accounts perhaps for many of the almost inexplicable cases of markedly sub-normal morning temperatures in apparently healthy patients. On the other hand, it must be remembered that the bulb of the thermometer is placed not free in the oral cavity but under the tongue, and that can even after the inspiration of extremely cold air, it nottake very long for the temperature in the potential cavity between the tongue and the floor of the mouth to rise to the normal.

Sewage-Fed Oysters.

AN important report on the circumstances attending the situation and management of the Clonarf oyster beds, which are situated in Dublin, Bay, has just been issued by the Public Health Department of the Corporation of Dublin. The report, which consists of two parts, the first signed by Dr. Edgar Flynn, Medical Inspector of the Local Government Board, and the second signed by Professor E. J. McWeeney, the well-known pathologist, unhesitatingly condemns the present position of the beds. It appears that within a space of three miles, and directly opposite to the oyster beds there are fifteen main-sewer outfalls, discharging crude sewage on to the foreshore. Further, as if this was not enough, the unpurified sewage of Dublin is discharged 1,513 yards away, and the outfall of the Rathmines and Pembroke sewage 2,300 yards away. In such surroundings the "honest" oyster dealer places his oysters to "fatten," and thence when sufficiently charged with the sewage of Dublin and its townships they are removed to the various establishments where they are retailed.

Professor M'Weeney states in his report that he examined even different groups of shell fish, all removed from these beds, six of these consisted of various kinds of oysters, and the remaining group of cockles. In all distinct traces of faecal contamination were found as evidenced by the presence of typical specimens of *Bacillus coli*. We cordially re-echo the hope expressed by the Public Health Committee that the Port and Docks Board of Dublin will refrain from letting the oyster beds in future, and that thus a great public danger will be removed.

Infection of the Communion Cup.

MODERN science is relentless in the logical application of demonstrated principles. The practice of celebrating the Communion by drinking from a common cup, which is prevalent in churches of various creeds, cannot be defended from a sanitary point of view. The study of the bacteriology of the mouth has proved the existence of vast numbers of organisms even in apparently healthy persons. It would be difficult to conceive any more effectual method of spreading bacteria through a given body of persons than by making them drink one after the other out of a common vessel. As to disease-producing bacilli, it is safe to say that a certain percentage of every congregation will certainly be the bearers of harmful organisms, such as those of diphtheria, pneumonia, or tubercle. The whole question of the Communion cup certainly deserves to be discussed temperately and logically, by the churches concerned. It is no use dismissing the subject with righteous indignation and lofty contempt, as the Brechin presbytery appear to have done recently. Their attitude does not dispose of the danger of infection from the use of the Communion cup, as pointed out by the Brechin medical officer of health. In private social life no one would dream of using a drinking vessel uncleansed after use by another person. The sacred character of the Communion cup renders it all the more necessary and desirable to prevent a solemn religious rite from becoming a source of unnecessary misery and death.

The Food of the Navy.

THE food provided for sailors in the British fleet has always been notoriously bad, and there is little doubt that even now, in spite of ages of grumbling, there is abundant room for improvement. Why should this be? Something definite is now known as to the exact nutritive value of particular diets, thanks to the method of estimating its effect upon the nitrogenous output of the body. It is to be feared, however, that the gentlemen who control and direct the mess tables of our Navy do not handle the subject in the light of science. If they were properly up to date they would be able to produce scientific support for every single item of their dietary list. As things go, the advisers of the Admiralty seemingly prefer to hobble about, cheerfully clinging to the crutches of doubtful theory. Alas! experience has shown there is no more dangerous

theorist than the man who rides dietary hobbies, whether in prisons, in workhouses, in barracks or in mess rooms. On theoretical grounds a vast number of our unfortunate countrymen, we imagine, have been condemned to pass varying periods of their lifetime in what is—from a scientific point of view—semi-starvation. The idea is simply monstrous that a man is to be underfed because he has drifted into a workhouse or been shut up in a prison. More scandalously foolish still is the ill feeding of our soldiers and sailors, of whom so much is heard in our much vaunted Empire. Jack Ashore is an interesting person, not given over much to grumbling about the hardships of Jack Afloat. He knows well enough—none better—that a vast gulf exists between the romance of sea warfare and the weevily biscuits and ancient salt pork of the mess room. Some day, perchance, the searchlight of modern medical science will penetrate the dim inner chambers of the Admiralty.

The Manchester Royal Infirmary Question.

AT last the removal of this ancient foundation has passed beyond the region of argument which has agitated the medical and public mind for several years, as by a resolution of the special general meeting of trustees, held on Friday last, and referred to by our correspondent in another column, it was finally decided to sell the present site to the Corporation for £400,000, and to acquire the Stanley Grove site together with any adjoining property that may be required for the new building. There are, of course, many details to be settled, but the decision having been arrived at unanimously, we hope past grievances will be buried, and that all will work loyally and harmoniously in carrying through this noble project.

Soldiers under Twenty.

THE question of the age of our soldiers is one of national importance. It is most desirable, therefore, that the War Office should endeavour to arrive at some definite principles with regard to the point. At the present moment, according to a recent statement by the Secretary for War in the House of Commons, there are no less than 41,586 rank and file under twenty years of age in the regular Army Service. In order to form a correct view of the age standards, it is necessary to learn the numbers serving at ages short of twenty, a point that has since been raised in Parliament. At first sight it would seem a good thing to place young men in a calling where they are under good conditions as to food, housing and occupation. On the other hand the outlook of the discharged soldier, who has not learnt a trade before he took to soldiering, is in nine cases out of ten most pitiable and forlorn. That lesson is writ large in the workhouses of the United Kingdom. Apart from future social prospects it is desirable to find out more exactly the effects of drill of various kinds upon the young man. The work entailed by constant training with rifles, guns, swords, and bayonets, to say nothing of

marches, sentry, and fatigue duty, engineering, and a host of other martial duties is often of a most exacting and laborious nature. In our opinion the stress of such continuous exertion should not be thrown upon a man under twenty years of age, and we think that in the vast majority of cases it would be wiser to enlist him from twenty-one onwards. A sound, healthy man of thirty or thirty-five ought to have a capacity of fifteen or twenty years military service, if he be well clothed, fed and housed, and his work be not unduly heavy and continuous.

Action for Malpraxis at Wolverhampton.

THE sympathies of the medical profession will be heartily accorded to Dr. Wolverson, of Wolverhampton, who had practically been accused of malpraxis by a patient. The exact method in which that imputation was conveyed consisted in a refusal to pay for attendance and an intimation that the services of the medical man in question would not be required at a forthcoming confinement for which he had been engaged. The first line of attack against Dr. Wolverson was that he had mistaken diphtheria for scarlet fever. That contention, as pointed out by the judge, entirely failed, and the second line of attack was then advanced, namely, that he had not warned the parents of the unhealthy nature of the house. The reason alleged was that the landlord was also a patient of Dr. Wolverson. The judge found that the children had been properly treated, and that there was not a shred of justification for the imputation of bad faith. We are glad to note that the conduct of this protracted and difficult case was most ably undertaken by the Medical Defence Union.

Shakespeare as a Medical Authority.

SOME Shakesperian commentators would seem to consider the "myriad-minded" dramatist a sufficient authority on all matters necessary to man's existence. There is, however, a discriminating worship, and discerning minds see in the wondrous portrayals of the great master a mirror, mysteriously polished it may be by the wonder worker mind, which reflects in great measure the manners and opinions of his time. This is certainly the case as regards such medical matters as are dealt with by Shakespeare. Dr. John Knott, in the current number of the *Westminster Review*, has a luminous article on the medical knowledge of Shakespeare, in which this thought is admirably carried out. There are but few definite allusions to the anatomy and surgery of the skeleton. Of muscles, as distinct entities in the framework of the human organism, Shakespeare appears to have had no knowledge whatever. His references to nerve and sinew are vague, and well indicate the indefinite ideas prevailing in his time. Regarding the circulation of the blood there are certainly many instances which seem to show that he had glimpses of some true knowledge, but it is quite certain that many anatomists

and physiologists had at least conceptions of the truth before Harvey was born. It is of peculiar interest to note the references to venesection scattered through the plays. Shakespeare was keenly observant of the progress of physiological processes as indicated by his quoted studies on old age and approaching dissolution; but the science of pathology hardly existed in his day, and although we meet with references to rheum and certain other morbid states there is but little of actual value in regard to manipulation of disease. The medical student would certainly do well to read his Shakespeare, but to fully appreciate its references to the healing art he should recognise the embryonic condition of scientific knowledge regarding the composition and constitution of the body which existed in the glorious Shakesperian age.

Oliver Goldsmith and James's Powder.

PROBABLY but few medical students, when wearied with the unhappy struggle with *materia medica*, stay to consider the interesting features which cluster around the introduction of a new drug, and the oftentimes tragic occurrences which accompany its journey to popularity or oblivion. We venture to think lecturers have been too slow to avail themselves of the many humorous and pathetic incidents which have gathered around the use and abuse of certain drugs, and we have no doubt students would gladly welcome more frequent reference to the literary and artistic associations of many of the preparations of the *British Pharmacopœia*. Some peculiarly attractive points connected with the administration of James's powders have recently appeared in a popular contemporary. The introducer of this once popular preparation was Dr. Robert James, the author of a "Medical Dictionary," which appeared in 1743, the dedication of which to Dr. Richard Mead was written by the great Dr. Johnson. But James's powders played an interesting part in the treatment of Oliver Goldsmith's fatal illness. It seems Goldsmith had made up his mind that he should be cured by James's fever powders. This led to much disagreement between physicians and patient. Powders were certainly obtained, but it seems doubtful if Goldsmith took any. In any case, the brilliant Oliver did not recover. But so strong was the popular belief in the efficacy of James's powders that the worldly Horace Walpole, on hearing of Goldsmith's death, wrote:—"The Republic of Parnassus has lost a member; Dr. Goldsmith is dead of a purple fever, and I think he might have been saved if he had continued James's powder, which had had much effect; but his physician interposed." And public taste has interposed, and now James's powder, although it is dignified by admission to the peerage of the B.P., and still lingers among us in antiquated dispensaries, and occasionally comes to light through the liking of some senior physician for ancient things, is no longer a matter for the concern of poets and statesmen.

PERSONAL.

THE election is announced of Professor W. A. Tilden, D.Sc., F.R.S., to the Presidency of the Chemical Society.

SIR VICTOR HORSLEY will deliver the opening address of the Winter Session of the Medical Faculty of the University of Birmingham on Monday, October 5th.

DR. CHARLES ANGUS, Medical Superintendent of the Royal Infirmary, Aberdeen, has been appointed Medical Superintendent of Kingseat Lunatic Asylum.

THE appointment has been gazetted of Dr. J. McNaughtan, Medical Officer of the Scotch Prison Service, as Companion of the Imperial Service Order in recognition of long and meritorious labours in the Civil Service.

It is reported that Mr. Henry Phipps, who recently gave £20,000 for the establishment of a central agricultural laboratory and a Pasteur Institute for Southern India, has supplemented his gift by a further £10,000.

DR. J. E. DUTTON and Dr. J. Todd left last week for Senegal. Since September last they have been investigating the cause of sleeping sickness on M'Carthy's Island, situated about 150 miles up the River Gambia. They are serving upon the Senegambia Expedition of the Liverpool School of Tropical Medicine.

IN accordance with ancient custom, on the day following Palm Sunday, the Fellows of the Royal College of Physicians of London proceeded to the election of President for the ensuing year, when Sir Wm. Selby Church, Bart., K.C.B., was re-elected by a large majority. A considerable number of votes were recorded in favour of Sir R. Douglas Powell, Bart., K.C.V.O., the Senior Censor.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

ACTION FOR DAMAGES AGAINST A MEDICAL MAN.—The case to which we referred a week or two ago of an action pending against an Ayrshire practitioner for £1,000 damages for the death of a patient under chloroform to whom he administered it personally, in order to break up adhesions which had formed in an injured joint, came off in the Court of Session during last week. Full reports of the case having appeared in the daily newspapers, it is only necessary to give a *résumé* in these columns. Evidence was led by the pursuer, the widow, to try and prove negligence on the part of the defender, Dr. Cunningham, of Stewarton, Ayrshire, in giving chloroform without having the patient specially prepared for it. The rebutting evidence for the defender, which was considerable, included as witnesses Dr. Joseph Bell (Edinburgh), Dr. Galt (St. Mungo's College, Glasgow), and several other medical men, and was sufficient to convince the jury that there was no case against the doctor, their verdict being unanimously in his favour. Great sympathy will be felt for Dr. Cunningham, as, in addition to the regret which a death under chloroform administered for a trivial operation must cause to any medical man, he had to submit to the expense and mental anxiety of an action for damages. The case was so transparently one of syncope—one of the great drawbacks to the use of chloroform, and one which is rendered the more terrible in that it usually occurs when least expected—that it is somewhat surprising that the pursuer should have been

able to get expert medical evidence in favour of her case. It seems very unfair, also, that the accused person should not have been informed that a post-mortem examination was to be held, nor have been given an opportunity of attending. But all is well that ends well, and Dr. Cunningham is to be congratulated on his successful defence of an action which ought never to have been brought. One wonders whether the law, as laid down for the thousandth time at this trial by the Lord Justice Clerk, that a person is not liable for mistake or failure in the exercise of his profession, unless he show gross negligence, is as familiar to law agents as to the medical profession. Surely, if it were so, these actions in which no shadow of evidence of negligence can be produced would cease.

ANDERSON'S COLLEGE MEDICAL SCHOOL.—The winter session of this College has just been brought to a close by the presentation of medals, prizes, and certificates. These were handed to the successful students by Lord Provost Primrose, who, in the course of an interesting address, said they (the students) were on the threshold of their career, and they had elected to follow a noble profession. There could be no more dignified profession than that of ministering to, and healing, the sick—to devote intelligence and life to the alleviation of human suffering. If as great progress was made during the next ten years, as had been made during the last decade, they would have entered upon a new era as regards the treatment of cancer, the direst of all human ailments. He advised the students strongly to maintain their energy in the prosecution of their studies.

SAMARITAN HOSPITAL, GLASGOW.—This hospital from a very humble origin only a few years ago, when it was started by Dr. Stuart Nairne, who is at present senior surgeon, has developed into a large and useful institution for women. There is a proposal to enlarge it, and with a view to raise funds for that purpose it is proposed to hold a bazaar in the autumn. A large number of influential ladies and gentlemen are interesting themselves in it, and it is expected that Princess Christian will open it. She has at least graciously given a conditional promise to do so.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

NURSES FOR THE SICK POOR.—At the annual meeting of the Society for providing these nurses, held on March 30th, regret was expressed that medical men practising in poor parts of the city are not quicker to avail themselves of the services of these nurses, which can be had free on application to the Matron at the depot of the Society. The excellent work done by these nurses only needs to be known to be appreciated. There are ten fully-trained nurses, and during the past year they nursed 960 cases in their own homes, and paid 30,144 visits. In needy cases help is given in the form of nourishment—milk, eggs, fish, meat, &c.—and sometimes, when the wage-earner of the family is ill, help towards the rent, as well as the loan of invalid furniture, &c.

ROYAL VICTORIA HOSPITAL.—The annual meeting of this hospital was held on March 30th. The medical staff report showed that 2,160 intern patients and 25,918 extern patients were treated last year. There were 702 surgical operations. In 6 cases no anæsthetic was used, in 5 cocaine, in 8 A.C.E., in 3 gas, and in 656 chloroform. The exceedingly frequent use of chloroform compared with ether and A.C.E. seems to call for some explanation from the staff, in view of the now generally accepted views on the relative safety of different anæsthetics, and also in view of the fact that during the last few years there have been several deaths under anæsthetics in the hospital.

TYPHOID AND THE WATER SUPPLY.—Reference was made in this column a few weeks ago to a reported outbreak of typhoid in the catchment area of the Stoneyford reservoir, one of the chief sources of the Belfast water supply. The matter was discussed at

the City Corporation meeting on the 1st inst., and a report was published signed by Professor Lorraine Smith, Dr. Gardner Robb (physician to the Fever Hospital), Dr. Whitaker (the medical officer of health), and Mr. Conway Scott (the executive sanitary officer). These gentlemen paid a visit to the district in question, and discovered an alarming state of affairs. In one house a child, *æt.* 8, had been ill with typhoid for three weeks, and another child had been ill in the same house last October. There was no privy accommodation of any kind. The mother said that she threw the discharges into the manure heap till the doctor came (when the child had been ill a week), and afterwards she buried them. In another house there had been seven cases of typhoid; five were removed to Lisburn Hospital about ten days before, and two remained at home. Here, as in the former case, there was no privy accommodation, and at first all discharges were thrown on the manure heap, to find their way into a stream flowing into Stoneyford reservoir. The report continues:—"If these facts regarding the present outbreak of typhoid fever in the Stoneyford catchment area be taken with the record of cases known to the public authorities in 1898, 1901, and 1902, it is clear that the streams which feed this reservoir have been and are liable to frequent pollution with the infected material of typhoid disease. It is practically certain that the public authorities have not become possessed of knowledge of all cases that have occurred. The outbreaks discovered have occurred in widely-scattered houses, and it was clear to us that deliberate steps were taken to prevent the authorities from making the discovery." They recommend a full inquiry into the incidence of typhoid in the catchment area, that the Rural District Council should be requested to have the Notification Act adopted, and that for the present the Stoneyford water should not be used for domestic purposes.

At a joint meeting of the Public Health Committee and the Water Commissioners this report was discussed, and the engineer reported that none of the water from the streams referred to could get into the reservoir till the water in the latter was about eight feet lower than at present.

The official returns show the annual death-rate from typhoid per 10,000 of the population in Belfast from 1881 to 1902 to be as follows:—

| | | |
|------------|-------------|-------------|
| 1881 — 3.7 | 1882 — 2.9 | 1883 — 2.8 |
| 1884 — 2.4 | 1885 — 2.2 | 1886 — 3.9 |
| 1887 — 3.5 | 1888 — 3.3 | 1889 — 7.9 |
| 1890 — 7.6 | 1891 — 5.9 | 1892 — 4.1 |
| 1893 — 4.4 | 1894 — 5.1 | 1895 — 6.2 |
| 1896 — 4.5 | 1897 — 11.4 | 1898 — 18.8 |
| 1899 — 7.5 | 1900 — 7.2 | 1901 — 9.7 |
| 1902 — 4.7 | | |

ULSTER MEDICAL SOCIETY.—Dr. T. Lauder T. Wheelan has been elected a Fellow of this Society, and Drs. Hogg, Moses, Henry, R. G. Campbell, and Mary E. Logan have been elected Members.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

SETTLEMENT OF THE INFIRMARY QUESTION.—After many years of discussion the future of the Manchester Royal Infirmary has at last been settled. A special general meeting of the trustees was held on April 3rd to consider resolutions submitted by the Board of Management for the disposal of the present building and the erection of a new one on the Stanley Grove site. There were four resolutions. The first authorises the Board to sell the present site to the Corporation for £400,000. The second empowers them to acquire the Stanley Grove site, together with any adjoining property that may be required, and including the site of the proposed Southern Hospital. The other resolutions are merely technical. These were passed unanimously by the trustees. The Owens College has power to

dispose of the Stanley Grove site to a hospital only on condition that all requisite facilities for instruction are secured to the medical school of the College. The infirmary must therefore undertake to provide suitable arrangements for students to secure representation of the College on the committee making appointments to the honorary staff, and to assign beds to the professors of medicine and surgery *ex officio*. These requirements can easily be met, as, in point of fact, they are already existing arrangements. The three acres previously granted to the Southern Hospital has a ninety yards frontage to Oxford Road. This it is considered essential to secure, and its purchase for £18,500 is contemplated. The public health laboratory of the College, which has been equipped upon premises in Stanley Grove, will have to be removed at a cost of about £5,000. Several houses standing in gardens adjoining the site will also have to be acquired. It is found that by spending £40,000 for these purposes a site of about 60,000 square yards can be obtained, having a frontage in Oxford Road of nearly 200 yards. Plans, drawings and estimates for a building upon this site are now to be obtained, and with so fine a site available, the competing architects ought to be able to design a new home for the institution worthy of its reputation and present importance.

Correspondence.

THE LATE DR. THOMAS MACLAGAN AND THE F.R.C.P., LOND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your leader of last week I am glad to see that you pay a graceful and, in my opinion, a well-deserved tribute to the memory of the late Thomas John MacLagan. As the discoverer of the remedy for acute rheumatism, he has, indeed, conferred a vast boon upon mankind. In some quarters I notice an attempt has been made to belittle his claims by emphasising the fact that the disease is now treated with the salicylates and not by salicin. This disingenuous side-thrust stands at once revealed in its true light when one reflects on the simple chemical processes that are required to evolve the salicylates. No, sir. In this case the difficulty lies in the first step, which was the discovery of the specific action of salicin upon rheumatic fever due to the genius of Thomas MacLagan. As a graduate of a Scotch University, I am glad that the London College of Physicians failed to bestow their Fellowship upon MacLagan, whose claims to the gratitude of posterity are founded upon a more solid basis than the holding of a purely honorary diploma conferred for reasons that appear to be social and parochial rather than scientific. It may be that in the future our treatment of the rheumatic poison will be preventive rather than curative, a result that MacLagan himself was one of the first to predict. Meanwhile, he has helped a countless number of his fellow-creatures to surmount the danger, near and remote, of a most fatal and crippling malady.

I am, sir, yours truly,

LONDINIENSIS RHEUMATICUS.

London, April 5th, 1903.

THE STRAIGHT-FRONTED CORSET.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time ago one of your "Notes on Current Topics" contained an outspoken condemnation of that article of clothing known as the "modern straight-fronted corset." Again, in the current number of your valuable journal (April 1st, 1903, p. 337), I read, in the note entitled "Long Life for Women," as follows: "Medical men, who are guided by practice, know well enough that ninety-nine women out of a hundred still dress in the bad old way, and that the latest abomination, the straight-fronted corset, has simply taken womanhood by storm throughout the whole civilised world." This sentence seems to me to bear internal evidence that it comes from the same hand

as that which penned the previous note on the subject I have referred to. In any case it shows that a member of your editorial staff regards corsets in general with disfavour (*vide* "bad old way"), and has a rooted objection to the straight-fronted variety in particular. A development of the corset which has "taken womanhood by storm throughout the whole civilised world" cannot fail to possess some interest for medical readers; and, with your approval, it would surely be well for the writer of "Long Life for Women" to give us some reason for the faith that is in him. (I am sure he is not a lady medico, nor even a married man!) Some of us regard the straight front as a considerable improvement upon the sinuous curve of earlier use, and even go so far as to admit that corsets in general are not without their uses. Nothing is more useful or pleasant than a little argument, and if your contributor could be led to express himself somewhat more fully, someone might be found to break a friendly lance with him in spite of the dangers involved in tilting with an "editorial we."

I am, Sir, yours truly,

STRAIGHT FRONT.

[The compression and displacement of internal organs, abdominal and thoracic, caused by what women would call "moderate" lacing is too obvious to need discussion in a medical journal. To replace the rounded abdominal projection of the old-fashioned corset with a straight front is still further to reduce the capacity of that article. We have ascertained from the writer of the paragraph in question that these were the grounds of his forcible condemnation of (a) corsets in general; and (b) straight-fronted ones in particular.—ED.]

Obituary.

WE regret to announce the death of Mr. Richard Alford, F.R.C.S., of Weston-super-Mare, at the advanced age of 87 years. Deceased was a son of the late Rev. Samuel Alford, of Curry Rivel, and he set up in practice in this town in 1855, retiring in 1886. He was one of a few gentlemen who started the old dispensary, of which the present large hospital is the outcome, and he was hon. consulting surgeon up to the time of his death.

WE regret to note the death of Surgeon-Major-General William Roche Rice, M.D., C.S.I., on March 27th, at Brighton, at the age of 70. He had seen service in India during the Mutiny, for which he had the medal, and for five years was Sanitary Commissioner and Surgeon-General to the Government of India. He reached the rank of Surgeon-Major General in 1890, and was decorated with the Companionship of the Order of the Star of India in 1892, while he also had the Jubilee medal. From 1896 to 1901 he was an honorary physician to Queen Victoria, and since that date had been honorary physician to the King.

WE hear with regret of the death of Mr. Edwin Chesshire, F.R.C.S., late of Birmingham, and for many years prominently identified with the Eye Hospital of that town. Deceased, who was 84 years of age, died on April 1st, at San Margherita, Lugure, Italy, as the result of bronchitis. The deceased gentleman was a son of the late John Chesshire, of the Oaks, Edgbaston.

WE regret to announce the death of Mr. Henry Urmerod, M.R.C.S., on March 30th, at Westbury-on-Trym, near Bristol. For the last forty-five years he conducted an extensive practice in that neighbourhood, in the social and public life of which he played a prominent part. His death at the age of 68 from chronic pneumonia and heart-disease deprives the district of a kindly, skilful, and most popular and successful practitioner.

WE regret to announce the death of Dr. Algernon Sudlow, of Bradford-on-Avon, under sad circumstances. He was out walking and turned to look at a passing

motor bicycle, when he became giddy and, falling off the pavement, sustained terrible injuries to the head. He was 75 years of age and very popular in Bradford.

Laboratory Notes.

SCOTCH WHISKY.

IN our issue for March 18th we gave a special report and analytical notes on the manufacture and peculiar characteristics of Irish whisky. We now proceed to give the results of our extended inquiries and analyses of "Scotch."

From prehistoric times the Celts, whether situated in the mountains of Wales, the highlands of Scotland, or the bogs of Ireland, produced a strong ethylic alcohol, which then, as now was their favourite beverage. They lived in the open air, in a cold, damp climate, and the strong heady drink dilated the arteries on the surface of the body, flushed the cerebrum with arterial blood, quickened their imagination, and made them more than usually optimistic. Besides this, the anæsthetic effects of the liquor dulled their sense of the hardships of their life. For the time being the drinker rejoiced in the sensation of warmth, the feeling of exultation, and hopefulness. It exaggerated the characteristics of the Celt. No wonder it was in his eyes the *uisge-beatha* or "water-of-life." In Ireland and Scotland illicit distillation was common until the middle of the last century, when the Irish Constabulary replaced the Revenue Police, in the duties of still hunting. As late as the fifties "poteen" was commonly to be found in every farmer's house. "Poteen" made in little pot stills, as its name implies, was identical in flavour and almost identical in composition with the best Scotch whiskies—Fairintosh, Glenlivet, and others. It was characterised by a peculiar flavour known as the "peat," and when fully matured was a very volatile spirit in this resembling Holland "Geneva." On the addition of boiling water to some of the illicit liquor the smell of the spirit permeated the whole house, thus approaching more nearly to Scotch malt than to Irish pot-still whisky. Both these whiskies principally consist of ethylic alcohol, holding in solution varying percentages of amylic, butyric, and other alcohols, aldehydes, ethers, and esters; but the Scotch spirit has, besides these products of the fatty alcohol series, some of the aromatic (C₆H₅) group, which impart to it the "peat" bouquet, that peculiar smoky taste and smell, such as "poteen" has. This smell is due to the use of peat during the process of malting. The benzol, toluol, cinnamol, with probably some phenol bodies carried by the peat smoke to the barley affect the grain just as peat smoke affects the Irish bacon hanging in the farmer's kitchen. The longer the grain is submitted to the peat in the malting the more distinct the bouquet of the liquor. Both taste and smell are also influenced by the quality of the peat used. The light brown surface turf, as the fuel is called, gives a more agreeable smell and taste to the product than the heavy, black, mud turf which gives a strong and more distinctively phenol-like smell. Rich in these aromatic products, pot-still Scotch malt whisky, when fresh, is undrinkable. To secure the liquor in perfection it should be kept in wood for ten years, though many prefer the more marked peat-flavoured whisky of half that age. The older spirit is, however, the more suitable for all medicinal purposes, as being more rich in esters, ketones, and ethers, on which the true physiological effects of whisky depend. This maturing of malt whisky adds considerably to its expense; bondage for ten years is no light item, and the interest of the capital invested in the production of the liquor has also to be taken into account, as well as the loss from evaporation and leakage. These expenses place fully-matured whiskies beyond the reach of the poor, and as there is a demand for a cheap spirit and as manufacturers seek to secure a quick turnover of their capital, many different ways of making haste to get rich are sought. Silent spirit blended with a small percentage of three

or five year old malt whisky is placed on the market as malt whisky; and so great has been the demand for this blend that instead of continuing to buy German silent spirit, blenders have erected patent stills for producing the spirit in many of our large towns. Others less scrupulous still import from the Continent the distillate of rice, maize, molasses and potatoes. In some cases the raw material is of such a quality that it cannot be used for feeding animals, and rather than throw it out it is distilled for unprincipled blenders. We do not wish to be understood as condemning an honest and honourable body of merchants who produce true blends of whiskies—men who blend grain and malt spirits, who by long experience have learned to cater for the public taste by toning down the flavour of the product of one distillery by the distillate of another, or, by the addition of a malt whisky to a corn whisky, giving the necessary sharpness to the flat taste of the latter—the blenders we condemn are those who add to whisky silent spirit or the Continental product to which we have referred and try to cover their work by artificial flavouring agents. Men who place on the market a spirit that maddens and kills. A mixture in too many instances of fresh whisky laden with fusel oil, diluted with potato spirit and dosed with so-called fruit wines. The best protection for the buyer is the respectability of the vendor; and if he looks for further security, he should buy such whisky as is bottled and labelled in bond by reputable distillers. By doing so fine old malt and pure old grain whiskies are still obtainable, and the horrors consequent on drinking raw whisky or the Continental liquor are avoided.

(To be concluded in our next.)

Literature.

HALLIBURTON'S PHYSIOLOGY. (a)

THIS is an old friend under a new guise, no less than the well-known "Kirke's Physiology," of a generation ago. The popularity of that book is attested by the fact that it ran through no less than sixteen editions, and it seems almost a pity that the familiar title should now be changed. Little of the original book, however, has been left by the three revisions of the work which have appeared under the able editorship of Professor W. D. Halliburton. For the book generally we have nothing but praise. It presents a concise summary of essentials, while it is not overloaded with the enormous mass of detail that has accumulated round the subject in recent times. The tendency of the modern examiner is unfortunately to demand from the student a parrot-like repetition of recent experiments, no matter how impracticable and nebulous their nature. We venture to think the student who mastered the moderate compass of the volume under review would have secured a sufficiently wide field as a foundation for his future work. That opinion is, of course, apart from catch questions set by examiners. This edition contains upwards of 680 illustrations, some of them coloured. The necessary condensation of such a work in places leads to dogmatic statements that would be better for some modification. For instance, in speaking of the origin of uric acid in the body (page 35), the author, after saying uric acid is not formed in the kidneys, remarks:—"the liver has been removed from birds, and uric acid is then hardly found at all, its place being taken by ammonia and lactic acid. It is, therefore, probable that ammonia and lactic acid are normally synthesised in the liver to form uric acid." That by no means represents the opinion of some authorities of standing, with which the student should be acquainted, especially in view of the important bearing of uric acid on a large number of maladies. On the whole, this book can be cordially recommended to students, as well as to practitioners who wish to refer now and then to points in physiology. The book is published in excellent style.

(a) "Handbook of Physiology." By W. D. Halliburton, M.D., F.R.C.S., Professor of Physiology, King's College, London. Fifth Edition (Seventeenth of "Kirke's Physiology.") London: John Murray. 1901. Price 14s.

MEMOIRS AND LETTERS OF SIR JAMES PAGET. (a)

A THIRD and cheaper edition of this most interesting work has just appeared, and this will bring it within the reach of many readers who had not heretofore obtained a copy. The present edition has the advantage of a short postscript by Sir Thomas Smith, for whom the Editor says "he" (Paget) "had always the greatest love and regard." We strongly recommend all those who have not already read this most interesting record of the life-work of a great man to take advantage of the present edition.

THE ETIOLOGY OF TYPHOID. (b)

THE three lectures on the etiology and prevention of typhoid fever which formed the series of the Milroy Lectures for 1902 are too familiar to our readers to call for a detailed criticism. In them Dr. Corfield was engaged in, to him, the congenial task of placing not alone the history of the disease, but also its predisposing causes and characteristics, not omitting its aberrant forms. He deals with epidemic forms as they occur both in civil life and in camps. We think every medical practitioner will thank the author for reprinting the lectures, and placing them in the hands of the profession in a convenient form for reference, for they are of permanent value.

QUÆ SCRIPTI. (c)

It is not often that we are invited to express an opinion on verses, and in truth the critical instinct which revels in descriptions of morbid phenomena and illustrations of curative mutilations become weak-kneed when confronted with ecstatic reveries, in rhyme and rhythm, of such things as kisses, partings, dawns and sunsets. They have their use, no doubt, if only to serve as themes for pretty verses which tempt the mind from its accustomed groove and engagingly suggest that there are other aspects of nature than those we see in the hospital ward and the post-mortem room. Strangely enough, in this assortment of poetical fancies, we stumble on some rhymes which awaken echoes of days long ago, days when the spectacle of the dissecting-room gave birth to thoughts in which horror was blended with pity and pity with sentiment.

I cut, wondering cut ;
How strange it is to see
This man so chill, without a will
Is shapen yet as we !

I cut, calmly cut ;
This sunk eye cannot gaze
Or mark my steel the clues reveal
Of life's mysterious maze.

I cut, freely cut ;
Why not ? The life is sped,
By me is grieved, no bone bereaved
Of covering shred by shred.

LES NOUVEAUX TRAITEMENTS. (d)

THE introduction of so many new remedies and the constant improvement of therapeutical details render works such as this indispensable. The information contained in this volume bears mainly on the employment of drugs not yet officially recognised, or, if recognised, on applications not as yet generally known. The author, however, has not confined his attention to drugs; he also deals with methods of treatment, clinical details and the novel application of familiar

(a) "Memoirs and Letters of Sir James Paget." Edited by Stephen Paget, F.R.C.S., one of his sons; with a portrait. Third Edition (eighth impression), with a postscript by Sir Thomas Smith. London: Longmans, Green and Co. Pp. 465. Price 6s. 1903.

(b) "The Etiology of Typhoid Fever and its Prevention; being the Milroy Lectures delivered at the Royal College of Physicians in 1902." By W. H. Corfield, M.A., M.D. Oxon., F.R.C.P., Hon.A.R.I.B.A. London: H. K. Lewis, 1902.

(c) "Quæ Scripti." By Francis H. Butler. London: Sands & Co: 1902.

(d) "Les Nouveaux Traitements." By Dr. J. Laumonier. Paris: Felix Alcan. 1903.

principles. This work is essentially an extra-pharmacopœial synopsis of current therapeutics. The indications for the employment of particular drugs and their special properties are very fully described, and the various subjects are methodically classified under general heads. We have, for instance, chapters on drugs that influence nutrition, circulation, respiration, and so on; depressors of arterial tension, opotherapy, serotherapy, antipyretics, and antiseptics. The subjects are discussed in a scientific spirit, and the author has succeeded in compiling an exceedingly useful guide to current pharmacology and therapeutics as practised in France. There is a very complete index to the contents, a feature usually wanting in French works of reference.

SURFACE ANATOMY AND LANDMARKS. (a)

CURIOSLY enough, the study of surface anatomy, that is to say, the anatomy which is more useful in daily practice than any other, is systematically neglected. The student concentrates his attention on the parts which require the scalpel and the forceps for their discovery, and neglects to familiarise himself with the anatomical facts which are accessible on mere inspection of the normal human body. Yet the interest of the deeper anatomy lies largely in the relations of the parts below to the surface of the body, and in practice we are fain to base our deductions on the information which can be obtained from scrutiny of such anatomical details as can be perceived from the outside. For this reason surface anatomy deserves and requires special attention, and we cannot imagine a better guide thereto than this popular handbook. Students will find it useful to study the relations of the various structures, as given herein, on the living subject, for in this way only can he familiarise himself with the surface markings, surgical and medical landmarks, and relations to the uterus of the important structures, in the human body. Full directions are given for the examination of the various orifices and for the use of the commoner surgical instruments.

Medical Graduates' College and Polyclinic.

THE annual general meeting of the Medical Graduates' College and Polyclinic was held on the 10th ult. at the College, 22, Chenies Street, Gower Street. Sir William Broadbent (the President) was in the chair, and among those present were Sir W. Kynsey (vice-chairman of the council), Dr. Seymour Taylor (hon. treasurer), Dr. Boyd Joll, Dr. Crawford Thompson, Dr. H. Hildige, Dr. M. Baines, Dr. H. Tilley, Mr. T. J. Hitchins, and Captain A. E. Hayward-Pinch (medical superintendent). The report for the past year showed that a persistent increase in all departments of the college work had been maintained. The number of members and subscribers was 941, as against 825 in 1901.

Norwich Mortuary.

AT the close of an inquest held by the Norwich coroner, Dr. Thomas, of the Medical Institute, called attention to the state of the city mortuary. He said that when he went to the mortuary he found the body of the deceased had not been stripped of its clothes, which he had to cut off, at the same time holding a lighted match in his hand. When he wanted to wash the blood away he could only find a piece of hose pipe, which he had to fasten to a water-tap himself. He eventually had to get a policeman to hold the hose on while he washed the blood away. He had been in several towns, but had never seen one with such a disgraceful mortuary. He said a town with 20,000 inhabitants had a better mortuary, and he thought it was a disgrace to the city of Norwich.

An Extraordinary Verdict.

THE Criminal Court at Lucerne has sentenced a local medical man named Dr. Rehfeld to three months penal

servitude, and 8,000 francs damages, for causing the death of Madame B—, of Kriens, near Lucerne, by his want of skill and negligence. The report of this extraordinary verdict comes from the Geneva correspondent of the *Daily News*.

The Adelaide Hospital.

THE annual meeting of the supporters of the Adelaide Hospital was held last week in the institution. The medical report stated that during the year 557 patients were admitted into the ordinary medical and fever wards. The number of cases of pulmonary consumption who came to the hospital seeking admission showed the prevalence of this terrible disease. It was quite impossible to admit more than a very few of these cases, and the relief afforded cannot be very great. The National Hospital for Consumption in Ireland, at Newcastle, has so few beds that since its establishment there is no appreciable reduction in the number of applicants suffering from consumption. The establishment of a fund to enable individual consumption patients to be sent to reside for weeks in healthy country places in Ireland would be an immense boon, and many might thereby be restored to comparative health and be able to return to work. At the general dispensaries the great number of consumptives among the entire patients was a sad experience. The surgical report stated that in 1902 636 patients were admitted to the surgical wards. In this they had an increase of 71 on the year 1901, and that year showed an increase of 45 on the preceding year. In the year 1901 there were 10 deaths out of 474 operations; this year they had the same number of deaths—but out of 615 operations, and this gave the very low percentage of 1.6.

The Mortality of Indian and Foreign Cities.

THE following is the official weekly return of the rates of mortality in certain Indian and foreign cities, which gives the annual death-rate per 1,000 living in Calcutta at 36.9, Bombay 134.6, Madras 36.0, Amsterdam 14.2, Copenhagen 18.1, Stockholm 18.1, Christiania 18.0, St. Petersburg 25.8, Moscow 24.6, Hamburg 17.1, Munich 23.0, Vienna 21.3, Trieste 28.3, Venice 19.4, Cairo 29.6, Alexandria 29.7, Boston 20.7.

Conjoint Examinations in Ireland.

THE following candidates have passed the preliminary Examination of the Royal College of Physicians and the Royal College of Surgeons:—*A. Honours in order of merit*.—H. Fawcett, G. W. Stanley. *B. Pass, alphabetically*.—H. E. Goodbody, C. Hyland, A. E. S. Martin, A. V. Mills, K. A. P. R. Muney, D. S. MacDowell, F. I. Nash, T. N. Neale, J. J. O'Driscoll, R. T. Poole, W. G. Ridgway, I. W. N. Sharp, R. P. Thomson.

Small-pox at Croydon.

AN alarming outbreak of small-pox has occurred in the workhouse infirmary at Croydon. Fourteen cases of the disease have already been removed to the local small-pox hospital, while all visiting to the infirmary has been stopped. Every precaution is being taken to prevent the spread of the dread disease.

Trinity College, Dublin.

THE following candidates have passed the examination for Diplomas in Public Health. Part II.—Albert L. Hoops, Francis W. Lamb, Kingsmill W. Jones, John N. Laird.

Society of Apothecaries of London.

THE following candidates have passed in the Primary Examination, Part I. in—Biology.—C. J. Evans, M. L. Ford, C. A. Mortlock-Brown, C. S. Spencer. Chemistry.—W. B. Neatby, F. B. O'Dowd, M. Rathbone.

The following candidates have passed the Primary Examination, Part II., in—Anatomy.—W. H. S. Burney, C. H. Colley, C. G. Grey, J. C. Johnson, R. Moore, H. T. Roberts, R. Spears, G. L. Walker. Physiology.—H. S. Burnell-Jones, W. H. S. Burney, W. G. H. Cable, C. H. Colley, R. Moore, J. N. D. Paulson, R. Spears, G. L. Walker.

(a) "A Handbook on Surface Anatomy and Landmarks." By Bertram C. A. Windle, F.R.S., D.Sc., M.D. Professor of Anatomy in the University of Birmingham. Third Edition. London: H. K. Lewis. 1902.

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.

AN INTENDING VISITOR.—The railway companies in this country have, so far, not issued any programme of reduction of fares for the Madrid Congress. The French railways are giving 50 per cent. rebate, and the North Spanish Railway 48 per cent. We would advise you to write to Dr. Lunn, or to Thos. Cook & Son. The Royal Mail Steamship Company's fine vessels go direct to Lisbon, and offer a reduction of 25 per cent.

BURIAL REFORM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—While the law remains as it is, dead bodies can be buried without proper certification of the cause and certainty of death, bodies of infants that have had a separate existence can be buried as still-born, and several dead bodies can be crowded into the same grave. For the amendment of this fresh legislation is necessary.

Yours obediently,

J. LAWRENCE.

Westminster, S.W., April 6th, 1903.

COUNTRY PRACTITIONER.—The substance you inquire about—gynocardate of magnesia—is a white powder used for leprosy. That malady, however, is little influenced by drugs.

W. S. S. (Beds.)—It is most important that your house, situated in a clay district, should have damp-proof foundations. As you have a rheumatic family history, it would be wiser to insist on solid concrete basement floors. Otherwise you are likely to find the healthiness of country practice more than counterbalanced by the drawbacks of chronic rheumatism, or osteoarthritis. Damp houses lie at the root of an immense amount of preventable ill-health in rural districts.

RECLIVERS.—It is a fact that syphilis may form the starting-point of malignant disease. The usual order of things is the formation of gummatous tertiary tumours, which ulcerate and take on malignant characters. These cases are often most puzzling and difficult to diagnose. If there be any doubt with your patient try the iodides, and if there be any improvement therefrom, push them to full doses.

A COMMERCIAL ESTIMATE OF THE M.D.

The *Weekly Times* and *Echo* is responsible for the following:—
"Which of your medical contemporaries will supply an obliging contributor? The advertisement appears in a provincial paper:—'WANTED for £5, use of M.D.'s name for extract of meat and malt wine.—Address, &c.' Or perhaps the General Medical Council could supply what is needed? The terms are low, but medical baptism of this sort seems cheap nowadays."

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, APRIL 8TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.)—8.30 p.m. Discussion upon the Present Methods of Treating Consumption. There will be an exhibition of plans of sanatoria.

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, Chancery Street, W.C.)—4 p.m. Mr. R. Harrison: Clinique. (Surgical.) 5.15 p.m. Dr. H. Campbell: On Cerebral Softening.

THURSDAY, APRIL 9TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.)—4 p.m. Mr. J. Hutchinson, Jun.: Clinique. (Surgical.) 5.15 p.m. Mr. J. Cantlie: The Anatomy of Common Ailments of the Liver, and Their Surgical Treatment.

FRIDAY, APRIL 10TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, Strand, W.C.)—7.30 p.m. Council and Ordinary Meetings.

Appointments.

Baron, B. J., M.B., C.M. Edin., Honorary Consulting Physician to the Throat and Nose Department of the Bristol General Hospital.

Chapman, Walter, M.B., Ch.B., M.R.C.S., L.R.C.P., Surgeon to the Birmingham Corporation Waterworks and Hospital at Elan Valley, Worcestershire.

Colahan, N. W., M.D., M.Ch.R.U.I., Certifying Surgeon under the Factory Act for the Galway District of the County of Galway.

Dawe, R., M.D. Lond., B.Sc., Assistant Resident Medical Officer to the London Fever Hospital.

Fairbairn, John Shields, M.B. Oxon., F.R.C.S. Eng., Physician to the Out-patients' Department at the British Lying-in Hospital, Endell street, W.C.

Firth, J. L., M.D., M.S. Lond., F.R.C.S. Eng., Physician to the Throat and Nose Department of the Bristol General Hospital.

Foggin, George, B.A. Lond., L.R.C.P. & S. Edin., Principal Medical Officer to the Newcastle-upon-Tyne School Board.
Anderson, Eleanor R., M.B., Ch.B. Edin., Surgeon to the Out-door Department, Leith Hospital.
Hill, H., M.D. Brux., Assistant Anesthetist to the Throat and Nose Department of the Bristol General Hospital.
Michell, John Charles, M.R.C.S., L.S.A., Medical Officer of Health for Lynton (Devon), Urban District.

Vacancies.

Bradford Children's Hospital.—House Surgeon. Salary £100, with board, residence, and washing. Applications to C. V. Woodcock, Secretary.

Tower Hamlets Dispensary, White Horse Street, Stepney, E.—Resident Medical Officer. Salary £150 per annum, with furnished rooms, coals, gas, and attendance. Applications immediately, marked R.M.O., to J. H. Sequeira, Esq., M.D., 18, Welbeck Street, Cavendish Square, W.

St. Andrew's Hospital for Mental Diseases, Northampton.—Junior Assistant Medical Officer. Salary £200 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Leeds Public Dispensary.—Junior Resident Medical Officer. Salary £100 per annum, with board and lodging. Applications to the Secretary of the Faculty, Public Dispensary, New Briggate, Leeds.

St. Peter's Hospital for Stone, London.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary.

East Sussex County Asylum, Eellingly.—Senior Assistant Medical Officer. Salary £300 per annum, with board, lodging, washing, and attendance. Applications to Reginald Blaker, Clerk to the Visiting Committee, 211, High Street, Lewes.

Sunderland Infirmary.—House Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary.

Birmingham Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £100 per annum, with furnished apartments, rations, coal, gas, laundry, and attendance. Applications to Walter Bowen, Clerk to the Guardians, Parish Offices, Edmund Street.

Private Asylum.—Assistant Medical Officer. Salary £120 per annum. Applications to the Medical Superintendent, Tue Brook Villa, Liverpool.

Liverpool Infirmary for Children.—Assistant House Surgeon. Salary £25 for the six months, with board and lodging. Applications, with testimonials (copies), to Louis Winsloe, Hon. Treasurer.

West Norfolk and Lynn Hospital, King's Lynn.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Weekly Board.

West Ham Union.—Assistant Medical Officer. Salary £150 per annum with the usual residential allowances. Applications to Fred E. Hilleary, Clerk, Clerk's Office, Union Workhouse, Leytonstone, N.E.

Cavan Union.—Medical Officer. Salary £100 per annum, exclusive of registration and vaccination fees, and £20 a year as Medical Officer of Health. Applications to J. D. Grier, Clerk of Union (see advt.).

Births.

DUFFETT.—On March 31st, at Withy Holt, Sidcup, the wife of Henry Allcroft Duffett, F.R.C.S., of a son.

ESCOMBE.—On March 29th, at 381, Cleethorpe Road, Grimsby, the wife of William Escombe, M.R.C.S., L.R.C.P., of a daughter.

HARPER.—On April 2nd, at 94, Weston Park, Crouch End, N., the wife of Peter Harper, M.B., C.M., M.A., of a son.

MACCARTHY.—On April 2nd at Glenaveena, Clooney Park, Londonderry, the wife of Brendan MacCarthy, M.D., D.P.H., Medical Inspector, Local Government Board, Ireland, of a daughter.

SQUIRE.—On March 31st, at 52, Madeley Road, Ealing, the wife of J. Edward Squire, M.D., of 5, Harley Street, London, of a daughter.

Marriages.

CURTIS—GREEN.—On April 2nd, at the parish church, Alton, Hants., Frederick Curtis, F.R.C.S. Eng., of Redhill, to Edith Margaret, daughter of the late Frederic Green, M.A., Barrister-at-Law.

CORNER—HENDERSON.—At Dundee, on March 31st, Edred Moss Corner, F.R.C.S., youngest son of Francis Corner, Esq., M.D. Lond., to Henrietta, second daughter of James Henderson, Esq., The Gows, Invergowrie, Forfarshire.

MACLEOD—KNIGHT.—On March 31st, at St. Matthew's Church, Nottingham, Captain E. C. MacLeod, I.M.S., second son of A. C. MacLeod, F.R.C.S., M.R.C.P., M.D., of Devynock, S. Wales, late of the India Medical Service, to Annie (Cissie), eldest daughter of E. M. Knight, Esq., Nottingham.

Deaths.

BARLOW.—On March 27th, at Orlebar, St. Peter's, Kent, Robert Barlow, M.R.C.S., aged 64 years.

HUNTER.—On March 28th, at Abercromby Place, Edinburgh, James Adam Hunter, M.D. Edin., F.R.C.S. Edin., in his 80th year.

KELOCK.—On April 3rd, at 94, Stamford Hill, N., William Berry Kellock, M.A., F.R.C.S., aged 82.

POWELL.—On April 3rd, at Tibury, Graham Steinmetz, M.R.C.S., L.R.C.P., youngest son of the late George Henry Powell, and late of the Uganda Protectorate Medical Service.

PRIESTLEY.—On Tuesday, 31st ult., at Lee-on-the-Solent, Hants, James Priestley, Esq., M.D., &c., son of the late James Priestley, Esq., Saintfield, co. Down.

SMITH.—On April 5th, at Four Oaks, Walton-on-Thames, Solomon Charles Smith, M.D., M.R.C.P., late of Halifax, aged 61.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, APRIL 15, 1903.

No. 15.

Original Communications.

CARCINOMA OF THE LARYNX

By PATRICK DEMPSEY, F.R.C.S.I.,
Throat Surgeon to the Mater Misericordiarum Hospital. (a)

My principal object in bringing forward this communication is to read the notes of the following case of laryngeal epithelioma, which I have already exhibited at this meeting of the Surgical Section of the Royal Academy in Ireland.

P. B., a school teacher from the North of Ireland, æt. 62, consulted me on June 23rd, 1902.

He gave the following history:—Three years previously he noticed that his voice tired rapidly. For nearly two years this was the only inconvenience experienced, but then slight hoarseness developed, and speaking became a rather difficult task. The hoarseness increasing, he became anxious about his condition, and now for the first time consulted the local doctor. Simple remedies proving ineffective, he went to Belfast, where a laryngeal examination was made, and he was informed that he had a small growth in the interior of his larynx. Portions of the growth were removed endo-laryngeally, a microscopic examination was made, and he was informed that he was suffering from a "papilloma." His medical man recommended operation with a view to removal, but this was refused, and a week later he travelled to Dublin, was admitted to the Mater Hospital, and thus came under my notice. At the time of admission the patient, a thin, pale, but not unhealthy-looking man spoke in little more than a whisper. He gave the history just related, and in reply to further questions I found a very good family history. He had not suffered from syphilis, and beyond hoarseness he experienced no inconvenience. Deep palpation of the neck revealed no enlarged lymphatic glands, nor was any pain produced on pressure over the larynx itself. Laryngoscopic examination, however, showed a growth springing from the anterior third of the left vocal cord. It was about the size of a hazel nut, pale pink in colour, with a broad base, and distinctly papillomatous in appearance. Both cords were freely mobile and the left was slightly congested, but otherwise the larynx was normal. From its appearance, together with the fact that previous microscopic examination had pronounced it innocent, I was inclined to regard the growth as a papilloma, but taking into view its position, and the age of the patient I only consented to remove some

portions endo-laryngeally, on the understanding that the patient would submit to a more radical procedure in the event of my considering such necessary. To this he agreed, and on the following day I took away about one-fourth of the growth with a Schroeter's cutting forceps. Two days after I removed still more, and succeeded in punching out some of the deeper portions of the growth. The result of the two days' work I sent to Dr. M'Weeney for microscopic examination. The next day I received his report stating that he had prepared several sections and that they all showed typical epitheliomatous structure. I have to-night shown two of the sections both of which contain abundant cell-nests. Convinced that intra-laryngeal methods would not effect a cure, I put the situation plainly to the patient and strongly advised him to allow me to open the larynx from without, and to carry out whatever I considered necessary. The man, whose hoarseness had largely disappeared as a result of the portions of growth already removed was at first inclined to be satisfied with his much improved voice, but subsequently wiser counsels prevailed, and he submitted to operation.

Assisted by Mr. Blayney, I made a median incision extending from the hyoid bone to about the level of one inch above the supra-sternal notch. Dividing the soft structures and pushing the muscles to either side, I exposed freely the thyroid and cricoid cartilages and the upper three or four rings of the trachea. All bleeding being arrested, I opened the trachea just above the isthmus of the thyroid gland and introduced a Trendelenburg's tampon cannula and inflated to its full. I dispensed altogether with the long tube and cone portion of the apparatus, as it is very clumsy and renders respiration much more difficult. The patient's breathing was very shallow at times, but on the whole he took the chloroform well. I now with a sharp knife divided the thyroid cartilage and crico-thyroid membrane in the exact middle line, having previously pierced both wings of the former with the object of future sutures. The interior of the larynx was now plainly visible and beyond a small nodule on the left cord, there was no sign of disease. Having mopped the mucous membrane with a 20 per cent. solution of cocain, I freely excised with a scissors the left vocal cord and ventricular band. There was but little bleeding, and I immediately brought the edges of the cartilage together and fixed them in position with three catgut sutures. I next withdrew the Trendelenburg and substituted an ordinary Parker's cannula, which was left in position for twenty-four hours.

(a) Read at the Surgical Section of the Royal Academy of Medicine in Ireland, April 3rd, 1903.

Except for the fact that on the third day after operation the pulse became so weak and intermittent as to require two hypodermic injections of liq. strychninæ, the recovery was uneventful. The temperature never exceeded 100°; deglutition was carried on with ease; the patient was up on the fifth, and discharged from hospital on the fourteenth day after operation. At the time of his departure there was complete aphonia, but on reporting himself to me three months later, the man could speak with a very rough whisper, produced, as I found on examination, by the healthy right cord swinging well over the middle line to almost meet a small knuckle of soft tissue on the left side of the larynx. The patient felt in excellent health, and had gained 7 lbs in weight. On the present occasion, nearly nine months after operation, his condition is good, and he speaks with a fairly loud, hoarse voice.

This case is a typical one of a slow-growing, intrinsic cancer, and illustrates admirably the necessity of laryngoscopic examination if the symptoms are at all suspicious. The subject is one which has not recently been discussed at any of our meetings, and consequently I think it may prove useful if I now refer to the main points of the disease as accepted at the present time.

Primary cancer of the larynx may be divided into two broad groups, the intrinsic and the extrinsic. The first have their situation in the immediate neighbourhood of the glottis and embrace cancers situated on the true and false cords, the ventricles of Morgagni, the sub-cordal portion and the inter-arytænoid space, while to the extrinsic variety belong cancers of the epiglottis, ary-epiglottic folds, sinus pyriformis and posterior pharyngeal wall of the larynx. This classification is, as we shall see, subsequently, of both clinical and anatomical importance. As to the position where the trouble first begins, all observers agree that the cords are the regions most frequently affected, the true probably more often than the false. The position of the growth is of importance with reference to the spread of the disease, more especially so with regard to the neighbouring lymphatics. The latter are admittedly engaged at an early date in cancer of other organs, but in the larynx somewhat of a departure is seen from this rule.

According to Krishaber (1) the lymphatics are only engaged in the extrinsic form, but this view, though correct in the main, is not altogether so, as many cases of intrinsic cancer are accompanied in their later stages by glandular enlargement. This frequent non-implication is to be explained by the fact that the region of the glottis is but sparsely supplied with lymphatic vessels, and as a result follows the practical and very important fact that primary intrinsic laryngeal cancer may for a considerable time be considered as a purely local affection, whilst the extrinsic variety loses this characteristic at a very early period.

The spread of laryngeal cancer towards the periphery, whether slow or fast, takes place "by continuity." If the limits of the larynx are overstepped, the next organ met with is similarly attacked. And so the growth may, according to its situation, involve the trachea, œsophagus, pharynx or tongue. Infection by contact is rare, though Newman (2), Semon (3), and Butlin (4) have observed cases where a long-standing epithelioma of one cord has been followed

by a similar symmetrical growth on the previously sound opposite cord.

Metastases are very rare though not unknown, a few cases being recorded in the literature of the subject. Twenty-two months after operation thyrotomy—Sands (5)—found secondary affection of the kidney without recurrence in the larynx, and Virchow (6) similarly during post-mortem examination found cancerous deposits in the lung, while the previously operated upon larynx showed no sign of recurrence. Secondary carcinoma of the larynx is, on the other hand, very rare, and is almost always the result of extension from neighbouring organs. Only four cases of secondary disease are recorded which occurred by way of metastases.

From the histological point of view epithelioma is by far the commonest variety, next comes the medullary form, whilst the scirrhous is rarely met with.

The clinical picture portrayed depends principally on the position of the disease. If the primary growth occurs, which it most frequently does, in the immediate neighbourhood of the glottis an alteration in the character of the voice will mark the first act in the tragedy. Only a slight hoarseness without any other inconvenience may be present; no difficulty in deglutition; no dyspnœa. The patient more often than not appears in the most robust health, and the hoarseness is usually ascribed to a "cold," or overstraining of the voice, and not until simple remedies fail, or the hoarseness becomes more marked, does he commence to suspect that possibly something serious is wrong. At this stage the objective picture may show nothing more than a severe local congestion, and some little thickening in the interior of the larynx. With, however, the progress of the pathological processes the picture changes, the hoarseness increases, and new troubles arise. The faster the tumour grows, and according as it encroaches on the glottis or interferes with the movements of the vocal cords, so much the more does the hoarseness increase until finally total aphonia is produced.

On the other hand, if the growth first invades the outer portions of the larynx—the extrinsic variety—either none or very slight hoarseness will be present; disturbances in deglutition being now the prominent symptom. The patient in this case complains of a feeling of pressure when swallowing, and as the disease in these regions progresses rapidly, the feeling of pressure will rapidly be followed by that of pain. Dyspnœa depends altogether on the position and size of the growth, and is always a warning that the disease has made considerable progress. Cough is not common, and the discharge at first sparse and thick in the later stages becomes more plentiful, containing often pus and blood, and having a characteristic fœtid odour. Pain, though not always present, is a fairly common symptom during the later stages of the disease. It usually radiates towards the ear, and this appears to be more frequently the case when the arytænoid region is affected. I have already drawn attention to the fact that the lymphatics are often not engaged, but, as a matter of interest, would like to point out that when affected the enlargement is often due to a simple hyperplasia and not to a carcinomatous infiltration. Lublinski (8) found this to be so in three out of eight cases of lymphatic enlargement. Hæmorrhage occurs on and off,

and as a rule indicates that ulceration has taken place. If the latter is on the surface the amount of bleeding is slight, but if the ulceration invades the deeper tissues the bleeding may be profuse enough to cause alarming symptoms.

A patient of Krishaber's (1) lost 150 grammes of blood, and the bleeding repeated itself for twenty-one days with such effect that the patient succumbed at the end of three weeks. Drefous (9) records a case where the patient died from hæmorrhage two and a half months after tracheotomy due to erosion of the sup. laryngeal artery, and Desnos (10) records another where invasion of the carotid was the cause of rapid death. Krishaber (1) reports a case where a continuous stream of blood poured out from the tracheotomy tube one month after operation, the saliva not being even stained.

If we analyse, then, the individual symptoms as they arise, we may roughly divide the course of the disease into three stages. In the first period the disturbances are moderate functional ones. The patient complains of a slight hoarseness with intrinsic, or a moderate alteration of the act of swallowing with the extrinsic variety, but otherwise the general condition is excellent. Sooner or later this condition passes into the second stage, in which the hoarseness increases, the difficulty of swallowing is greater, pain will be present, and disturbance of respiration will increase to dyspnoea.

Yet the growth, though perhaps of considerable size, may still be considered of local malignancy, until further changes take place, and the third stage is entered upon. Now all the clinical symptoms are intensified. There may be present hoarseness or aphonia, unbearable pain on swallowing, difficulty in breathing, fœtor, wasting and loss of strength. The glands in the neck are enlarged, the disease is no longer a local one, and the lethal end follows rapidly.

As regards the treatment of this disease, I need hardly point out that total removal of the growth is the one object in view. If the case is diagnosed at an early stage and the cancer is circumscribed, a thyrotomy will be sufficient to allow complete removal, but failing this it is a question of complete or partial laryngectomy. Thyrotomy gives by far the most satisfactory results, it is not a dangerous procedure as regards the immediate consequences of the operation, and in suitable cases is quite sufficient. Partial laryngectomy has also given some brilliant results, but the operation is a dangerous one. According to most trustworthy statistics compiled by Delavan (10), of New York, out of fifty-six cases of partial laryngectomy fifteen died from the operation, eight from pneumonia, one from sepsis, one from exhaustion, and four from other causes, making a total of twenty-nine deaths, or over 50 per cent. from the immediate effects of the operation. As a result of total extirpation twenty-five out of thirty-four cases succumbed to similar causes, no less than nine being due to pneumonia, and five to exhaustion. The best record as to time after partial laryngectomy is von Bergmann's case, which lived eleven and a half years. A patient of the same surgeon lived six and a half years after complete laryngectomy. These statistics are not very encouraging for the very radical procedures, but with the advance in laryngology which has been made in later years, earlier diagnosis will be made, and as a consequence much

better results obtained. B. Fränkel, of Berlin, has published some brilliant results obtained by endo-laryngeal removal, but for my part I shall never be content to adopt this procedure as a means of cure. With these brief statistics, I bring this communication to an end. It is by no means exhaustive, as time would not permit of the subject being discussed from every point of view. My main object has been to emphasize the mild symptoms which often mask this insidious disease, and the satisfactory results which may be obtained by operation during an early stage.

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SOME MISTAKES IN THE DIAGNOSIS OF MALIGNANT DISEASE. (a)

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THE author first pointed out that mistakes in diagnosis were often due to the primary tumour being overlooked, while a symptom caused by a secondary deposit is regarded as the essential disease. In illustration of this reference was made to the case of a woman who came under treatment for almost symmetrical paralysis and muscular atrophy in the upper limbs. The nature of the case was altogether doubtful, until a small, hard carcinomatous nodule was accidentally discovered in one breast. The autopsy revealed widely disseminated secondary growths, the muscular atrophy being caused by a deposit in the spine in which several nerve roots to the bronchial plexus were involved. Special attention was directed to secondary deposit of cancer in the bones, for if the existence of the primary tumour is unrecognised a secondary cancer may be easily mistaken for a primary sarcoma, and possibly amputation of a limb may be performed before the mistake is detected. Mr. Johnson showed a tumour at the upper end of the humerus, from University College museum. The tumour was diagnosed as a sarcoma, and amputation performed at the shoulder. By microscopical examination the tumour proved to be a carcinoma. It was then discovered that the patient was suffering from extensive carcinoma of the uterus, of which she died six months later. It is useful, practically, in all cases of malignant tumour of bone occurring after middle age, to consider the

(a) Abstract of Paper read before the Harveian Society of London April 2 1903.

possibility of secondary carcinoma. Spontaneous fracture due to these secondary bone deposits may be a cause of erroneous diagnosis if the primary growth is overlooked. For the secondary tumour may occasion fracture when, on account of its central position, it occasions no obvious swelling of the bone, and the fracture may be followed by some degree of repair. As regards abdominal tumours, various forms of inflammatory deposit may simulate hard, malignant tumours of the large intestine. For example, a localised peritonitis, probably due to mischief in the appendix, was mistaken for carcinoma of the cæcum. Inflammation of the gall-bladder, due to gall-stones, simulated a tumour of the hepatic flexure, and a small psoas abscess in a middle-aged man was mistaken for a tumour of the descending colon. The diagnosis of malignant disease of the large intestine is not infrequently complicated by the occurrence of a large abscess in connection with the growth; the abscess may be diagnosed, while the tumour causing it is overlooked. Lastly, Mr. Johnson referred to the many difficulties met with in the diagnosis of retroperitoneal sarcoma. A case was mentioned in which an exploratory abdominal section, performed on a young man, revealed the presence of a large retroperitoneal tumour having the characters of a soft hæmorrhagic sarcoma. However, a history of epistaxis was obtained, and in early life the patient was said to have had an attack of "blood in the joints." This suggested the possibility of an extravasation of blood occurring in a bleeder. The outcome of the case supported this view. For many months altered blood oozed from an opening in the middle of the abdominal incision, and the tumour gradually completely disappeared. Four years later the patient was in perfect health.

TONSILLOTOMY
IN
PRIVATE PRACTICE
AND A
NEW TONSIL SECTOR.

By **ARTHUR BAILIE FRANCIS, L.R.C.S.,**
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THE necessity for the removal of enlarged tonsils has of late years come to be so universally recognised, and so frequently advocated and practised, that the question how the operation can be most successfully, safely, and expeditiously done by the ordinary surgeon demands attention; but it has apparently, up to the present time, not been satisfactorily answered owing to the ever-present danger of hæmorrhage from accidental wounding of the internal carotid artery, or the ascending pharyngeal branch of the external carotid (the venous bleeding usually resulting requiring little or no attention, as it generally stops of its own accord, or on the application of styptics).

Some of the older surgeons still advocate the use of the probe-pointed bistoury; but this procedure involves an amount of acquired skill and dexterity seldom possible to be attained by the surgeon in general practice, and is not unattended with the risk of cutting the before-mentioned important blood-vessels in the neighbourhood of the gland, and of severe or fatal hæmorrhage.

To obviate this, the two well-known forms of instrument were invented—the "guillotine" and the "tonsillotome"; they have, no doubt, overcome the danger of injuring the important surrounding structures, but leave much to be desired in the completeness and method of their action.

The "guillotine" is cumbersome, and in practice requires the use of both hands to manipulate, and usually the aid of an assistant to press the tonsil into the instrument from the outside; the tonsil must be suddenly shot off with a quick, snapping movement, and if the aim be missed, or an insufficient portion excised, the guillotine must be removed from the mouth, opened and re-applied, thereby disconcerting both operator and patient. Its mode of cutting is also imperfect, the action depending on a pressing or crushing through of a sharp edge.



The same objections apply to the "tonsillotome," the automatically-acting fork being difficult to gauge to the exact focus, and in many cases of soft or friable tonsils, simply tearing its way through, instead of pulling the gland out through the ring, and keeping it in position until cut, as it is intended to do.

During the last year or two, I have been called on to remove tonsils frequently, and the consciousness of the foregoing defects induced me to invent an instrument which, I believe, overcomes all these difficulties, and enables the ordinary practitioner at once to remove tonsils with ease and safety, and without acquiring that skill and manual dexterity essential in the use of the other instruments, a dexterity which it is impossible for the average surgeon ever to acquire.

The novel feature of my tonsil sector consists

in the action of circular scissor blades, moving inside a circular guarding ring. Here, *two* cutting blades are at work at the same time; the operation can be done deliberately and quietly; the moment the blade bites, the tonsil is fixed, and exactly as much or as little of its substance can be removed as desired. There is no sudden thrust. If it seems necessary to make another cut, the instrument (which is manipulated by one hand alone) being kept in situ, the blades can be quietly opened and again put into operation, or as often as desired. It can be applied with equal ease to either side. It is exceedingly simple in construction and can be taken to pieces for cleaning.

The accompanying illustration shows the instrument opened and closed.

I am aware that attempts have been made before to employ the cutting action of scissor blades, which no doubt is the best; but the difficulty of completely guarding the action inside a protecting ring has never been successfully worked out before.

It is an advantage to seize the tonsil with a small vulsellum, after placing the instrument in position; this steadies the tonsil, and the excised portion is thus prevented from dropping back into the pharynx, and can be easily removed from the mouth.

The "tonsil sector" will, I am confident, overcome the difficulty experienced by many a general practitioner, equally with myself, who may, from time to time, find himself called upon to remove tonsils from that large class of patients who cannot afford to pay the fee of a throat specialist, and yet who are above being pauperised by the charity of an hospital.

The instrument is being made by Messrs. Arnold and Sons, of West Smithfield, London.

LYSOFORM IN SURGICAL PRACTICE.

By PEYTON T. B. BEALE, F.R.C.S.,
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In the *MEDICAL PRESS AND CIRCULAR* of October 29th, 1902, there appeared an article by Professors Tunnicliffe and Hewlett on "Lysoform, a New Antiseptic."

By the courtesy of Messrs. Potter and Clarke I was supplied with a good quantity of the substance. Having tried it extensively in surgical work, I think it may be useful if I set forth its advantages in clinical surgery. I need not enter into the general characteristics or bactericidal properties of lysoform—they are fully described in the paper above mentioned. I should like to say, however, that it seems to possess a germicidal action much greater than would be supposed or expected, considering the percentage of formaldehyde present in it.

1. For sterilising skin, lysoform is perfect. The skin may be well rubbed and scrubbed with the pure fluid for two or three minutes. It forms a good lather, produces little if any irritation or subsequent roughness, and after three minutes' rubbing, the fluid being washed off with sterile water, I have not in any case been able to obtain a growth of any organisms whatever. Its use thus obviates the necessity for employing a fat solvent during the process of sterilising the skin before operation.

2. As a deodorant I have used lysoform many

times in the strength of 1-40 in cases of gangrene of toes, feet, and legs, and if the part is washed with it for a minute or two, all trace of the odour of gangrene entirely disappears. In foul appendix abscesses its action is also very rapid, destroying faecal odour at once.

3. For checking acute suppuration, I have washed out an acute abscess of the knee-joint with lysoform 1-20 (the case was reported in the *MEDICAL PRESS AND CIRCULAR* of Jan. 7th, 1903, under "Operating Theatres"), and the formation of pus was at once checked. With pus it forms a thick,ropy fluid, which must be washed away with a stream of sterile water. If a gauze plug soaked in 1-20 lysoform be pushed into the deepest recesses of a burrowing abscess or sinus, and left for a few hours, the part will be found quite clean. If used, however, when granulations have formed, it causes the patient a good deal of pain and irritation.

4. As a gargle or mouth wash in cases of carious teeth and tooth abscess, necrosis of jaw or palate, and in quinsy, in a strength of 1-60, its effects are very marked and beneficial.

Surgically, then, its chief value rests in its use for skin cleansing, for rapidly stopping acute suppuration, and as a deodorant, and for these purposes I have not come across any substance so useful as lysoform. It must be diluted to the required strength immediately before it is used, and must not be mixed with water above about 95°F. as the formalin comes off rapidly.

I may state that I have been using lysoform extensively for four months, and in a great number of cases, and in no case have I observed any toxic effects.

A bowl of lysoform, 1-40, on the table in the out-patient room makes a very pleasant lotion in which to wash one's hands after examining each out-patient, and causes no roughness of the skin afterwards.

SOME OPERATIONS UPON THE LIVER AND GALL-BLADDER.

By G. P. NEWBOLT, M.B. Durh., F.R.C.S. Eng.,
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■ DURING the last three or four years, a group of cases has come under my care in which different operations were done upon the liver and gall-bladder. Some of these appear to me to be worthy of publication.

CASE I.—*Cholelithiasis. Gall-Stone Colic. Cholecystotomy.*—C.M., æt. 47, a married woman, admitted April 29th, 1889.

Previous history.—Married for twenty-one years, always healthy, except for bilious attacks. In March, 1889, had severe pain in right hypochondrium shooting through into back. Next day vomited bile, was laid up for two weeks, but as the pain got no better was removed to hospital. Here she had several attacks of biliary colic, so severe on one occasion that chloroform had to be administered. After the attacks, bile appeared in the urine, and the patient became jaundiced. Her temperature ran up to 102°, but there was no rigor.

On examination, a distinct resistance was felt in the right hypochondriac region, but no definite tumour could be made out. There was some tenderness over the region of the gall-bladder. Operation, May 23.—Incision made 3½ inches long, extending from margin of ribs downwards in the right linea semilunaris. On opening the peritoneum it was found that the omentum was adherent to the liver, and covered the gall-bladder. After some trouble, the latter, which was only slightly enlarged, was exposed, but it lay tucked up and bound down to the liver, and was

almost inaccessible. Having failed to free and bring up the gall-bladder, I packed in sponges to shut off the peritoneal cavity, opened the fundus, and extracted some 70 small stones, the largest of which was about the size of a pea. These stones could be felt from the outside packed into the neck of the gall-bladder. A little muco-pus was also evacuated. The cavity was packed with a sponge, and the cystic and common ducts examined from outside. The peritoneal cavity was then shut off by suturing the gall-bladder to the peritoneum, using omentum in some places to fill the gaps. The sponge was now removed, a tube inserted, and the gall-bladder washed out, the tube remaining in. The rest of the cavity was packed with gauze except above and below where the skin and deeper parts were sutured. The after progress of the case was most satisfactory: the pain and vomiting ceased, bile flowed freely from the tube, and the patient was comfortable. The tube was kept in for three weeks, and then the sinus gradually closed. On June 6th, when changing the tube, two other gall-stones came away. The patient left the hospital on July 5th perfectly well in every way, and has remained so since. The stones could be crumbled by the fingers, and consisted of bile pigment. She was seen last month (June, 1902), and had had no trouble since her operation.

The points of interest about this case were the following:—The number of small black stones found jammed together at the neck of the gall-bladder in such a way that no individual one could pass; and hence the severity of the colic. The matting together of the omentum into a tumour which quite obscured the gall-bladder. The fact that it was so difficult to get at the gall-bladder, the wound being quite $2\frac{1}{2}$ inches deep. The impossibility of bringing the gall-bladder up into the wound at any time during the operation. If I had done an "ideal" cholecystotomy, the two stones which passed later on through the wound would have been retained, and might have set up future trouble. This, to my mind, is one of the great objections to "ideal" cholecystotomy.

CASE II.—Abdominal Abscess. Gall-Stones Removed by Operation.—L. W., æt. 62, a married woman, admitted November 7th, 1900, complaining of a painful swelling in the region of the gall-bladder. She gave a ten years' history of liver trouble with pain, headache, and jaundice at intervals.

Ten months before admission she had biliary colic; the attacks came on three or four times each week, and were relieved by vomiting. The vomit contained bile, and jaundice came on a few hours after the attacks of colic. Four months ago she first noticed a swelling in the hepatic region, and this had gradually increased in size. Had never looked for gall-stones in her motions. Her last attack of colic occurred the day before admission. She had been in bed for two months. On admission, the patient, a stout woman, with lax abdominal walls, was in feeble condition. Pulse 100, extremely weak; resp. 24. Urine 1018; trace of albumen and chlorides. She was slightly jaundiced, and motions clay-coloured.

Below the edge of the liver, and separated from it by a deep sulcus, was a large circumscribed fluctuating swelling adherent to the abdominal parietes, tender on palpation. As the patient was in such a poor condition, I deferred operating for three or four days, during which time the swelling became visibly larger and more tender, and it was evident that pus was present. On November 13th, I cut down on the swelling, in a line with the point of the ninth rib, and opened a large abscess with fœtid contents. I laid the cavity freely open up and down, and cleaned it out. It lay superficial to the abdominal muscles, and the lower margin extended below the umbilicus. I next detected a bead of pus coming from the posterior wall of the cavity at its upper part, and on probing this point found that the instrument entered a cavity and struck a stone. With some difficulty I dilated up the sinus, and removed fourteen gall-stones of various sizes, all packed closely together in the gall-bladder.

After washing the cavity out, I left a tube in the gall-bladder, and packed the abscess cavity with gauze.

Patient eventually made a good recovery, though for some days she was very ill, her pulse keeping up to 120, and her respirations varying between 24 and 28. This was evidently a case in which an empyema of the gall-bladder had adhered to and perforated the abdominal wall, forming a superficial abscess under the skin. The next case forms an interesting contrast, as the empyema perforated into the abdominal cavity.

CASE III.—Perforated Gall-Bladder, simulating Perforating Gastric Ulcer. Laparotomy. Death.—A. M., æt. 48, a married woman. Was seen by me in consultation on March 15th, 1902. She had suffered for some years from attacks of dyspepsia, but had never had hæmatemesis or jaundice, and there was nothing pointing to any affection of the gall-bladder. For a week before I saw her she had been suffering from an attack of dyspepsia, and for two nights had not slept on account of the pain in the abdomen, which she referred to the umbilicus. During this time she had only taken a little liquid food. At 10 a.m., on March 15th, she was seized with agonising pain at the umbilicus, which caused her to double up and collapse. On examination, three hours later, her pulse was 110, feeble and easily compressible, her abdomen was not distended, but was hard like a board and tender all over, and her temperature was 102°. The liver dullness was present, and her bowels had acted two nights previously. She was an unhealthy and delicate-looking woman. Having come to the conclusion, from the history of dyspepsia, together with the sudden acute pain and collapse, that a gastric ulcer had perforated, I advised an exploratory laparotomy, and she was removed to the Royal Southern Hospital.

The abdomen was opened in the middle line above the umbilicus, and yellow turbid fluid was at once seen among the coils of small intestine. A thorough examination of the stomach back and front revealed no perforation, and so it was distended with a pint of water, passed by means of an œsophageal tube. The fluid, however, did not escape, and it was evident that the stomach was not at fault. The incision was therefore enlarged down below the umbilicus, and on introducing the hand into the right flank a large gall-stone was felt in the cystic duct, as well as a very much distended gall-bladder covered in by the liver, which was enlarged and adherent to the gall-bladder. There was a minute hole in the gall-bladder from which thin puriform fluid was escaping. A transverse incision was next made into the right loin, the gall-bladder was exposed and opened freely, and six large stones were removed, one being impacted in the cystic duct. It was necessary to cut away the sloughing part of the gall-bladder, which was behind and to the inner side of the fundus; the edges were then inverted and sewn over, completely closing the cavity. Having thoroughly cleansed the abdominal cavity, a gauze pack was left in leading down to the gall-bladder, and the right flank was drained by placing a tube below the kidney. The patient stood the operation well, and promised at first to make a good recovery; she sank, however, five days after the operation, apparently from exhaustion. There were troublesome vomiting and slight distension, unrelieved by salines or enemata. As far as the wound went all was satisfactory, and there was no extravasation. The gall-bladder was shut off from the general peritoneal cavity, and there were no signs of general peritonitis.

In those cases in which a stone ulcerates through the gall-bladder, mischief is usually avoided by the adhesions which glue the affected organ to neighbouring parts, either the viscera or the abdominal wall. Case II. was a good example of the latter conditions, and in another, Case IV., the gall-bladder, which contained pus, was adherent to the colon, and I have no doubt that the stone if passed at all would have been passed by that route. There are several cases on record by different observers in which acute peritonitis has been set up by a perforation of the gall-bladder, the contents of which have escaped into

the abdominal cavity, and there are one or two instances also which have been successfully operated upon. In the case related, it was impossible to make any diagnosis but perforated gastric ulcer; a close interrogation of the patient never elicited any history of gall-stones, and she had always referred her pain to the region of the stomach. She had never been jaundiced at any time, and was most definite on this point. A correct diagnosis would have meant a much shorter and less serious operation.

CASE IV.—*Cholelithiasis. Cholecystotomy.*—This has a bearing on the two preceding cases.

Miss K., *æt.* 57, a single lady, examined in May, 1902. There was a movable mass in the right lumbar region which could be displaced into the loin and resembled a tumour of the right kidney; it was tender on palpation. The liver could be felt just below the ribs.

This history was that the lump had been noticed by the medical attendant for some five months and was getting bigger. Patient, a thin woman, had never been jaundiced, had never had colic, and had only recently complained of pain. She was only passing about 30 ounces of urine, which was normal in quality, but had never passed any blood. I thought I was probably dealing with a growth of the kidneys and advised exploration. June 4th, 1902, I cut down on the right kidney and found that it was normal; the patient still being on her side I prolonged my lumbar incision forward to the linear semilunaris and opened the peritoneal cavity, exposing the tumour. This proved to be a very much thickened and enlarged gall-bladder, to which the colon was adherent, the liver being incorporated with it above. I carefully dissected the colon off the tumour, and then was able to feel a stone impacted in the far end of the cystic duct. Packing the gall-bladder around with sponges, I opened it and evacuated its purulent contents, and after some trouble was able to dislodge the stone partly with a scoop and partly by working it forward with my fingers from outside the duct. After closing the gall-bladder I fixed it up in the abdominal wound, the thickened oedematous state of its wall forbidding any other proceeding. The patient did very well, and there were no untoward symptoms to mention. In this case the absence of symptoms again disguised the nature of the case, and the fact that one could get the tumour between one's hands at the front and back made it appear very like a tumour of the kidney. Though it felt elastic, yet fluctuation could not be made out. The lumbar incision for nephrectomy, carried well forward, proved most useful and gave a most admirable view of the parts; it is a proceeding which I certainly shall adopt for doubtful cases in the future, as through it one could deal with kidney, gall-bladder, or appendix. It seems to me, that instead of doing an "ideal" cholecystotomy, the gall-bladder might in many cases be closed and treated in this way, the superficial wound being left open, so that if there should be any escape of contents they would come outside.

CASE V.—*Malignant Growth in Pancreas. Cholelithiasis. Jaundice. Gall-bladder opened and drained. Death.*—S. W., *æt.* 57, a widow, admitted June 18th, 1901. She had been losing flesh for some weeks, and jaundice had come on three weeks ago; there was a doubtful history of colic, but she had fixed pain in the right hypochondriac region. On examination, the liver was enlarged and the gall-bladder distended. She was deeply jaundiced and her urine contained bile; she sweated profusely at night time.

On opening the gall-bladder some eight ounces of light-coloured bile escaped, and a large stone was removed. A second stone impacted in the cystic duct was removed after breaking it up with a needle from inside. A mass was felt in the head of the pancreas, so nothing further was done, and the gall-bladder was sewn up to the edge of the wound and drained. Patient rallied well after the operation; but some 36 hours after she collapsed and died rather suddenly: A post-mortem examination showed that

there was a scirrhus carcinoma involving the head of the pancreas, and blocking up the common duct.

In this case there was a doubt as to the cause of the blocking of the common duct and the intense jaundice, but she wished to be relieved, if possible, from her pain. It seems strange why, with a stone impacted in her cystic duct, she should have got cancer in the head of the pancreas, and not in the duct itself, where a cause of irritation lay.

CASE VI.—*Chronic Interstitial Pancreatitis. Cholecystotomy. Death.*—L. C., *æt.* 56, a single woman, admitted January 4th, 1901, suffering from jaundice. She was taken ill nine months before admission, and suffered from marked vomiting, generally four or five times a day. Four months ago she became jaundiced, and began to suffer from pain in the hepatic region. Has lost flesh, and says that her motions are quite white, and have been so for two months. Her mother died of phthisis.

On examination, patient was markedly jaundiced, liver dulness was increased, and the edge could be felt 2 inches below the ribs; gall-bladder distended, and reaching down to level of umbilicus; splenic dulness increased; urine contained bile; *facies* white, weight, 7 st. 12 lbs.

On March 19th, I exposed the gall-bladder by a long vertical incision in the right linea semilunaris; it was distended, and the duct blocked by a lump the size of a pigeon's egg in the region of the head of the pancreas; the parts were much matted together, and it was impossible to separate them. A needle was passed into the mass and did not strike a stone. The gall-bladder was stitched up to the wound, opened and drained. Patient died ten days after operation, apparently from exhaustion. Post-mortem:—The mass in the head of the pancreas was hard, but did not invade the duodenum, it was movable, and the portal vein was not involved. It obstructed the common bile-duct, which was dilated, as was the gall-bladder and cystic duct. The liver was hard and fibroid and bile-stained. Microscopically, the mass was an inflammatory induration of the head of the pancreas.

CASE VII.—*Hydatid of the Liver successfully opened and drained through the Chest Wall.*—A. P., a girl, *æt.* 12, was transferred from the care of Dr. Macalister for exploratory operation on August 7th, 1900.

She had been ill for some months, suffering from shortness of breath and discomfort in the right side. On examination her abdomen was swollen in the upper two-thirds, the lower part from the umbilicus downwards was retracted. The margin of the liver was visible during respiration. The liver dulness in the mammary line measured 5½ inches, and extended from the upper border of the third rib to 2½ inches below the costal margin. Liver dulness behind measured 6, and in the axillary line 6½ inches, extending from the fourth rib downwards. In the left nipple line the liver dulness extended for 4½ inches. The circumference at the costal margin was 23 inches, and at the umbilicus it was 19½. The margin of the lung expanded about an inch on inspiration over the dull area. Breath sounds were weak over dull area in axilla, elsewhere fairly marked. Vocal resonance and fremitus were conducted. Spleen enlarged. Respiration rapid, averaging 32 to minute. Pulse 90. Pupils dilated. Temperature varied, often 101°.

On palpating the liver there was distinct but regular enlargement. The conclusion we came to was that there was probably a hydatid in the liver, pushing the lung upwards. An exploring needle, two or three days later, drew off pus.

On August 7th I put a large needle through the eighth interspace in the mid axillary line and got clear yellow fluid, which had a very foul smell. I again put the needle through the ninth interspace with a similar result. I therefore cut down on and removed a piece of the ninth rib in this region and opened the chest. The lung, which was healthy, at once retracted, and the wall of the cyst bulged up at the lower part of the wound. More rib was resected in order to get a free

exposure of the parts, and the cyst again aspirated. Having drawn off some 8 ozs. of fluid of the same character as before, I caught the now flaccid wall of the cyst with forceps, and drew it up into the wound, stitching it round to the soft parts so as to shut off the cavity of the chest. On opening the cyst freely a large quantity of fluid escaped, and numbers of cysts of all sizes, some of them containing pus, the contents being abominably foul. I was now able to get away the whole lining of the cyst in one piece, and having washed out the cavity, I put in a full-sized drainage-tube and packed it around with gauze. She made a perfect recovery, leaving the hospital at the end of November with the wound soundly healed and with normal physical signs on the affected side of the chest. The discharge from the wound for many weeks was bile-stained and most profuse.

CASE VIII.—Hydatid Cyst of Liver. Death seven weeks after Drainage.—J. K., æt. 34, boilermaker, admitted November 2nd, 1896. He had noticed a swelling in the right epigastric region for nine months, but had no pain until five days ago. Had never been jaundiced. Pain seized him suddenly, and was so severe that he had to go home and rest. There was a rounded swelling in the right epigastrium and sternal regions, moving with respiration and not painful to manipulation, some enlargement of superficial veins over it. Has a tense, fluctuant feel and a thrill on tapping. Conjunctivæ yellow. Liver dulness commences 3 inches below nipple, and extends vertically for $2\frac{1}{2}$ inches below costal margin. In axillary line it commences 1 inch above the level of the nipple, and extends downwards for $7\frac{1}{2}$ inches. Patient refused operation.

Re-admitted January, 1900. — Liver enlarged, smooth and hard. January 30th, paracentesis, 84 drachms clear yellow fluid withdrawn. February 1st, liver dulness extends in middle line about 2 inches above umbilicus, and 6 below xiphoid. There was no doubt that he had a huge hydatid cyst. There was also a history of heavy drinking, and he would not consent to surgical interference until February 13th, 1900.

On February 13th, 1900, I cut down on the tumour to the right of the median line, and after separating some adherent omentum, exposed the cyst. After allowing a lot of peritoneal fluid to escape, the cavity of the peritoneum was shut off with sponges, and the cyst aspirated, but the needle was at once blocked. Opening the cyst, I plugged it with my finger, drew it up, and fixed it to the edges of the abdominal wound and parietal peritoneum. A free opening was now made, and a large number of cysts evacuated, the cavity being packed with gauze. His temperature rose after operation and there was no relief to his ascites. He was tapped several times and got relief, but finally refused to have this done. At the end of the first month the cyst nearly closed, but it was evident that there was still further trouble, as cysts were discharged through the sinus left. Patient died some seven weeks after operation.

Post-mortem.—There was a second large cyst at the back of the first, which could have been drained below the right kidney, to which it was adherent. The two cysts communicated through a very small hole. The liver was cirrhotic. The first cyst had nearly closed, but did not drain the second, though it communicated with it.

CASE IX.—Abscess of the Liver opened through Chest Wall.—J. McC., æt. 37, fireman, admitted December 4th, 1901, under Dr. Macalister.

In February, 1901, he had an attack of swamp fever in India; no previous illness. There was also a doubtful history of dysentery.

Eight days before admission he was seized with pain in the right side of the chest, low down, which had been getting steadily worse, and in addition had a troublesome cough. Examination on admission showed slight tenderness over the right side of the chest, with impairment of movement. Wooden dulness extending upwards to a level with the right nipple. The breath

sounds were diminished and almost inaudible, and vocal resonance and fremitus were also diminished, laterally and behind. In front there was skodaic resonance at the right apex, and the breath sounds were somewhat bronchial and cavernous; pectoriloquy was present. The left lung was normal. The apex beat was outside and on a level with the left nipple, evidently being pushed over by fluid in the right side. The pulse was 120, irregular, of small volume, and low tension. Bowels constipated. Urine, acid, 1020, and temperature varying between 99° and 101.5° . The patient lay on his right side and was sweating profusely. An exploring needle was put into the dull area, but no fluid was obtained.

On December 10th, the patient being under ether, I introduced a big needle between the ninth and tenth rib in the mid-axillary line, and at once got pus. I next exposed and removed 2 inches of the ninth rib, and opened the pleural cavity. It was now evident that there was a large abscess in the liver, and the tension in the abscess cavity was so great that pus was escaping by the side of the needle. Having packed some gauze around so as to shut off the pleural cavity, and after allowing a good deal of pus to escape through the needle, I freely incised the abscess wall, catching it with forceps and pulling it up into the wound. After allowing most of the contents to escape, I plugged the opening into the abscess cavity with a sponge, and sewed the margins to the parietal pleura and chest wall. I left the silk ligatures with which I did this long, so that they could be easily removed when loose. In the case of the hydatid, opened in the same way, I cut the ligatures short, and one of them not separating kept the sinus open for a long time. I was able now to explore the abscess cavity, which was of large size, occupying the upper surface of the liver; it contained about a pint of chocolate-coloured pus, inoffensive in character, and was lined by a soft pyogenic membrane. After gently scraping the walls of the cavity with a blunt lithotomy scoop, I inserted a large double-barrelled drainage-tube, and washed out freely with boracic acid lotion. However, this cleared up gradually and the man put on flesh, his cough subsided, and he was discharged on February 6th, 1902, perfectly well, and remained so when last seen some three months after operation.

Clinical Records.

AMPUTATION OF THE UPPER ARM AND SCAPULA IN A WOMAN, ÆT. 72, FOR EN- DOTHELIOMA OF THE SHOULDER-JOINT.

By ROBERT JONES, F.R.C.S.ED.,

Hon. Surgeon, Royal Southern Hospital, Liverpool, &c., &c.

In this case a woman, æt. 72, complained for some time of pain shooting down the arm and into the neck. There was limitation of movement, swelling, no fluctuation, no enlarged veins, pulsation, nor bony crackling. A series of X-ray photographs were taken which exhibited a blurred outline of the head and neck of the humerus strongly suggestive of periosteal sarcoma. Three months after the onset of symptoms spontaneous fracture occurred. At the operation the growth was found to have originated within the upper end of the humerus, causing spontaneous fracture. The fractured ends were friable, the glenoid and surrounding muscular tissue having suffered invasion. Microscopically examined, the growth proved to be an endothelioma. The patient made an uneventful recovery.

RESECTION OF TWO-THIRDS OF THE FIBULA FOR CENTRAL SARCOMA.

This patient was a girl, æt. 8, under Mr. Robert Jones's care. The swelling of the upper part of the fibula was firm and somewhat tender to pressure. There was no distension of superficial veins and no bony crackling. There was no history of accident, and very little pain or limp in walking. The limp had only been noticed a few weeks. The resection

was free, and no functional disability followed. These cases emphasize the value of radiography in endosteal sarcoma, which render the diagnosis sufficiently accurate to enable the surgeon to plan his operation beforehand as to exsection or amputation.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.
MEETING HELD THURSDAY, APRIL 2ND, 1903.

DR. W. WINSLOW HALL, President, in the Chair.

DR. LEONARD GUTHRIE read a paper on
SOME ANCIENT REMEDIES, AND ON GIDEON HARVEY,
A SEVENTEENTH CENTURY PHYSICIAN.

He commented briefly on the position of medicine in the latter half of the seventeenth century, showing that the progress of scientific treatment was impeded by ignorance of pathology, by neglect to make use of the great anatomical discoveries of the age for practical purposes, by superstition and tradition in the use of the remedies employed, by multiplicity of medicaments, and ignorance of their physiological action, and by abuse of venesection, vesication, issue-making, sweating, purging, emesis, and salivation. Valvular heart disease, cardiac and renal dropsy, and all forms of nephritis, except that dependent on calculus, were unknown. Biliary colic, or at all events the jaundice associated with it, was regarded by Sydenham as a manifestation of hysteria. The urine in diabetes mellitus was known to be sweet, but no importance was attached to the fact. Willis thought that all diseases were due to alterations in the crasis of the blood, which he held to be composed of spirits, sulphur, salts, earth and water. In fevers he believed that the spirits literally boiled, and the sulphur took fire and smouldered. Treatment consisted in attempting to drive noxious substances out of the blood by the methods mentioned above. Historical instances were given in which death was hastened by excessive bleeding and purging, as in the case of Charles II., and by over-heating, as in the case of Evelyn's son. Scientific treatment was, moreover, hampered by the use of an enormous pharmacopœia, containing 1,461 remedies, most of which were useless, and by the popularity of unwieldy compounds, such as Venice treacle, mithridate, and the like.

Gideon Harvey, physician to Charles II., rendered considerable service to medicine by inveighing against over treatment, and by counselling simplicity and the use of a few remedies whose action was understood. Harvey derided with much force and acumen Venice treacle and mithridate, showing that their sixty or seventy ingredients were mostly incompatible, and that they owed their virtue solely to the opium which they contained. He parodied Sydenham's famous "expectant attitude" towards diseases with which he was unfamiliar in a witty little book called "The Art of Curing Disease by Expectation," showing how readily the attitude became dangerous and fraudulent in the hands of the ignorant and unscrupulous. Gideon Harvey's services to medicine never met with the recognition which they deserved, partly on account of his bitter hostility towards all his contemporaries, and towards the College of Physicians in particular, partly on account of his inveterate habit of hinting in all his works that he possessed secret remedies and specifics against all diseases. But the pharmacopœias published after his day show that his views were tacitly accepted, as most of the loathsome and absurd preparations which he condemned are left out.

Mr. RAYMOND JOHNSON read a paper on

MISTAKES IN THE DIAGNOSIS OF MALIGNANT DISEASE, an abstract of which will be found in another column.

In the discussion that followed, Dr. JAMES TAYLOR said that such experiences as Mr. Johnson had related formed the only silver lining to the heavy cloud of malignant disease. He himself knew of one

instance similar to those mentioned by Mr. Johnson in which the patient, at one time supposed certain to die, was now absolutely well. On the other hand, cases unfortunately occurred in which the patient, supposed to be suffering from functional disorder only, ultimately died of malignant disease.

Mr. MALCOLM said that mistaken diagnoses which he could recall had more often shown malignant disease where it had not been suspected. He thought that ovarian tumours are more often malignant than is generally believed. This is shown by the development within three years of secondary malignant growths which are sometimes foreshadowed by the appearances found on microscopical examination of the parts removed. In one case, he diagnosed a tumour of the kidney in a child, æt. 4. On operation a fibrous sarcoma, attached to the tail of the pancreas, was found. The patient did not survive the operation, and after death a secondary growth was found lying within the portal vein and distending it. In a patient operated on for a large ovarian tumour there was deep jaundice, thought to be due to a gall-stone. Malignant disease of the head of the pancreas, however, was discovered. At the necropsy five weeks later the descending portion of the duodenum was found to be transformed into a tube of cancerous tissue. In another case in which ovarian tumour was diagnosed, the peritoneal cavity was found on operation to be completely obliterated, so that nothing could be done. Eighteen months later no tumour could be felt, and the patient was quite well. In another case, in which inflammatory disease of the ovaries and Fallopian tubes were diagnosed, the pelvis was found to be completely shut in by adherent intestines. An opening was then made through the posterior vaginal fornix, but no pus could be found in the hard pelvic mass. The growth was then regarded as probably cancerous, but some months later it had disappeared and the patient was quite well.

Dr. PRICKETT mentioned a case of a lady, æt. 73, who had been losing flesh and strength for some time, and suffered from a fetid sanious vaginal discharge. On examination a mass was found involving the anterior and posterior walls, and extending from the cervix, which was also involved, to within an inch of the vulva. There seemed to be no doubt as to the malignancy of the growth, and it was thought too advanced for operation. However, in less than a year the growth entirely disappeared, and has left no trace beyond a slight constriction of the vagina just below the cervix. Either the diagnosis was wrong, or malignant growths sometimes disappear spontaneously.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, APRIL 3RD, 1903.

MR. RICKARD W. LLOYD, President, in the Chair.

Mr. J. R. LUNN showed a man, æt. 35, who had been operated on for fracture of the patella by Barker's subcutaneous method a week after the accident. The bone has now joined well, and the X-rays show the fragments to be in excellent position. He still, however, suffers from pain.

Mr. SWINFORD EDWARDS did not consider the result of this case showed the subcutaneous method to be equal to the open operation. The joint is still swollen and tender, and it is doubtful if the union is by bone. He advised removal of the wire, as it was probably maintaining some inflammatory symptoms.

Mr. MCADAM ECCLES thought that the objections to Barker's operation were that the wire passes through the joint, and that the torn aponeurosis cannot be removed from between the fragments. Consequently bony union in this operation is probably rarely obtained.

Mr. J. PARDOE read a paper on the
INDICATIONS AND METHODS FOR THE RADICAL CURE OF
SO-CALLED HYPERTROPHY OF THE PROSTATE.

Cases in which operation is indicated may be either

those of urgency or those of expediency. The habitual use of the catheter is always attended with some risk of urinary affection. Hence a growing number of surgeons urge the removal of the obstructing prostate, or portion of prostate, as a measure of expediency. Early operation, also, much reduces the danger of septic infection of the bladder, ureters and kidneys. An operation of urgency is rendered necessary by the following conditions:—1. Increasing frequency of attacks of cystitis, or chronic cystitis increasing in severity. 2. Repeated attacks of epididymitis and orchitis, due to catheterism. 3. Increasing difficulty of self-catheterism, due to the enlarging prostate. 4. Hæmorrhage from the passage of instruments. 5. The occurrence and recurrence of stone as a complication. 6. The probability that enlarged prostates, which in their early stages are adenomatous, may become malignant. The benefits of the operation are not lessened by previous long-continued catheterism, since the bladder is found not to have lost its expulsive power. Advanced age in the patient should not deter the surgeon. The great danger is from sepsis, which, however, is not always so great as to prove fatal. This is a strong argument in favour of early operation. Mr. Pardoe believed that in cases of urgency the mortality from the operation approached 20 per cent., while in cases of expediency it is from 2 to 4 per cent. He was not aware of any case in which restoration of function failed. Mr. Pardoe then described some methods of operation by the suprapubic and by the perineal routes. The suprapubic operation is specially suited to the removal of adenomatous prostates and of pedunculated median enlargements. It should probably always be used when the growth is complicated by stone. Drainage is advisable in both kinds of operation if there is bad cystitis. Fibrous enlargements of the prostate can be removed by a transverse perineal incision. In all cases of removal of the prostate, whether by enucleation or by morcellation, it is necessary to work strictly within the expansions of the pelvic fascia, usually called the capsule of the prostate. Mr. Pardoe concluded:—1. That the time has now come when something better than catheter life can be offered to patients. 2. That early operation should be strongly advised, except, as a rule, in the case of very aged men. 3. That the operation should be carried out in the aged if the symptoms become urgent from hæmorrhage, cystitis, or increasing difficulty in catheterism.

Mr. SWINFORD EDWARDS, after congratulating Dr. Pardoe on his excellent series of specimens shown, said that all cases of prostatic enlargement are not fitted for extirpation, whether by the suprapubic or perineal route. Vasectomy and castration have their spheres of usefulness, and are not attended by so much risk to life, though at the same time the relief may not be so thorough or permanent. Cases for extirpation should be carefully selected. The larger the intra-vesical growth, the easier enucleation seems to be. In cases classed as those of urgency it would probably be better to postpone extirpation for a time, and to be content with suprapubic drainage and bladder irrigation. The benefits conferred by extirpation upon patients who recover are very great, as they are able to void their urine as well as they did in the prime of life.

Dr. J. E. SQUIRE read a paper on the modes of CURE AND ARREST IN PULMONARY TUBERCULOSIS.

Consumption has now come to be recognised as a curable disease. Many facts show that it is frequently arrested or cured. By cure is understood removal from the body of the cause of the disease and the complete cessation of its immediate results. Arrest implies the cessation of the activity of the cause of the disease, but without its entire removal from the body, so that it may be still potent for harm. Arrest or cure of the tuberculous process in the lung may be brought about in either of the three stages, namely:—1, Infiltration or consolidation; 2, Caseation and softening; 3, Excavation or cavitation. But cure can only be expected in the earlier stages, and arrest becomes less likely the further the tuberculous process

has proceeded. Moreover, the course of the disease varies in different cases, depending probably upon the constitutional peculiarities of the individual. This peculiarity in the reaction of the tissues to the irritation caused by the bacillus will influence the tendency to cure or arrest as well as the mode of the advance of the disease. In the invasion stage of tuberculosis, the condition of the tissues shows itself in the severity of the constitutional symptoms. In this stage cure may result with an undamaged lung. The nature of the disease is not infrequently unrecognised, the patient recovering without the cause of his malaise being realised. Later on consolidation of the lung can be detected on physical examination. Irremediable mischief has been done to a portion of lung tissue, and though cure may result it will be with a scar on the lung. In this stage, too, a cure may result without the nature of the disease having been recognised. In the stage of softening, arrest of the disease may result from the formation of an enveloping wall of fibrous tissue around the seat of the active tuberculosis. This is cure by encapsulation. Caseous matter within the capsule may dry up or become calcareous. The bacilli within the capsule may still be active, but so long as the capsule be complete the spread of the disease is checked. Should anything happen to weaken the capsule the bacilli may escape and light up active disease. Thus auto-infection may result from perforation of a capsule into a bronchial tube. If this danger is counteracted, or the contents of the cavity be completely evacuated, arrest or even cure of the disease is possible. Even without encapsulation fibroid overgrowth of the lung at the outskirts of the tuberculous area may form an obstacle to the extension of the disease. Should the bacilli die, the tuberculosis may be cured, though the patient may remain a chronic invalid from the extensive damage done to the lung. As the mode of arrest thus varies, according to the stage of the morbid process, treatment, which should aim at assisting Nature, must be guided by a study in each case of the tendency of the pathological processes which are taking place in the lung.

Dr. KELYNACK considered Dr. Squire's paper as most opportune and of great interest, since the principles enunciated were more or less applicable to cases of tuberculosis other than pulmonary consumption. There is need for greater clinical precision and pathological accuracy in the use of such terms as "arrest" and "cure." For practical purposes one has to discriminate between a "pathological cure" and an "economic cure." The latter might well be taken to mean that two years after discharge from a sanatorium the patient is able to win a competency by his work. Predisposition to consumption is now better expressed in terms of natural tissue resistance. Dr. Kelynack has made analyses of pathological material which went to show that tuberculosis is met with in nearly 58 per cent. of patients dying with diabetes, in over 87 per cent. of fatal cases of alcoholic neuritis, and in over 23 per cent. of fatal cases of common hepatic cirrhosis. On the other hand, tubercle and cancer are associated in only 1.4 case.

The further discussion of Dr. Squire's paper was postponed to a future meeting of the Society.

LIVERPOOL MEDICAL INSTITUTION.
MEETING HELD APRIL 2ND, 1903.

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

Dr. GORDON GULLAN showed a case of "Morbus Cordis."

Mr. R. W. MURRAY related a case of

IDIOPATHIC DILATATION OF THE COLON

occurring in a child, æt. 3. The child had suffered from constipation and abdominal distension from birth, and during the last twelve months the distension had become excessive, the abdominal girth measuring as much as 39½ ins. After abdominal section it was found that the sigmoid flexure and descending colon were enor-

mously dilated, the bowel measuring 6 ins. in diameter. The distended gut was excised, the transverse colon and the rectum being united end-to-end by simple suture. The result has been most satisfactory, the child has improved in health, and now suffers from neither constipation nor distension.

The PRESIDENT had never met with a similar case, and congratulated Mr. Murray on his successful treatment.

Mr. ROBERT JONES related the history of two cases—one of amputation of the arm and scapula and the other of resection of two-thirds of the fibula for central sarcoma, which will be found in another column, under "Clinical Records."

Mr. G. P. NEWBOLT emphasised the importance of radiography in the early diagnosis of central bone growths.

The PRESIDENT drew attention to the diagnostic significance of neuralgic pain.

Mr. Murray spoke, and Mr. JONES replied. Dr. ARTHUR WALLACE read a note on a method of dealing with

THE PARIETES IN ABDOMINAL SECTION.

After a short review of the disadvantages entailed by the use of the median incision, even when combined with suturing in layers, and a brief mention of the procedures employed by Jonnesco, Juvara, Segond, and Abel, a method was described by which the onus of supporting fascial layers weakened by incision was thrown on to uninjured rectus muscle. A vertical incision through skin and subcutaneous tissues is made one inch from the middle line, usually over the left rectus. The anterior layer of its sheath is opened along its centre, and the inner half of the divided sheath is separated from its muscle and drawn internally, the rectus itself being pulled outwards with retractors. The posterior layer of the sheath, together with peritoneum and intervening tissue, are then divided along a line corresponding to the middle line of the rectus. In closing the wound each layer is sutured separately. The method has been described in the literature of several countries, but it appears to be less used than its merits deserve.

Dr. BRIGGS said the abdominal wall varied very considerably, and special methods of incision through the sheath of the rectus must be considered in connection with such variations, notably in widely separated and in closely apposed or overlapping recti. The practical difficulty was a trustworthy absorbable suturing material for buried stitches in the superimposed layers of the abdominal wound.

Mr. THELWALL THOMAS had used the method mentioned in many cases; it took a little longer time than the usual median incision, and there was occasionally some trouble from oozing of blood into the rectus sheath. He thought it a valuable incision, and preferable to any sectional suturing of the ordinary median incision. He would not advocate it in emergency operations or septic conditions.

Dr. Grimsdale and the President spoke, and Dr. WALLACE replied.

Mr. KEITH MONSARRAT read a paper upon some points in the

OPERATIVE TREATMENT OF TUBERCULOUS DISEASE OF THE KNEE,

based upon eleven cases in which he had considered it necessary to operate. He first referred to the importance of the early recognition of tuberculous foci about the lower femoral epiphysis, and of anticipating by early operation the usual invasion of the joint following these. He pointed out that it was difficult to estimate in any given case how near to the joint such foci had encroached, and that they were readily accessible to removal without invading the joint. Of the cases operated on for joint disease one had ultimately had amputation performed, in one the disease was still present, the rest were free from signs of local disease. In one case excision had been performed, in nine erosion, and in one a focus in the external condyle had been evacuated. In four of the cases erosion had to be

repeated owing to recurrence, the result being ultimately good. The subject of the functional value of the limb after operation was next considered. The opinion was expressed that any procedure which interfered with the integrity of the quadriceps extensor was likely to be followed by troublesome flexion; a method of exposing the joint was described by vertical bisection of the ligamentum patellæ, the patella, and the lower part of the extensor which gave satisfactory access to all parts of the joint, and left undamaged the functional integrity of the extensor apparatus.

Mr. R. W. Murray and Mr. Newbolt spoke, and Mr. MONSARRAT replied.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 11th, 1903.

THE ANTI-TUBERCULOSIS CAMPAIGN.

HR. E. VON BEHRING, we are informed in the *Berl. Kl. Woch.*, has not yet commenced any experiments with his serum on the human subject, nor has he any intention of doing so immediately, but from his experience in the immunisation of cattle it is quite possible that he may hit upon a protective substance to be used in infancy. His institution experiments in regard to cattle are practically concluded. For the protection of meat cattle von Behring prefers calves under three months old. From his epizootic studies he has come more and more to the confirmed conviction that the chief danger of a tuberculous pest lies in infant infection, which is more easily set up at this stage of life for the reason that on the one hand the intestinal tract is then peculiarly liable to the absorption of corpuscular elements, and on the other the anti-bacterial ferments are not yet formed.

In the same way as the infection material, the antitoxins during the four weeks of life pass unchanged through the mucous membrane of the intestines and are accumulated in the blood in considerable quantities.

Upon consideration of the facts, which have been established on a firm basis, the writer came on to the idea of feeding children during their first few dangerous weeks with milk from cows that had themselves been rendered immune, in this way hoping to help them over it in safety.

He leaves it undecided whether this idea is realisable or not. He would not treat infants in this way until he had thoroughly satisfied himself that feeding calves with such milk from immunised cows was able to protect them from the disease.

At the Society fur Innere Medizin Hr. Elsner reported a case of

GASTRO-COLIC FISTULA.

As a result of a gastric ulcer a communication was formed from the stomach, not into the small intestine, but directly into the colon, so that the food went from one into the other without passing through the intervening small intestine. The food was therefore not digested, and it acted as an irritant on the colon. The result was that the patient's nutrition suffered seriously, she became much emaciated, and a persistent intestinal catarrh rendered the condition still worse. The patient, who was operated on three years previously, vomited blood when she was nineteen, and suffered from severe gastric pains, and the case was then treated as one of ulcer ventriculi. Nineteen years later, i.e., when the patient was æt. 38, the symptoms of gastro-colic fistula developed with violent symptoms, with persistent vomiting and diarrhœa. The patient was so much emaciated that she weighed only 82 lbs. Examination showed that the vomited matter looked

and smelt like fæces. Raw scraped flesh passed away in the evacuations almost unchanged. An operation was performed by Eugen Hahn, who found the fistula on the posterior wall of the stomach near the cardiac end and opening into the left flexure of the colon. As the fistula was not accessible, an anastomosis was made between the transverse colon and the duodenum. The result was excellent, the patient regaining her health from the date of the operation. Only one similar case was on record, one of Unruh's, who carried out a similar operation in a similar condition of affairs.

Hr. Gutmann reported a case of

MULTIPLE ULCER OF THE SMALL INTESTINES.

A woman, æt. 40, who had never been ill before, suffered for six months from diarrhœa and emaciation. Nothing was gained from her history, except that she had had neither syphilis nor tuberculosis. There was no fever and the chest and abdominal organs were normal. The day after admission fever came on, which persisted remittently for seven weeks. Neither in the sputum nor the stools were any tubercle bacilli to be found. The patient sank from cachexia. The autopsy showed, after drawing back the omentum, numerous constrictions of the small intestine in which the parts were always thickened. The constricted parts were a bluish white, and the thickening affected all the layers of the bowel; the mesentery also was thickened. On cutting open the constriction a circular loss of substance was found in the mucous membrane. The bases of the ulcers were smooth, the walls precipitate. The mesenteric, cervical and subclavicular glands were caseous. A microscopic examination showed cellular infiltration of all the layers of the gut; no giant-cells, no caseation, no tubercle bacilli. A similar infiltration was present in the thickened parts of the cellular mesentery, but no tubercle bacilli here either. There were no caseous centres in the lymph glands, which were either shut off from the surrounding parts by connective tissue or were surrounded by nodules. Here also no tubercle bacilli were to be found. What then was the nature of the case? Probability spoke in favour of syphilis; the changes present agree fairly well with the description of Rieder, and the disease of vessels of E. Fraenkel. It must be observed, however, that otherwise no symptoms of syphilis were present. The changes in the lymph glands were more in favour of tuberculosis, even if bacilli, as sometimes was the case, could not be demonstrated. But it was not rare not to be able to distinguish between tuberculosis and syphilis with certainty.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 11th, 1903.

"STIEGLITZ."

At the last meeting of the Gesellschaft, Lowenbach introduced a patient with typical sores on the hands caused by his occupation in cleaning hair from the pelz lime. This irritant is regularly used to facilitate the separation, and is apparently the origin of the large and painful oval ulcers with perpendicular margins and smooth, red bases from which many workers in tanneries suffer. The affection is mostly confined to the fingers, and occurs on the sides and terminal phalanges. The surrounding tissues are unaffected and painless. The ulcers generally follow a favourable course, and heal in a few days. Ehrmann said that the disease had often come under his own observation, and was not confined to tanners alone, as he had frequently met with it in builders, where the escardic action of

the lime had quite destroyed the epidermis and eaten away large portions of the corium. The form and position of the ulcers depended very much on the work the patient performed, as rubbing with close contact with the irritant lime was the cause of the trouble.

LARYNGEAL TUMOUR.

Coshier next demonstrated a female on whom he had operated five and a half years ago for an intralaryngeal tumour, which when histologically examined proved to be a sarcoma. Since that time she had been perfectly healthy, and no recurrence at present appears to threaten.

SYPHILIS AND INJECTIONS OF IODIPIN.

Mittler showed an interesting case of a man who, on account of syphilis a year and a-half ago, received twenty subcutaneous injections of iodipin distributed in both thighs. The fasciculi of the muscles were found to contain hard masses, at first assumed to be in the cellular tissue, but more minute examination with the Röntgen rays proved the bony hard parts to be located within the fasciculi of the muscles. These hard bodies could easily be felt through the skin and when pressed gave no pain, neither did they interfere with the function of the limbs. It is assumed that these calcareous concretions were induced by the injections of iodipin in the parenchymatous tissue. Pauli remarked that he had often pointed out in his lectures to students that particular salts of iodine and rhodan had a tendency to produce calcareous concretions in the organism, even when thrown into the circulation in the usual way. Holzknecht thought that the primary cause or agent in the production of this calcareous product lay in the disposition of the patient to a perimyositis calcuosa, and being an iron turner those members affected would be functionally overtaxed, which would result in compensation in the form of calcareous deposit, which we often witnessed in the transformation of cartilage into bone. He related a similar case of a sportsman where no injections had been given, but the results were the same as those exhibited.

PATERNAL TRANSMISSION OF SYPHILIS.

This protracted discussion, whether the father or mother are the chief agents of transmission, was brought to a close this week with Matzenauer's reply. It may be remembered that in his paper he founded a theory on Colles' assertion that every mother of a syphilitic child produced a child immune to syphilis. In his reply he said that most of the authors agreed that hereditary syphilis could not be transmitted unless through a syphilitic mother, and that no hypotheses could be supported wherein the paternal transmission was alone active. The first question he put was, Is the mother of a syphilitic child herself syphilitic? He thought the answer was incontestably in the affirmative. He supported this contention by his experience of the three clinics in Vienna, where mothers had been assumed to be free from syphilis at the birth of the child according to the protocol, while later examination distinctly proved the disease to be present. This corresponds to Kassowitz's experience that the fetus of a recent syphilitic mother as a rule shows little signs of that inherited dyscrasia. From all the testimony adduced spermatic transmission alone is impossible, while an immune mother is as unlikely to give birth to a child free from syphilis.

It is announced that H.R.H. the Prince of Wales has consented to take the chair at the Festival Dinner of the Royal Medical Benevolent College, Epsom, which is to take place on June 10th.

The Operating Theatres.

WEST LONDON HOSPITAL.

STRANGULATED INGUINAL HERNIA, THE CONSTRICTION BEING SITUATED IN THE CENTRE OF THE SCROTUM AND ABOUT THE CENTRE OF THE SAC.—Mr. SWINFORDE EDWARDS operated on a man, æt. a little over 50, who had suffered with right inguinal hernia for the past twenty-five years, for which he had worn a truss, but it did not appear that the truss had been of much benefit to him. On admission to the hospital there was a scrotal swelling of the size of an adult head completely obliterating all trace of the penis and testicles. The swelling was chiefly on the right side, and was evidently a large right inguinal hernia. The patient had stated that the size of the hernia had gradually increased, especially during the last few days. Since admission he had vomited three or four times, but the vomit was not stercoraceous. An incision was made from the external ring downwards, the sac exposed and opened, giving exit to some blood-stained serum. Several coils of healthy intestine were now seen, among them being the cæcum with its appendix, the ileo-cæcal valve and ileum. On further opening up the sac about two feet of intensely congested intestine were seen tightly constricted by a thickened band of almost cartilaginous hardness, which separated the cavity of the sac into two portions. This constricting band was now severed and the whole of the sac contents returned into the belly, as the operator thought that the two feet of purplish intestine were not too far gone to recover, for the bowel was still shiny and felt fairly healthy. It might be mentioned that the whole of this portion of the intestine, which had evidently been outside the belly for years, although not adherent to the sac, was covered by small vegetations. The internal and external rings, which could not be differentiated, were much dilated; in fact, the hand could easily have been passed through them. A radical cure was attempted; the enormous sac having been ligatured, the stump of it was drawn up and fixed by means of the ligatures, which had been left long, to the aponeurosis of the external oblique over the normal situation of the internal ring. The external ring was now closed by careful suturing, but, finding that the belly-wall in the inguinal region still sagged a good deal, sutures were passed through Poupart's ligament over the line of sutures just described, and through the fibres of the external oblique lying above and to the inner side of the inguinal canal, thus producing a reduplication of the aponeurosis, the effect being to brace up the abdominal parietes in this region. The distal portion of the sac containing the strictured intestine was now dissected out; during this dissection it was found that the right testicle was atrophied and the various constituents of the cord, including the vas deferens, were so imbedded in the cartilaginous thickening that it was thought best to remove the testicle and cord as well as the sac. About the region of the constriction of the sac was a large plate-like mass of what appeared to be fibro-cartilage, smooth on the inner surface, forcibly reminding one of the articular surface of the lower end of the femur. This plate could not have been less than two-thirds of an inch thick, and equalled in area the palm of the hand; in the centre of this was a hole or foramen through which the gut had slipped, and which caused the strangulation. Mr. Edwards drew attention first of all to the enormous size of the hernia: secondly, to the fact that but few symptoms of strangulation had presented themselves, although on exposing the sac contents

the intestine was found to be in such a condition that at first he almost hesitated to return it; thirdly, the next point of interest in the case, he said, was the measures pursued to limit the sagging of the belly-wall by reduplicating a portion of the aponeurosis over the position of the inguinal canal, and lastly the curious formation of a part of the sac itself, with the development of a fibro-cartilaginous plate, in the centre of which was the constricting ring. This, he thought, pointed to the long continuance of the hernia, and might have been induced by the pressure of a badly fitting truss. As the testicle seemed to be perfectly useless he considered it better to remove it than to further lengthen the operation by an attempt to retain it by dissecting out the constituents of the cord from the thickened sac wall.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 15, 1903.

LUNACY AND LAW.—II.

WE have no hesitation in giving our opinion that all cases of mental derangement should be treated in an hospital for mental diseases, and that no case can be satisfactorily treated in a private dwelling. Much may be said in favour of the latter procedure in regard to certified single care, but in the papers we have previously referred to cases of uncertified single care were cited and the dangers and abuses of this system fully exposed. This system—one we heartily condemn—provides the rich with a means of saving their relatives from the so-called stigma of insanity and of avoiding publicity. The type of case oftenest so treated is the very sort which will derive no benefit therefrom namely, young persons of both sexes addicted to evil habits—*e.g.*, masturbation. Undoubtedly, such cases require the strict moral discipline of a mental hospital and the want of proper supervision is a momentous disadvantage. The consequence is that they are often so treated till they develop into chronic maniacs and subsequently spend the rest of their lives in an asylum. But something must be said in support of their parents' action, executed in what they unfortunately consider the

best interests of their offspring. They picture with awe what they believe would be the ultimate result of having them sent to a mental hospital, namely, the complete ruin of the young man's future career, and the irreparable damage to the young lady's matrimonial prospects. Hence the reason, quite a natural one, for striving to keep the family trouble from becoming public property. When an elderly person becomes *non compos mentis* his friends ease their minds and lay a comfortingunction to their souls by attributing his illness to old age, and have no scruples about having him sent at once to a mental hospital. Not so in the case of a young person, for a reasonable excuse cannot be offered for the occurrence of insanity. The mental hospital is shunned as would be an unclean thing, and only as a last resort are they sent there. We cannot believe the system of certified single care will be popular in England because of the objectionable magisterial inquiry into the certification of a person of unsound mind. This procedure must grate terribly on the feelings of that unfortunate person's relatives, and it is no wonder if the public mind in England is prejudiced against mental hospitals. The Sheriffs in Scotland thoroughly rely on the facts embodied in the medical certificates, and rarely address a question pertaining to them. Certification has therefore no sting. Why should the same system not obtain in England? We hope legislators will not rest until they have brought about the downfall of this inconsistent system of certification of insane persons. The chief disadvantages of treating a person of unsound mind in a private dwelling-house are unskilled nursing and the absence of expert medical treatment, two most important essentials. The attendant in charge of the patient has usually had no mental hospital experience or training in the treatment of the insane, and, if a female, she is generally only hospital trained, and quite incompetent for the work. The nursing of a mental case requires special training, only acquired through at least two years of studious service in the wards of a mental hospital. The medical attendant is generally a practitioner with little or no experience of mental diseases, and a knowledge of the treatment peculiar to them is assuredly a *sine quâ non*. We firmly believe many persons would be saved from the supposed stigma of being certified as a person of unsound mind and from being confined in a mental hospital, if "Reception Houses" were established in connection with all such institutions, patients to be detained therein on a certificate of emergency, valid for six weeks, granted by a physician. They would thus receive medical treatment at the hands of a specialist and skilled nursing by qualified persons, and the emergency certificate would warrant their detention and the exercise of the necessary discipline. If recovery did not take place within the specified period they would then require to be certified insane. Of course, every admission should be notified to the Commissioners in Lunacy in the usual way. Were such a clause

introduced into the Lunacy Laws it would abolish to a large extent the systems of certified and uncertified single care and the violations of the law, besides saving many from the stigma which appears to be attached to confinement in an hospital for the treatment of mental diseases.

THE RESULTS OF SANATORIUM TREATMENT.

A NEW era of hopefulness has dawned for the consumptive with the coming of sanatoria. The ancient pessimism is fast being replaced by a vigorous optimism. The advocacy of the profession and the support of the public is being devoted to the betterment of the lot of the consumptive in a way which was never attempted before. Vast sums of money are being spent and great expenditure is being incurred in the acceptance of grave responsibilities. All over the country, institutions specially designed and definitely conducted for the sake of the consumptive are rapidly springing up. And the end is not yet. There are many indications that philanthropic effort will soon have to be supplemented by State assistance, and an even wider extension of institutional treatment will probably not be long delayed. Can we learn anything from past experience in regard to the establishment of sanatoria? Are no lessons to be gained from the hospital problem of the present? Is it possible to forecast the future? It is well that in the enthusiasm for a much-lauded and undoubtedly exceedingly beneficial method of treatment we should carefully guard every possibility of the present, limiting expansion in the future. It cannot be denied that many thoughtful observers see in the somewhat reckless expenditure of money on elaborate sanatoria action which pathological and clinical experience cannot warrant. It is often forgotten that in regard to the so-called hygienic treatment of consumption we are at least, as far as the application of many important details are concerned, still in the experimental stage. Many of the results of open-air treatment are peculiarly striking, and appeal strongly to the sentimental side of man's nature. But it cannot be denied that we lack adequate data regarding the total results of sanatoria methods in this country. Many are asking impatiently "Does it pay?" and although such a worldly query is not in accord with altruistic enthusiasm, it is nevertheless desirable that those having the control and bearing the responsibility of maintaining sanatoria should submit full and unbiassed reports of their work. As far as we can gather, there is too great a lack of thorough scientific investigation of cases in many sanatoria, and certainly, even in the case of many of our publicly supported hospitals for the alleviation and cure of consumption, satisfactory medical reports giving particulars of results are only too often conspicuous by their absence. It is therefore with considerable satisfaction that we have perused the very full, clear, and excellently arranged Medical Report of the Mount Vernon Hospital for Consumption, prepared by Dr. S. R.

Williams, and approved by the Medical Board. In this instructive record we have not only a very full account of the methods followed, the dietary, the conduct of rest and exercise, disinfection procedures, and the like, but very elaborate analyses of the cases. We can only refer to some few points which are likely to prove of general interest. As regards occupation, it was found that over 80 per cent. of the patients followed indoor pursuits, while less than 20 per cent. of the sufferers were drawn from outdoor workers. The death-rate was only 1.5 per cent., and of the eight fatal cases, five were admitted in a moribund condition and died within ten days, two, indeed, dying on the day of admission. Of 460 cases of phthisis dealt with by open-air methods, 66.5 per cent. were "improved" or "much improved." We are glad to find that there is no absurd return as to "cured" cases. Of the much improved cases the average length of stay in hospital was about eleven and a half weeks, and the average gain in weight per week over a pound. More than 46 per cent. of the cases presented involvement of two lobes. In 68 early cases in which the signs of disease were found in one upper lobe only, over 92 per cent. were "much improved" or "improved." An interesting table regarding the influence of family history in 460 cases seems to suggest that a definite family history distinctly diminishes the chances of ready reaction to hygienic methods. England is particularly inimical to uniformity in almost any form, but we cannot but believe that some more definite, scientific, and uniform method of expressing results is much needed in our hospitals, and particularly in regard to sanatoria it is most desirable that the medical board of those publicly-conducted, and the medical superintendents of those under private control, should undertake a rational registration of results if exaggeration on the one hand and disparagement on the other are to be successfully combated.

THE CURE OF THE DRUG HABIT.

A LINE of treatment for the cure of the "drug habit" which has recently been brought to the notice of medical men by Dr. Lotts, in the *Texas Medical Journal*, deserves to receive some attention from the profession. It has the advantage of being applicable to patients suffering from morphinism, cocainism, alcoholism, and almost all other narcotic poisons. In cases where the heart or kidney is crippled, Dr. Lotts commences by administering large doses of strychnine, which are to be continued throughout the treatment. Little or no food is given for the first forty-eight hours, at the end of which time he commences the use of the hydrobromate of hyoscin in the one-hundredth of a grain doses, followed by one two-hundredth of a grain every half-hour or hour, until the patient has taken forty to sixty doses, a point of discontinuance to be determined by the development of the physiological effects from the drug. This condition is kept up for at least twenty-four hours, and, if necessary, Dr. Lotts gives one or two doses of morphine, which he finds does not affect the final result. During this period the action of

the heart is carefully watched, and strychnine nitro-glycerine, or digitalis given as may be called for. All the time the patient requires the most careful nursing, as, when under the influence of hyoscin, he cannot co-ordinate his movements and is at times delirious. This period of hyoscin toxæmia marks the end of the first stage of treatment. The patient awakens to consciousness and has lost his former craving for the drug. The hyoscin is now stopped and pilocarpine in one-eighth of a grain doses is given every four hours until the usual physiological effects are produced, and this action is maintained by smaller doses until all the symptoms of hyoscin have disappeared. What the author designates as characteristic sneezing and attempting to yawn now commence, and with them a diarrhœa, which persists for some days, with scanty and high-coloured urine. This state marks the elimination of the morphia from the system, and the patient enters on the final and most serious stage of the treatment, which commences with pains in the knees, elbows, and back, and not infrequently cramps. For the diarrhœa subgallate of bismuth and loto bark extract are prescribed, and pilocarpine in one-half grain doses, with small doses of strychnine, are hypodermically given. Under this treatment the thirst lessens, the skin becomes moist, and the appetite returns. The patient is, however, still restless, nervous, and sleepless. The insomnia is treated with baths, and if necessary, bromides and chloral. In time the heart rhythm tells that the patient is convalescent, and, according to Dr. Lotts, he returns to his friends not alone cured of the drug habit, but in a good physical condition, ready to resume his usual occupation. We have dwelt with some fulness on this method of treatment, because it seems to us to suggest a hope of permanent cure. The elimination of the toxin is essential for recovery; but it is only one step towards that much-desired end, a step which Dr. Lotts freely supplements with such powerful drugs as strychnine, foxglove, and glonoin. The immediate results are stated to be good, and we hope that in the future we shall hear that the "cure" is permanent, as Time alone will enable a proper estimate of the value of this treatment to be formed.

Notes on Current Topics.

Medical Man Fined for Delay in Notification.

AT the North London Police Court last week both the husband and the medical attendant of a patient suffering from typhoid fever were fined for failing to notify the illness. There are proverbially two sides to every question, and in this particular case it seems to us that a little more leniency might reasonably have been shown by the magistrate and by the Hackney Borough Council authorities. It seems that for some time, as not infrequently happens, there was a good deal of difficulty in deciding whether the disease was influenza or enteric fever. On March 14th, however, the medical man in attendance, Dr. R. M. Henderson, of Stamford Hill, was enabled to

establish a diagnosis of enteric fever. He did not notify the disease until the 18th. Meanwhile, a communication was made by a third party to Dr. Wharry, Medical Officer of Health for Hackney, and a prosecution followed. Dr. Henderson explained that in reality there was still a lingering doubt as to the diagnosis until the 16th. Even then, as pointed out by the magistrate, there was a delay of two days. The moral of the case is, that while a medical practitioner is still in doubt about a diagnosis, especially of these occasionally most perplexing and baffling and atypical cases of enteric fever, let him keep his counsel as to both his doubt and his conclusions. Secondly, as soon as the diagnosis is clear, notify the authorities by next post. At the same time we think no medical officer of health should push a legal advantage against a medical man with regard to so elusive a disease as typhoid fever is in many of its aspects.

"Heroism" Lacking Science.

THE news of the recent death of a medical man in St. Petersburg of diphtheria contracted from a patient has been spread all over the world as an instance of the sacrifice of life to duty. Without knowing more details of the case we should hesitate to endorse that view of the matter off-hand. It is stated that the doctor found a boy choking from diphtheria at the children's hospital, and on attempting to clear away the membrane with his finger he was bitten by the child. The wound was dressed, but symptoms, presumably those of wound-diphtheria, set in, and he died a few days later. Now, what does this all mean in the cold, dry light of scientific medical practice? First, that the finger should have been properly guarded before being put into the diphtheritic mouth; secondly, that the wound should not have been permitted to develop diphtheria under proper local treatment by antiseptics and general treatment with antitoxin. In other words, that the death was due to preventable causes. A bit of india-rubber tubing round the finger, or the use of up-to-date modern therapeutic measures would have reduced the risk to vanishing point. We have nothing but praise for the bravery that induced the medical man to try and save the child's life at all hazards, but we are accustomed in the medical profession to accept such risks as a simple matter of everyday duty, meriting neither special honour nor special reward. The danger of sucking a tracheotomy tube to clear it of membrane in a case of diphtheria is infinitely greater than that of attempting to clear the throat passages with a finger. In the one case infection in a dangerous situation is practically certain, whereas in the other it should be preventable by the prompt intervention of modern surgery.

Athletics and Health.

THERE are few questions on which there have arisen more divergent opinions than that of the effect on health of violent athletic exercise. In regard to running, both short and long races, and

to rowing in particular, there has always been considerable doubt in the public mind as to whether injurious effects were not very common. It has often been pointed out on theoretic grounds that the sudden strain entailed by a sprint or a spurt at the finish of a race must have deleterious results on the heart. And, indeed, anyone looking at the condition of the men in such circumstances would find it difficult to believe otherwise. It is therefore of the greatest value to have definite records of the physiological condition before and after violent bodily exercise. The opportunity has occurred within the last few years of keeping such a record in relation to a very severe long-distance race held annually at Boston. It is the custom there, since 1897, to hold a race known as the "Marathon race" over a course of some twenty-four miles along roadway and street, the only restriction on the competitors being that the whole distance shall be covered on foot. Very careful observations by Dr. J. B. Blake and other physicians have been made on the conditions at start and finish of the various runners, under the headings of pulse, weight, temperature, blood, heart, kidneys, and general physical characteristics. The results arrived at are very interesting, and show no signs of any injurious effects, either temporary or permanent, the most troublesome being blisters on the soles of the feet! The men were, of course, highly trained for the event, and were all of light build, averaging below nine stone. In all cases before starting the heart was found to show hypertrophy, and at the finish there was a further increase in size, believed to be due to dilatation. The observers do not believe that any heart murmurs were induced by the race. The pulse-rate depended nearly altogether on the actual speed at the finish, but was always greater than at the start. Leucocytosis was noticed to occur in every case. As might be expected with regard to the urine, there was a constant presence of albumin, always small in amount. It will be noticed that these returns have reference to a long-continued fatiguing exertion, and it would be of equal value if some enthusiastic observer would undertake to report with regard to the effects of short, severe strains, such as races of one hundred yards, or boat-races over a short course.

Diseases of the Thymus Gland.

TEXT-BOOKS, as a rule, make little reference to diseases of the thymus gland in children and infants. We incline to the opinion that the commonest disease—suppuration of the gland—when it occurs—quickly runs to a fatal termination in infancy, and is difficult of diagnosis during life. The most common danger from the gland is hypertrophy, of which Mitchell's case, reported in the columns of the *MEDICAL PRESS* so long ago as 1842, is a good example. In puberty, and even in adult life, the thymus, when it has undergone imperfect retrogression, may become subject to disease. Of such a type was Gormelli's case, and Oser's case of lympho-sarcoma. Of such cases, however, the most interesting was that

brought before the Pediatric Society of Paris, by M. M. H. Lerouse. His patient, æt. 13, had from the first week of life suffered from fits and suffocation. A large tumour filled the anterior mediastinum, pressing on the heart and lungs. It was not unnaturally diagnosed as a rare form of goitre and treated as such, the correct diagnosis not having been made until the post-mortem. We draw attention to these cases, for we think that if disease of the gland were more carefully sought for, more cases of pathological conditions of the gland would be found.

A New Anæsthetic.

To the many new local anæsthetic agents M. Courtade adds the ethyl-ester or paramidobenzoic acid. At a recent meeting of the Society of Therapists in Paris, he gave an interesting account of the physiological action of the drug. His experiments were conducted on dogs, rabbits and guinea-pigs, and he tested the effects of the anæsthetic given by intravenous injection, by injection into the stomach, and by intra-peritoneal injection. As might be expected from its chemical composition, the ester, when injected into the venous circulation quickly produced toxic effects. It attacked the red corpuscles and deoxygenated the oxyhæmoglobins. This action was quickly followed by hæmoglobinuria. In medicinal doses it has no effect on the blood pressure, but if the dose be excessive violent palpitation results. When pushed to excess respiratory troubles commence; at first paralysis, followed by tetanic convulsions, in which the animal dies. The anæsthetic, which is sparingly soluble in water, but freely soluble in alcohol, glycerine, and oil, is best used as a local application. It is permanent in its composition, is not readily absorbed, and is practically non-poisonous when applied to cutaneous and mucous surfaces. We fear that the class of cases for which the anæsthetic is applicable are few, and would be found more frequently in the practice of the physician than in that of the surgeon. If not absorbed we cannot see how it will produce anæsthetic effects, and if it is absorbed its physiological effects are not such as are to be desired.

Child Insurance.

As a great American poet reminded us, "The mills of God grind slowly, But they grind exceeding small." In the case of the evil wrought upon innocent children for the sake of their insurance money, the pulverising work of Providence is indeed of a most protracted nature. The existence of a margin of systematic crime in that direction has been well known to the public and the insurance offices for many years past, but for all that no effectual preventive measure has ever been adopted by the legislature of the United Kingdom. For that matter other countries are just as tardy in the protection of the innocents. In France, for instance, where the question of infant life insurance has recently been brought before the Academy of Medicine by M. Budin, things appear to be no better than on this side of the Channel.

He found that in certain parts of the north of France there was an actual premium upon infant mortality. Certain Belgian insurance companies insured children at an early age, or even before birth, at an extremely small sum. In case of death the insurance money was handed to the parents, nominally to pay for the funeral, but as a matter of fact the latter was often obtained gratuitously by persons of that class. One child could be insured in several companies. Moreover, it was in the power of a third person to insure a child without the knowledge of its parents. In this way a nurse drew payments for a number of children whom she had insured. The Academy unanimously called upon the Minister of the Interior to inquire into the working of the insurance companies concerned. In France, it appears, there is no law to control infantile insurance. This particular point is only one of many that deserve the closest attention of the community with a view to check the terrible infantile mortality that is a standing reproach to modern civilised life.

The Fight against Small-Pox.

THANKS to modern science the war against small-pox is being waged under much more encouraging conditions than in the bad old days when the chances of contracting the disease were about equal to that of "taking" measles and mumps. A couple of generations ago it was the rule for the majority of the population of the United Kingdom to be scarred with small-pox, whereas now it is the exception. The reasons for this happy decrease of a loathsome, crippling and fatal malady are to be sought in improved sanitary administration, especially by way of notification, isolation and disinfection, but above all is the protection afforded by that unspeakable boon to mankind, vaccination. It is safe to assert that small-pox at the present time has no foothold beyond that afforded by the margin of foolish, careless or neglected folk who are unprotected by vaccination. The upshot of the situation is that a medical officer of health can now go into the field against small-pox with every chance of winning if he be a general with a good head and a well-equipped army. An excellent illustration is to be found in Bristol. In 1902 there were five distinct introductions of small-pox into Bristol through the port coming from London and from the Continent, but all five were nipped in the bud. In 1903 there have already been seven separate introductions, five of which have been scotched, while two are still on hand. During the first quarter of the present year there have been 26 cases with three deaths, while 170 contacts are under observation. That is a record to be proud of, and is clearly rendered possible only under modern conditions. In Bristol, as in most other parts of the United Kingdom, there is the usual percentage of persons unprotected against small-pox. Sooner or later it is quite possible that undesirable portion of the inhabitants may furnish fuel for an outbreak of the disease. Mean-

while Dr. Davies, the medical officer of health, is doing his best to delay the conflagration. His good generalship affords an instructive object-lesson to the antivaccinationists. We regret to note that the local guardians do not support him in his sturdy fight by providing extra facilities for vaccination and re-vaccination.

Tramps and Small-Pox.

THE wholesale spread of small-pox in various parts of the country suggests matter for serious reflection. Springing up, as it does, in so many different quarters, there is nevertheless a similarity of type in the original invasions that enables us to narrow the agency of its origin to that of tramps. From the conditions of their environment the vagrant class is peculiarly liable to foster and to spread abroad so highly infectious a disease as small-pox. Their wandering life takes them all over the Kingdom, and brings them nightly into crowded contact with their fellows in common lodging-houses and casual wards. They are often as a class unprotected by vaccination and re-vaccination. From these and other causes tramps act as the commonest and most active agency at work in the spread of small-pox in the United Kingdom. That special danger being clearly recognised, it remains to take instant steps to remove it from our midst. If it can be done only by interference with the liberty of the tramps let the Government issue an order, and, if necessary, provide for the free maintenance of all tramps for the next three months. In the long run that would cost the community less than the terrible loss attending upon a score or two of small-pox outbreaks. To our countrymen this matter is of more vital importance than a military expedition sent at an enormous expenditure to some distant part of the world. The taxpayer asks that the tramp at his doorstep should be stopped from spreading a loathsome disease, and is ready to pay the cost of carrying out his reasonable request. The time for handling the liberty of the tramp with velvet gloves has long since passed by. The health and safety of the community demand that Government forthwith grapple with a question that has become a grave and scandalous menace to the public health.

Cinder Water.

EVERY now and then we are somewhat sharply reminded that modern culture, at any rate so far as the superstitious beliefs of the vulgar are concerned, is an extremely thin veneer. Indeed, many lingering practices, chiefly but not altogether among country folk, carry us back reminiscently to the days when all evil fortune, whether to mind, body or estate, and whether of known or of unknown origin, was referred to alchemy and astrology and witchcraft. Surgeons and physicians, to say nothing of quacks, went to work in those days with methods and remedies that were for the most part no less fanciful and grotesque than the reputed causes of their patients' troubles. Out of the *olla podrida* in this fantastic

cauldron, reasoning man has extracted by slow degrees the precious elixir of modern scientific medicine; nay, more, of modern science itself. It is only a small percentage of our population, however, that think or act scientifically. Were it otherwise the days of the quack and of the patent medicine vendor would be numbered. Modern education, indeed, does not necessarily impart the scientific understanding, for many learned graduates love patent nostrums and defend their faith therein with abundance of false logic. Not a whit better are they than a factory woman in Leicester who dosed, and so far as can be gathered from the report of the inquest, at the same time killed, her baby with "cinder water." That precious domestic remedy is made by the simple process of dropping a red-hot cinder into a cup of water. The death was returned as one of misadventure. It reads like a bit of mediæval medicine, suddenly thrust naked and unabashed into the clearer sunlight of the twentieth century.

The Negro and Monogamy.

SINCE England has undertaken the heavy responsibility of guide and protector of vast numbers of the negro race it is very necessary that neither apathy nor ignorance nor prejudice should be allowed to stand in the way of a clear understanding of conditions essential to the welfare of the black, or inimical to his development. Certain very important aspects of this matter have been recently well brought out by Mr. Edmund W. Morel in his "Affairs of West Africa." In dealing with the vexed question of polygamy for the native this writer endeavours to show that available evidence goes to prove that the effects of monogamy upon the negro are racially destructive. It has been contended by some that owing to the exhaustive climatic conditions the life and perpetuity of the population depend upon polygamy. Lactation is usually continued for an extensive period, often three years, during which time husband and wife have no connection; and, moreover, intercourse usually ceases when conception has taken place. It is said that this custom is attributive to the belief that too frequent child-bearing is injurious to the health of the mother and the offspring, in view of the climate. Many negro women are comparatively infertile, and, as Sir Harry Johnston has shown, in some districts the majority of couples have only one child. It would be well if missionaries could be induced to face this important question in all its bearings, and to seek for guidance in natural laws as well as in ethical codes. We trust the near future will bring directing light on a matter which is of the utmost importance to Africa and its native population.

The Optical Activity of Hæmoglobin and Globin.

IN spite of the recent activity in hæmo-pathology the blood, to a great extent at least, still remains *terra incognita*. Professor Arthur Gamgee and Dr. A. Croft Hill have just presented to the Royal Society the results of their very valuable

investigation into the optical activity of hæmoglobin and globin. They have succeeded in demonstrating that hæmoglobin is a dextrogyrous albuminous body, and that globin, which is the principal, or as they are inclined to believe, the only albuminous product of the decomposition of hæmoglobin by highly dilute hydrochloric acid, under the conditions determined by Schultz and confirmed by their researches, behaves as a normal albuminous substance, in respect to its influence on the plane of polarisation of light, that is to say, it is a lævogyrous body.

Foreign Bodies in the Heart.

A REMARKABLE demonstration of the tolerance of the heart for foreign bodies was recently afforded in the Paris hospitals, the "subject" being a young man who had attempted suicide by means of a pistol. The bullet penetrated the thorax and on admission to the hospital the patient was in a state of profound collapse with symptoms of effusion into the pericardium. This ultimately underwent absorption and there remained only some abnormal sounds, the precise origin of which could not be determined. He was allowed to go home, but forthwith developed grave symptoms of cardiac irritation, which brought him back to the hospital, where the thorax was skiagraphed and the bullet seen to be lying loose in the ventricle. After consultation, it was decided that the patient's only chance was to remain in the recumbent position until the projectile had become encysted, a process which required several months. He was recently discharged, apparently in good health, and since leaving the hospital he has resumed his usual avocation without giving rise to any further symptom of cardiac trouble. The interest of the case lies, of course, in the prognosis, and unfortunately data are wanting upon which to base a trustworthy forecast, but we may hope that the patient will be kept under observation in order that this unusually interesting observation may be completed in respect of the subsequent history.

Tonsillitis and Appendicitis.

THE vulnerability of the tonsil to various pathogenic organisms is generally recognised, and there are reasons to suspect that it may, especially when enlarged, facilitate the occurrence of constitutional infection; indeed, the opinion is gaining ground that acute articular rheumatism is an infective malady which gains access to the body through the tonsils, a view which the almost constant association of this affection with follicular tonsillitis tends to support. Appendicitis is admittedly an infective disease, and several observations have been published of late which suggest the possibility of the *materies morbi* having entered the body *via* the tonsils. Dr. Hans Weber, of Breslau, records, for instance, the case of a girl who, seven days after recovery from an attack of acute streptococcal inflammation of the tonsils, accompanied by marked glandular enlargement and severe constitutional disturbance, was suddenly attacked by symptoms of perityphlitis. She

recovered under purely medical treatment, so that the accuracy of the diagnosis could not be demonstrated, but every clinical precaution was taken to preclude other possible causes. In looking through the hospital records two similar cases were discovered. In one the attack of appendicitis supervened while the tonsillitis was running its course, and in the other the two occurred more or less simultaneously. In neither of these two cases was it found necessary to operate, so that Dr. Weber was unable to demonstrate the identity of the micro-organism in the tonsil and the appendix. He believes, however, that in every probability infection of the appendix was consequent upon the absorption of infective material from the alimentary canal consequent upon its having been swallowed. Even if we concede the possibility of this mode of infection it is obvious that other factors must be present to determine the localisation of the infection in the appendix, otherwise appendicitis would be far more frequent than it is. At present no plausible explanation is forthcoming of the vulnerability of the appendix in certain subjects, although it is a point of pathological anatomy of the greatest importance.

The Diagnosis of Gastric and Duodenal Ulcer.

THE diagnosis of ulcer of the stomach or duodenum is inferred from various symptoms and signs, none of which, either individually or collectively, afford irrefragable proof of the existence of this lesion. Epigastric tenderness, for instance, is often conspicuous by its absence, presumably owing to the ulcer being situated on the posterior wall, inaccessible to ordinary methods of investigation. According to Dr. Mendel, of Essen, valuable confirmatory evidence may be obtained in doubtful cases of the simple procedure of tapping lightly with a percussion hammer over the epigastrium, with the thighs flexed on the abdomen in order to secure muscular relaxation. In the healthy individual no painful sensation is produced by the tapping, but in presence of an ulcer percussion gives rise to more or less acute suffering, most marked just over the site of the lesion. Even ulcers on the posterior wall of the stomach may be detected in this way, the vibrations being transmitted through or along the superjacent tissues. It is even possible to outline the diseased area by marking the limits of the painful sensation. Dr. Mendel points out that ordinary percussion may determine disagreeable sensations even in normal subjects, but this is not the case with the light vibrations imparted by the hammer.

The Etiology of Leprosy.

THE fact that a certain proportion of lepers, both in India and in Africa, are denied indulgence in fish as an article of diet is held to constitute a material difficulty in accepting the theory of infection by means of fish associated with the name of Mr. Jonathan Hutchinson. In order to determine with some approach to accuracy the value of such assertions, Mr. Hutchinson recently undertook a tour of investigation in India, beginning in Colombo and ending in Bombay, in the

course of which he visited many leper asylums and assisted at many discussions at the local medical societies. The outcome of Mr. Hutchinson's researches in South Africa last year was to lead him to the conclusion that while fish eating is probably the invariable cause of the origination of the disease, it is not the sole cause of its prevalence—in other words, that the disease may in exceptional instances be conveyed in food which has become contaminated by contact with persons already suffering from leprosy. In the light of the facts which he has been enabled to elicit by personal investigation of alleged non-fish-eating lepers, Mr. Hutchinson states that no facts were anywhere obtained which can fairly be regarded as strongly opposed to the fish-eating hypothesis. He states his belief that there is no part of India and no section of its population to which the application of the fish hypothesis is impossible, the alleged absence of this source of infection breaking down under close questioning. Moreover the distribution of the disease and the immunity of the strictly vegetarian races favour the hypothesis of a food origin. To sum up, Mr. Hutchinson holds that there are no facts in connection with leprosy in India which render his hypothesis untenable, while there are some which, in his opinion, render it unassailable.

Borax v. Boracic Acid.

BORACIC acid is generally considered to be devoid of any caustic or irritating properties when employed as a topical application to mucous membrane. In solutions containing more than about one per cent., however, it is by no means as innocuous as is supposed, and the ingestion of even moderate doses has often been followed by unequivocal symptoms of gastro-intestinal irritation. In most cases in which solutions of the acid are prescribed borax would equally fulfil the indications, and in virtue of the sedative action of the latter on mucous membrane it is to be preferred. It is worth noting that the irritating action of boracic acid gargles has been attributed to the employment of distilled water as a solvent, distilled water itself exerting a similar action on sensitive mucous surfaces. In order to eliminate this possible source of trouble two or three per cent. of chloride of sodium should be added to the solution.

A Simple Method of Curing Hæmorrhoids.

INJECTIONS of hot water have been employed in the treatment of nævi and cirroid aneurisms with success, and the application of this principle to the treatment of hæmorrhoids has been tried by Dr. Wyeth, of New York, with, it is claimed, uniform success. His plan is to inject one or two drachms of normal saline solution, at a temperature approaching boiling point, into each hæmorrhoid. Dr. Wyeth has had recourse to this plan in seventeen cases with invariable success, and he states that he has never noted any untoward or inconvenient effect therefrom.

PERSONAL.

It is announced that Colonel T. H. Hendley, C.I.E., the Inspector-General of Civil Hospitals, Bengal, will retire at the end of the present month after long and distinguished service.

THE John Tomes prize of the Royal College of Surgeons, London, has been awarded to Mr. Kenneth Weidon Coadby, of Guy's Hospital, where he was formerly a distinguished dental student.

SIR FRANCIS HENRY LOVELL, C.M.G., Dean of the London School of Tropical Medicine, and formerly Surgeon-General of Trinidad, was elected to an honorary Fellowship of the London College of Surgeons as a member of twenty years' standing.

THE appointment of Dr. W. Bowie Barclay as Medical Officer of Health for Aldershot was made last week by the Urban District Council. There were thirty-six applicants for the post, which carries with it a salary of £300 per annum.

THE Secretary of State for the Home Department has appointed Dr. J. A. Hutton, Scarborough, to be a Medical Referee under the Workmen's Compensation Acts, and to act for the Scarborough, Whitby, and New Maldon Courts.

DR. A. M. PATERSON, Professor of Anatomy and Dean of the Faculty of Medicine in University College Liverpool, and Dr. Arthur Robinson, Professor of Anatomy in King's College, London, have been appointed Hunterian Professors at the Royal College of Surgeons, England.

SIR FREDERICK TREVES, Surgeon-in-Ordinary to the King, received on April 8th, at the hands of the University of Aberdeen, the honorary degree of LL.D. Sir Frederick's connection with the University of Aberdeen dates from the time when he was an examiner in medicine some nineteen years ago.

THE Council of the London College of Surgeons have awarded the Jacksonian prize for the year 1902 to Mr. T. Crisp English, M.R.C.S., of St. George's Hospital, for a dissertation upon "Fracture of the Skull, its Consequences, Immediate and Remote." At the same time an honorarium was awarded to Mr. Louis B. Rawling, F.R.C.S., for excellence in an essay on the same subject.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

INFANT'S MILK DEPOT IN LEITH.—At the instigation of Dr. Robertson, Medical Officer of Health, the Leith municipal authorities are now trying the experiment of instituting an establishment for the supply of sterilised, humanised milk for feeding infants at a price which, it is hoped, will place it within the reach of even the poorest in the community. The milk,

humanised and sterilised as usual, is put up in bottles each containing one feed, nine of these being a day's supply. For a week's supply (63 bottles) only 1s. 6d. is charged; for a day's supply 3d. The milk bottles are called for daily, and the empty ones exchanged for filled ones each morning. The depot will be supervised by a certificated nurse. This scheme does not originate in Leith, but has already been in operation in Ashton-under-Lyne, Liverpool and Battersea, in each of which towns it has proved an unqualified success. What many would like to see, however, is not a municipal establishment for the sterilisation of milk, but a dairy farm subject to municipal or other inspection from which "certified milk," as it is called in America, can be obtained at a price very slightly higher than that ordinarily paid.

SPRING GRADUATION CEREMONIAL AT EDINBURGH UNIVERSITY.—The annual "capping" of graduates in arts, divinity, law, and science took place on April 10th, when a number of honorary degrees were conferred. Among others, Professor Arthur Gamgee received the degree of LL.D., on the eve of his departure for America, at the invitation of the Carnegie Institute of Washington, for the purpose of preparing a report on the Physiology of Nutrition. The address was delivered by Principal Sir William Turner, and was one of his first public appearances since he accepted the Principalship. He took as his topic the influence exercised by legislation over the Scotch Universities since the year 1858—during the whole of which period Sir William Turner has held office in the University, and is therefore able to speak with authority on the subject. From his address it appears that what the Universities most desire is greater freedom in making, altering, and revoking ordinances connected with the discharge of their degree-conferring functions. Such power should be vested in the authorities in each university, after communication with the sister universities, with reference to the Privy Council should differences of opinion arise, instead of as at present requiring the prolonged and complicated procedure, involving application to the Houses of Parliament, imposed by the Act of 1839. This claim is no more than has been granted without question to the new universities recently started south of the Border, and it is difficult to understand why Scotland should be hampered and impeded. Perhaps the energy of the new Principal may to some extent be directed towards divesting the Scotch universities of the swaddling bands in which they are at present wrapped by the Legislature.

GRADUATION DAY AT ABERDEEN UNIVERSITY.—The spring graduation at Aberdeen on April 8th was an exceptionally brilliant function on account of the presence on the list of honorary graduates of several names of world-wide reputation, among them being Professor Dewar, Archdeacon Harris, Chaplain of the Fleet, Sir Henry Mance, inventor of the heliograph, and Sir Frederick Treves. In presenting the last named, the promoter said, "I present next Sir Frederick Treves, Surgeon-in-Ordinary to the Prince of Wales, and fortunately also to the King, and consulting surgeon to the London Hospital. He became Hunterian Professor of Anatomy and Wilson Professor of Pathology at an age when many men are yet undergraduates. We recall with pride that nineteen years ago he was one of your examiners in medicine, and shortly afterwards examiner in surgery at Cambridge. The value of his technical contributions to surgery, especially the surgery of the intestine, is appreciated by all his brethren, and all classes honour him as one who, like our own Professor Ogston, and one of our most brilliant students, Dr. Watson Cheyne, went out to Africa at a critical time as consulting surgeon, taking the risks of warfare as well as the risks of disease. The graduates were afterwards addressed by Principal Lang.

GENERAL MEDICAL COUNCIL REPRESENTATIVE.—At the monthly meeting of the Faculty of Physicians and Surgeons, held on Monday the 6th inst., the Fellows proceeded to the election of one of their number to

represent them on the General Medical Council. Considerable interest was shown in the matter by the large attendance of those qualified to vote. There were the following nominated:—Dr. Lindsay Steven, Dr. Bruce Goff, of Bothwell; and Mr. H. F. Clark, C.M.G. Dr. Lindsay Steven was the successful candidate, and will most undoubtedly prove himself a worthy successor to Sir Hector Cameron, who has just quitted office.

Correspondence.

THE STRAIGHT-FRONTED CORSET.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—From your remarks on that comparatively recent abomination of woman's dress, the "straight-fronted" corset, I am glad to find that you construe in a broad and sensible spirit the functions of an Editor of a medical journal. To the practical physician it is no less important to see that the internal organs of the body have fair play than to attend to purity of air, food and other conditions of environment. It is little use, for instance, to save a woman from the germs of small-pox or of typhoid fever if she is to immolate herself in an ingenious cage constructed for her at fancy prices by French milliners, whose only law is that of unreasoning fashion.

The *corsetière* pockets her money and knows little and cares less about the displaced liver and spleen and ovaries and uterus and the compressed stomach, intestines and bladder of her victim. The latter, "poor creature," parades the streets and fulfils her social duties conscious of the possession of a "fine figure"—i.e., from the milliner's point of view. From the standpoint of the artist, whose sense of beauty and proportion is satisfied, say, by the lines of ancient Venus de Medici, her form is a grotesque and deformed personification of ugliness. But what matters it to woman. Woman, backed by her *corsetière* and by the consensus of her own sex—otherwise by the inscrutable law of fashion—will defy artist or physician or any other power on earth, or in the waters under the earth, or in the Heavens above the earth. If she be a woman of sound constitution—as, grace be to God, many of our countrywomen are—she may survive the youthful period of tight stays and drift into a middle life blessed with greater freedom of body and with maturer views of the relative value of brain and body.

Yet, in spite of all, woman is charming—stays or no stays. I venture to question, however, Mr. Editor, whether it is the slightest use running a scientific tilt against an apparently yielding but really dominant sex on such an issue as her most prized garment.

I am, Sir, yours truly.

DRYSDUST JENKINS, M.D.

Scilly Islands, April 11th, 1903.

THE SEMI-TOTAL PLEDGE ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a letter which you kindly published in your issue of February 4th, I called the attention of this admirable Association to what occurred to me as a somewhat indiscreet statement at the back of their declaration, viz., "that total abstinence is always the best policy," a statement which has since been modified to "often," but as there is one other point of extreme delicacy, which I believe it will be to the welfare of the Association to direct attention you will perhaps allow me to mention it, because I noticed in the columns of a lay contemporary notice was given of the fact that a certain descriptive badge designated as a blue button was offered to *total abstainers*. Now, sir, I desire to submit that an Association which purports to deal with the moderate use of alcoholic stimulants cannot consistently, without more or less complete reorganisation and change of name, include within its fold total abstainers; such a policy would create confusion of ideas. The Association has been careful

to point out with great courtesy that it is in no way anti-teetotal; at the same time it is impossible logically to escape from the idea that it must to some degree operate in this direction, for the obvious reason that the more converts the Association gains on behalf of semi-teetotalism, the less will there be to join the total abstinence party, and hence we find that the Association is to some extent a competitive body.

The Association, as I apprehend, and as its name implies, takes a broad view of the use of alcoholic stimulants, and as a matter of fact they occupy a position midway in the temperance question, somewhat analogous to that which the broad Church occupies between the high and low, and as it is evident that no mind could at the same time be possessed with equal degrees of theological thought, nor of different shades of political thought, so it is certain the Association cannot advocate semi-teetotalism and total abstinence at the same time. It is true that some of the Committee may hold private views with regard to the advantage of total abstinence compared to semi-teetotalism, and may cherish the hope that some of their members may eventually secede and join the former, and perhaps in rare cases their hopes may be consummated, but on the other hand a far more powerful and numerous host [with whom they have to reckon are those who may turn out as backsliders, and in order to gain a firmer hold on these it is essential above all things that the Association show the courage of their convictions and consistency of purpose.

I am, sir, yours truly,

CLEMENT H. SERS.

Queen's Road, Peckham, S.E.
10th April, 1903.

Obituary.

SOLOMON CHARLES SMITH, M.D., DURHAM,
M.R.C.P.

We regret to have to announce the death of Mr. Solomon Charles Smith, M.D., Durham, for some years past the editor of the *Hospital*, at the age of 61. Dr. Smith had been in failing health for two or three years. Originally in general practice at Halifax, Dr. Smith came to London ten or twelve years ago, where he found scope for his literary talents in the medical journals, ultimately becoming associated with Sir Henry Burdett in the editorship of the *Hospital*, a post in which he brought to bear much originality and talent and a brightness of his own. In spite of a somewhat austere exterior he was at heart of a very genial and sympathetic nature and his death will be mourned by all who had the privilege of his personal acquaintance.

ARTHUR EDWARD BUCKELL, M.D., LOND.

THE death is reported of Mr. Arthur Edward Buckell M.D., London, of Chichester, at the age of 47, under very painful circumstances. Dr. Buckell, who was, physician to the West Sussex and Chichester Infirmary, had been suffering for some time from melancholia and had arranged to undergo a course of treatment in London. When on the point of leaving he appears to have driven back to the surgery and taken poison.

We regret to announce the death of Dr. Laborde, one of the most distinguished French physicians and a prominent member of the Académie de Médecine, at the age of 73. Dr. Laborde was before the public a good deal recently owing to the firm stand he took in the discussion at the Academy and elsewhere on the subject of alcohol. It is, however, as the inventor of the method of rhythmical traction of the tongue that he will be best remembered in the medical world.

We regret to announce the death of Dr. James Mitchell, one of the best-known medical men in Cumberland, at his residence at Southwaite, as the result of an accident. He was alighting from his carriage at the door of his house, when he slipped on the step and fell, the injuries being internal. In earlier years he was a crack shot, and in 1876 was one of the team representing

Scotland in the Victorian competition, the competitors being picked teams from Australia, Canada, England, Scotland, and Ireland. The Scottish team was commanded by the late Lord Malcolm of Poltalloch, while Captain E. Ross, the first winner of the Queen's Prize, was their coach. Dr. Mitchell came out top scorer of his team, and fired off the deciding shots against Lieut.-Colonel Humfries for England. The English team won. Very soon afterwards Dr. Mitchell won the grand aggregate and the Dominion of Canada Challenge Trophy, a handsome money prize going with it. There were 2,000 competitors, and Dr. Mitchell's score has never been surpassed. In the same year he received five purses of money in addition to the Challenge Trophy from the hands of Queen Alexandra, then Princess of Wales.

The announcement of the death of Dr. James Priestley, a County Down man, who for some years past had been practising in the South of England at Lee-on-the-Solent, Hampshire, will be received with regret by his friends in the North of Ireland. Dr. Priestley had a very distinguished career at the Queen's College, Belfast, and also at the Royal University, Ireland, where he graduated.

News has lately been received of the death at his residence in London of Dr. Solomon C. Smith, formerly of Halifax. The deceased gentleman, who was 61 years of age, practised as a physician and surgeon at Halifax for many years, and up to the time of his removal to London, eleven years ago, had a large practice. He was an active member of the medical staff of the Halifax Infirmary for 20 years, and was consulting surgeon to that institution at the time of his death.

We regret to note the death of Mr. Edward Wilms-hurst Tait, who has for many years been a well-known practitioner in Highbury. For the last ten years he had retired from active practice and his death took place from pneumonia at Hampstead when in his 74th year. He took the L.S.A. of London in 1857, and the M.R.C.S., London, in 1852. His wide culture and sympathy secured him a large circle of friends. He has three sons in the medical profession, practising at Highbury, Horsey Rise, and Exeter respectively.

THE death is announced of Lieutenant-Colonel W. H. Neilson, I.M.S., in his 49th year at Indore, Central India. He graduated M.B. and C.M., of Aberdeen University in 1879.

Laboratory Notes.

SCOTCH WHISKY.—II.

The question of what constitutes a good, sound whisky is one which can only be answered by the physiological test of its effects after consumption, and it may be taken as certain that very little is definitely known as to the chemical changes which whisky undergoes while maturing. It appears wholly unlikely that any chemical analysis can ever demonstrate whether an article is, or is not, a "pure whisky," or that any exact standard of quality, save as regards strength expressed in terms of ethylic alcohol, can be established. It therefore becomes all the more important to know exactly what is meant by "malt" whisky and "grain" whisky—how they are prepared, and wherein they differ from one another.

Generally speaking, the difference between a pure malt whisky and a grain spirit or whisky is that the former contains a great variety of ethers, esters, aldehydes and alcohols other than ethylic, which give it a characteristic flavour. A man leading an outdoor life can easily take a glass or two of malt whisky without noticing any ill effect, but one leading a sedentary life finds that it is much more likely to lead to indigestion, headache, etc., than a "silent" or grain spirit. On the other hand, grain whisky is a much purer spirit, so far as ethylic alcohol is concerned. The extreme complexity of the composition of malt

whisky will be evident when it is considered that an apparently slight alteration in the process of manufacture leads to the greatest change in the character of the whisky. Thus the method of drying the malt, whether with peat or coal, the means adopted to regulate the length of time which the peat smoke remains in contact with the malt, differences in the peat employed, and particularly differences in the water used in the manufacture, all tend to give the product of each distillery a distinctive character, evident enough to the palate, but unsusceptible of chemical recognition.

The following is an outline of the process of distillation of malt and grain whisky:—In making malt whisky the wash (fermented barley) is distilled at a low temperature in a pot still, the first part ("foreshot") and the last part ("faints") of the distillate being returned to the still. The intermediate portion is new malt whisky which comes over at 116 deg. (16 o.p.) in the case of the best qualities, or in cheaper whiskies, containing more deleterious matter at about 124. In either case the whisky is diluted by the distiller to 11 o.p., the strength at which it is taken from him by the blender. Grain whisky on the other hand is made by a process of fractional distillation in what is known as a patent still, in which the vapour passes through a series of pipes, the temperature of the different parts being so arranged that from one part the fusel oil, etc., is withdrawn, from another ethers and the more volatile products, while the grain spirit is received from a third. This pure grain whisky comes over at 65 o.p. (absolute alcohol = 75 o.p.), and like the malt whisky is diluted to 11 o.p.

Grain whisky is manufactured in Scotland by practically three firms only, of which the chief is the Distillers' Co., Ltd. The purest maize only is used in its preparation, and as this substance ferments much less readily than barley does, the mash has a certain amount of malt and also of rye and oats added to it. The average composition of the material from which grain whisky is distilled is malt 20 per cent.; rye, oats, etc., 5 per cent.; maize 75 per cent. Its purity as a spirit is shown by the approximation to absolute alcohol. It will be noted that it is a cheaper spirit than malt whisky for three reasons—(a) less cost of material, (b) less cost of manufacture, and (c) its greater strength admitting of greater dilution. The relative price of these whiskies at proof strength (to which 11 per cent. must be added, as they are 11 o.p.) is:—Grain whisky, 1s. 3d. to 1s. 4d. per gallon; plain Lowland malt, 2s. 2d. to 3s. 4d.; Highland malt, 2s. 8d. to 4s.

Whisky as it comes from the still is, of course, unfit for consumption until it has been kept for some time, and here it may be parenthetically stated that the process of ripening only takes place when whisky is stored in wood, or, at least, in vessels allowing of a certain amount of evaporation. The two forms of spirit differ somewhat in their conduct when stored in casks.

Some pure malt whiskies ripen much more quickly than others, hence age alone is no criterion. Generally, however, they mature in from four to eight years, and after they have matured they do not change much in character by subsequent keeping.

Grain whisky ripens earlier—in about three years, but it is better to keep it longer, because it goes on steadily maturing year after year. The question of storing whisky for many years is largely one of expense, of which the chief items are (a) rent of bonded warehouse, (b) interest on outlay, (c) diminution in strength and bulk through evaporation. The last may amount to as much as 10 per cent. in ten years. Though no chemical change can be detected in grain whisky after it has been allowed to mature, there is no doubt that its character alters as tested by the sense of taste and its effect on the consumer. Owing to its less initial cost than malt whisky it can be kept longer in bond without its price becoming prohibitive. So far as respectable Scotch blenders are concerned, there is no doubt that only pure and well matured grain spirit is used for the better class of whiskies—those retailed at from 3s. to 4s. a bottle. It

is an open secret, however, that orders occasionally reach Scotland from England for a much cheaper article, and this can only be supplied by using immature grain whisky for blending. A certain amount of grain whisky is distilled in England—in London and Liverpool. This is made on a smaller scale than in the larger Scotch distilleries, and from inferior maize and other grains. It is sold at from 10d. to 1s. per gallon, and is used for blending the cheaper whiskies used in England, especially those sold in "tied" houses.

With regard to the question of the use of "German" spirit in Scotch blending houses, it should be remembered that in the first place the amount imported is very small in proportion to the total output of whisky, and is all accounted for by its use for methylation. In the second place, and the argument seems conclusive, it would not pay to use it. It costs 10d. a gallon or thereabout. It is not allowed to be blended in bond under the supervision of the Customs, and there is a differential duty of 5d. a gallon on imported spirit, which brings the price up to 1s. 3d. a gallon—practically that of the home product.

We may summarise the whole matter thus:—

1. There is not the slightest difficulty in getting pure malt whisky from any reputable dealer if a fair price be given.

2. Malt whisky is too heavy and potent—"fat"—for those leading a sedentary town life, however well it may suit those engaged in active outdoor pursuits.

3. It is an abuse of terms to speak of grain whisky as an inferior article: it is not the same as malt whisky, but a purer alcohol with fewer by-products.

4. In blending the merchant simply dilutes the too potent malt with the more negative "silent" grain spirit. A blend may consist of a dozen or more brands of malt whisky, the blender's palate being the only guide. For ordinary use equal parts of grain and malt give a soft easily digestible spirit.

5. The great evil is using raw, immature whisky, and to have it properly matured is simply a question of cost. It is absolute nonsense to talk of the greater "nutritive value," or "food qualities," of malt whisky, as some lay writers do, because the difference between the two spirits in this respect is so very slight as to be negligible.

In comparing whisky and brandy as stimulants we must remember that very old brandy has a unique value its stimulant effect being far in excess of that of the alcohol it contains. If asked whether very old whisky alters in character as brandy does, manufacturers assert that it does so but not to such an extent. The prolonged storage required would raise the price practically to that of brandy, so that for the particular class of case in which this form of stimulant is needed, whisky can never compete with brandy.

It may here be appropriately mentioned what the regulations of the Customs are as to sale under proof. After blending the spirit at 11 o.p. it is diluted with rain or distilled water to about 15 u.p., or more in the case of cheaper whisky. Down to 24 u.p. it may be sold as whisky, but under the Food and Drugs Act if it is from 25 to 40 u.p. it must be labelled accordingly.

As showing how largely blends meet the public taste, it may be stated that up to twenty-five years ago, when almost no grain spirit was produced, Irish held the field in England. Judicious blending has made Scotch whisky the popular beverage it now is, thereby reducing to a large extent the demand for malt spirit. We may add that we think Irish and Scotch members of Parliament should demand that all whiskies containing silent spirit should be so branded.

Medical News.

The Bovril Bonus Picture.

THE enterprise of the Bovril Company is familiar as a household word. Their most recent departure takes the shape of an extremely handsome gravure which may be secured by purchasers of Bovril on the condition

of their forwarding coupons of the face value of 21s. Each bottle of Bovril sold to the trade between October 1st, 1902, and June 30th, 1903, will carry a coupon for a sum varying from 6d. on the one ounce to five shillings on the sixteen ounce bottle. A few signed artist's proofs are to be had in exchange for coupons value five guineas. We have been favoured with one of these proofs on fine India paper, and can testify to the excellent work, workmanship and high artistic merit of the gravure. The original is an oil painting by William Hatherell, R.I., entitled "Lord Kitchener's Home-coming." To those in want of a handsome war picture this affords an excellent opportunity of acquiring one on extremely moderate terms. The pictures are on view in London, Manchester, Liverpool, Hull, Glasgow, Edinburgh, Dublin, Cork, and various other large towns of the United Kingdom. Letters addressed on the subject to Bovril, Ltd., must bear on the envelope the words "Picture Scheme."

Discussion at the Hunterian Society on the treatment of Tuberculosis.

ON Wednesday, April 8th, a formal discussion on the hygienic treatment of pulmonary tuberculosis was held, under the presidency of Dr. Stephen H. Appleford. Dr. Newton Pitt dealt with the essential differences between treatment in a sanatorium and that possible in private practice, and indicated that while much benefit might be obtained from the latter the most advantageous results were given by the former. Dr. H. G. Felkin read a paper on the influence of location in sanatorium treatment. Dr. T. N. Kelynack indicated the lines along which a desirable selection of cases might be made for institutional control, and pointed out the need for a more rational classification of patients in sanatoria. A large number of experts took part in the discussion, including Dr. Jane Walker, Dr. Murray Leslie, Dr. Hillier, Dr. Wethered, and Dr. Rujenacht Walters. An extensive selection of plans of sanatoria were exhibited. The discussion will be resumed on Wednesday, the 22nd inst.

A Carnegie Donation.

THE Executive Committee of the Carnegie Institution, Washington, has allocated 5,000 dollars, plus travelling expenses, to Professor Arthur Gamgee, for the purposes of continuing his researches into the physiology of nutrition. The object in view is to organise co-operative research in the laboratories of various countries in regard to various important problems in regard to the nutrition of human beings.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Medical Sickness, Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on 27th ult., at 4.45. There were present Dr. de Havilland Hall, in the chair, Dr. J. B. Ball, Mr. H. P. Symonds (Oxford), Dr. Frederick S. Palmer, Mr. J. Brinsley James, Dr. J. W. Hunt, Dr. St. Clair B. Shadwell, Dr. M. Greenwood, Mr. F. S. Edwards, Dr. F. J. Allan, Dr. W. Knowsley Sibley, Mr. Edward Bartlett, and Dr. A. J. Rice Oxley. The accounts presented showed a very satisfactory increase in the new membership during the last three months, and although the Society does not use any of its funds in advertising its advantages or in paying agents, it is clear that it is becoming more and more well known to the profession. A draft report of the operations of the last year was submitted. It showed that the financial strength of the Society is still rapidly growing. During the year 1902 the largest amount was disbursed in sickness claims that has yet been experienced in any previous twelve months, and notwithstanding this over ten thousand pounds was saved and added to the reserve. This now amounts to over £100,000. Prospects and all particulars on application to Mr. F. Addisett, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Hospital Saturday Fund.

THE annual meeting of the Metropolitan Hospital Saturday Fund was held at the Central Offices, Gray's Inn Road, Mr. G. W. Smyth presiding. The report of the

Council, which was submitted by the Secretary (Mr. Bunn) and adopted showed that 1902 had been a record year in many respects. The total income reached £22,964, being an increase of £1,417 on 1901 and £1,351 more than was collected in any previous year. The highest previous collection, viz., that of 1896, included the sum of £4,884 raised in the streets. The total amount distributed was £20,602, as against £19,244 in 1901, being the largest sum ever awarded to participating institutions in one year. During the past twelve months, 32,241 "letters of recommendation" to the medical charities had been issued upon application of receipt-holders, an increase of 4,034 upon 1901, and 3,689 surgical appliances had been supplied, towards the cost of which the patients had paid £1,981.

The Dublin Death-rate.

THE deaths registered in the Dublin registration area for the week ending the 4th of April, 1903, represent a death rate of 28.1 in every 1,000 of the population. Tuberculosis caused 42 deaths; diseases of the nervous system caused 9 deaths; diseases of the respiratory system 41 deaths; and diseases of the circulatory system 34 deaths. 53 infants died during the week, of whom 28 were under one year old. In ten cases the cause of death was uncertified, there having been no medical attendant during the last illness. In the city the death-rate in the Clarence Street, north, district was 36.8 per 1,000; in the south, Earl Street district, it was 29.5 per 1,000; in the Peter Street district it was 31.8 per 1,000; and in the Lisburn Street district 58.9 per 1,000 of the population.

Society for Relief of Widows and Orphans of Medical Men.

A QUARTERLY court of the directors of the Society was held on Wednesday, April 8th, Mr. Christopher Heath, President, in the chair. Two new members were elected; the death of a member and the resignation of two were reported. The death of a widow, aged 87, who had been in receipt of grants of the annual value of £62 since April, 1887, was announced. There were no fresh applications for grants. It was resolved to distribute at the next court £1,251 among the fifty five widows, thirteen orphans and the four recipients from the Copeland Fund, who had applied for the renewal of their grants. The expenses of the quarter were £56 19s. The following gentlemen were nominated for election at the annual general meeting to fill the vacancies among the officers of the Society:—As Vice-Presidents, Mr. Couper, Dr. Rigdon, and Mr. Laurence Read; as Directors, Dr. Brodie, Mr. Richards, Dr. Adams, Mr. Mahoney, Mr. H. Rogers, Mr. Smale, Dr. Champneys, Dr. Younger, and Dr. Chambers. The annual general meeting of the Society was fixed to be held on Wednesday, May 20th, at 5 p.m., at 11, Chandos Street, W.

Royal College of Surgeons, Ireland.

A MEETING of Fellows will be held on Tuesday, May 5th, at 4.30 p.m., pursuant to the provisions of the Supplemental Charter, for the election of the following examiners:—Two examiners in Anatomy, four examiners in Surgery, one examiner in Physiology and Histology, two examiners in Ophthalmology, one examiner in Pathology and Bacteriology, one examiner in Pathology, one examiner in Midwifery and Gynecology, one examiner in Biology, 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 in Languages, one examiner 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 28th.

Gresham Lectures.

DR. E. SYMES THOMPSON, Gresham Professor of Medicine, will deliver a course of lectures on "Digestion

(being a continuation of the last course), at Gresham College, Basinghall Street, London, E.C., on April 21st, 22nd, 23rd, and 24th, at 6 p.m. The public are admitted to these lectures free.

PASS LISTS.

University of Glasgow.

THE following candidates have passed the second professional examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated—A, anatomy; P., physiology; M., materia medica and therapeutics:—

Scott Campobel Adam (M.), George Allison Allan (A., P.), William Smith Allan (A., M.), Andrew Allison (A., P., M.), Andrew Woodroffe Anderson (A.), James Henderson Baird, B.A. (A., P.), Hugh Barr (A., P.), Andrew Baxter (A.), George Duncan Morrison Beaton (M.), Charles Burns (M.), Thomas Murdoch Campbell, M.A. (A.), Charles Game Angus Chislett (A.), Thomas Goodall Copestake (P.), Weir Burns Cunningham (M.), Robert Wilson Dale, M.A. (A., P., M.), Robert Scott Dewar M.A. (A., P., M.), Allan Campbell Douglas (A., P.), Walter Duffy, M.A. (A., P., M.), John Shaw Dunn, M.A. (A., P.), Eric John Dyke (A., P.), Hamilton William Dyke (A., P.), James Fairley (A., P., M.), Harry Prescott Fairlie (A., P., M.), Alexander Burns Ferguson (A., P., M.), Edward John Fitzgerald (M.), William Gilchrist (P., M.), Joseph Glaister (M.), Alexander Graham, B.Sc. (A., P.), William Grier (A., P.), Frank Hauxwell (A.), James Waugh Hay (A., M.), Robert McCowan Hill (P., M.), Ralph Vincent Howell (A., M.), David Guthrie Hunter, M.A. (A., P.), Arthur Innes (M.), William Boyd Jack (A., P.), James Rutherford Kerr (M.), George Notman Kirkwood (M.), William Love Kirkwood (A., P.), George Hugh Logan (P., M.), John Bertram McCabe (A.), Thomas McCosh (A., P.), Walter George Macdonald, M.A. (A., P., M.), Hugh Allan Macewen (A., P.), John Macintyre (P., M.), Roderick Macleod (A., P.), William Macleod (P.), John McMillan (A., P., M.), Matthew Thompson Drummond M'Murich (A.), Richard Cameron Macpherson (A.), Peter Maguire (A., P., M.), James Marshall (A.), William Blair Morton Martin (M.), Robert May (P.), Henry Joseph Milligan (A., P., M.), David Robertson Mitchell (A., P., M.), William Struthers Moore (A., P., M.), Gavin Denholme Muir (A., M.), Frank Anderson Murray (M.), Patrick Joseph O'Hare (P., M.), Henry Sherwood Ranken (A., P., M.), Cunison Deans Rankin (A., P., M.), Thomas Thomson Rankin (A., P.), James Mill Renton (A., P., M.), Arthur Robertson (A., P., M.), William Rolland (A., P.), John Macdonald Ross (M.), Alexander Cappie Russell (A., P.), John Cooper Russell, M.A. (A., P.), John Samson (A.), Edward Louis Augustin Sieger (A., P., M.), William Hermann Sieger (A.), Robert Wilfrid Simpson (A., P., M.), James Alexander Somerville (A.), Daniel Stewart (A., P.), Thomas Strain (A., P.), William Alexander Stuart (A., P.), John Taylor (A., P., M.), William Robb Taylor (M.), Thomas Thom (A., P.), William Lind Walker, M.A. (A., P.), George Wallace (M.), Alexander Macmillan Watson (P.), Archibald Crombie West (M.), James Wyper (A.), George Young (A., P.). Women.—Bethia Shanks Alexander (A.), Jeannie Thomson Clark (A., P.), Mary Theresa Gallagher (P.), Elizabeth Maud M'Veil (A., P., M.), Margaret Walker Millar (A.), Jessie Deans Rankin, M.A. (A., P., M.), Mary Spence (A., P., M.), Annie May Yates (A.).

The following have passed the third professional examination for the degrees of Bachelor of Medicine (M.B.), and Bachelor of Surgery (Ch.B.), in the subjects indicated—P., pathology; M., medical jurisprudence and public health:—

Archibald Craig Amy (P., M.), Henry Graeme

Anderson (P.), James Richard Sunner Anderson (M.), John William Arthur (M.), David Blackley (P., M.), Forrest Brechin (P., M.), Charles Brown (P., M.), George Yuille Caldwell (P., M.), Peter Carrick, M.A. (P., M.), Robert Buchanan Carlaw, M.A. (P.), Robert Penloe Cartwright (P.), James Alexander Cowie, B.A. B.Sc. (P., M.), David William Davidson (M.), Thomas Thornton Macklin Dishington (P.), Hugh McMillan Donaldson (M.), Charles Milligan Drew, M.A. (P., M.), Hugh Harvey Fulton (P.), George Garry (P.), James Gemmell (M.), William Harold Gillatt (P., M.), William Macmillan Gilmour (P., M.), David Livingstone Graham (P., M.), John Graham (P., M.), George Munn Gray (P.), Louis Leisler Greig (P., M.), John Cochrane Henderson (P., M.), Alexander Jamieson (P.), Robert Dallas Kennedy (P., M.), John Kerr (M.), William Henry Kirk (P., M.), Robert Thomson Leiper (P., M.), William Jamieson Logie (P., M.), Thomas Symington Macaulay (P., M.), John Duncan McCallum, M.A. (P., M.), Donald Carmichael McCormick (P.), Neil M'Dougall (M.), James Boston M'Ewan (P., M.), Tom Duncan M'Fwan (P.), Duncan Macfadyen (P.), John M'Farlane (P.), Robert Maxwell Macfarlane (P., M.), Robert Clark M'Guire (P., M.), James M'Houl (P., M.), Milne M'Intyre (P.), Ronald Mackinnon (P.), David James M'Leish, M.A., B.Sc. (P., M.), Norman Alexander Macleod (M.), Andrew Brown M'Pherson (P., M.), Andrew Meek (P., M.), Peter Millar (P., M.), John Muir (P., M.), Macdonald Munro (P., M.), George Clement Nielson (P., M.), Thomas Orr (P.), Howard Henderson Patrick (P.), John Clegg Pickup (P., M.), Alexander MacMillan Pollock (M.), Andrew Maclean Pollock (P.), James Porter (P.), William Murdoch Rae (M.), Donald Ronald Reid (P., M.), Daniel Stevenson Richmond (M.), Berkeley Hope Robertson, M.A., B.Sc. (P., M.), Robert Thin Craig Robertson (P., M.), George Goldie Smith, B.Sc. (P.), John Stewart (P., M.), Norman Burgess Stewart (P., M.), William Craig Stewart (P., M.), Murray Ross Taylor (P., M.), William Templeton (P., M.), James White Thomson (P.), William Young Turner, M.A. (P., M.), Hugh Fleming Warwick (P.), Robert Watson (P.), Archibald Crombie West (P., M.), Archibald Simpson Wilson (P., M.), David Watson Wilson (P.), George Wilson (M.), Robert M'Nair Wilson (P., M.), Watson Young (P.). Women.—Annie Agnes Baird, M.A. (P., W.), Annie M'Caig Black (P., M.), Roberta Campbell (P.), Ethel Lily Chapman (P.), Jane Hamilton M'Ilroy, M.A., B.Sc. (P., M.), Jane Stark M'Lauchlan (P., M.), Charlotte Reid Park (P.), Jane Reid Shaw (M.), Lily Smellie (P., M.), Elizabeth Taylor Talbert (P., M.).

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 Botany and Zoology: Thomas M'Cricrik, M.A. In Botany and Physics: Horatio Matthews. In Zoology: David Arthur, Edgar Barnes, Herbert Bertram, James Cairns, Matthew Ignatius Thornton Cassidy, Charles Adolphus Crichtlow, Alexander Tulloh Inglis Macdonald, John Clark Middleton, John Steedman, Matthew John Stewart, John Martin Taylor, Hugh Johnstone Thomson, Frank Ritchie Wilson, Matthew Young. In Physics: James Cairncross, Robert Marshall, Alfred Cecil Sharp, John Sharp.

Second Examination.—In Anatomy and Physiology: John Shaw Dunn, M.A. In Anatomy: Robert Wilson Dale, M.A., Alexander Cappie Russell, Thomas Thom. In Physiology: George Allison Allan, William Boyd Jack, Walter George Macdonald, M.A., Henry Sherwood Ranken. In Materia Medica and Therapeutics: Arthur Innes, William Blair Morton Martin.

Third Examination: In Pathology: Robert Buchanan Carlaw, M.A., Hugh Harvey Fulton, George Munn Gray, John M'Farlane, Donald Ronald Reid.

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.

J. E. W. (Newcastle).—The greatest advance in the microscope since the introduction of lenses to correct spherical and chromatic aberration has been made by the new Jena glass in 1880. Up to that time the opticians had only the ordinary crown and flint glass to work with. The German Government wisely subsidized a research and a new glass was produced by Professor Abbe and the firm of Scholl, of Jena. This new medium has trebled or quadrupled the value of the microscope.

STRAIGHT-FRONTED CORSETS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is, I believe, a fact that the peculiar shape of the straight-fronted corset is obtained not so much by decreasing the abdominal girth as by enlarging the waist. A lady wearing a 20-inch ordinary corset requires a 21-inch straight-fronted corset. Relief is thus afforded by the new shape at the point of greatest compression, to which the slightly increased pressure upon the abdomen is quite disproportionate.

Yours faithfully,

BENEDICT.

92, Hamlet Gardens, Ravenscourt Park, W., April 9th, 1903.

SURGEON-GENERAL MCK. (London).—The question of infection by the Communion Cup is exciting great public interest in the north of Scotland. The *Dundee Courier* and other papers are publishing a lively correspondence upon the subject. A number of medical men, as well as many Presbyterian clergymen, are unsparing in their condemnation of the method of passing the cup from mouth to mouth. From a scientific point of view there is nothing to be said in favour of the practice.

WEST HAM.—(1) If you have had a fair amount of practice in refraction it will be within your power to test ordinary errors and prescribe glasses. More difficult cases, however, such as compound and mixed astigmatism require a high degree of skill in their estimation, and had better be handed over to a qualified ophthalmic surgeon. Such work should never, in our opinion, be undertaken by an optician. It seems to us to be a suicidal policy to all professional work of this and other kinds to let it drift into outside hands. (2) An ophthalmoscopic examination may give the key to the mystery by revealing such general conditions as tubercle, syphilis, or Bright's disease.

R. K. BOUVIERE (Hants).—Like the term "hysteria," the more modern "neurasthenia" is made to cover a multitude of sins. At the same time there is no doubt the latter word forms a convenient label for various atypical nerve disorders. See that neurasthenia is not simply used as a cloak for ignorance, and that its treatment is not more costly and protracted than warranted by results.

THE ROYAL COMMISSION ON UNIVERSITY EDUCATION IN IRELAND.

In reply to numerous inquiries as to the possible outcome of the Commission Report, we are requested to state that nothing is yet known of the intention of the Government in this matter, and that, even if any changes are to be introduced, due regard will be had to the cases of those who have entered on their university career, and a considerable time will be allowed them within which to complete their courses under the ordinary regulations.

M. R. B.—It is very difficult to obtain official information concerning the genuineness of a French diploma. Neither the Faculty of Medicine nor the medical societies provide the means of so doing, and the only plan we can suggest is to look through the annual list of these presented before the Faculty—a rather tedious proceeding, unless the probable date of graduation be known. We are unable to say whether these lists are to be found in any of the London medical libraries.

DR. MENDES.—The practice of medicine in the French colonies is governed by the same laws as in France proper, i.e., the possession of a degree in medicine from a French university or Faculty of Medicine is required, and to this requirement no exception is now made.

S. V. R.—Traumaticine is a solution of gutta-percha in ether, and is used in place of collodion. The other product is a solution of gun-cotton (nitro-cellulose) in acetone.

DR. ASHMEAD.—Your letter received, and will appear in our next.

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, APRIL 15TH.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—7.30 p.m., M. C. F. Rousselet: Exhibition of Mounted Rotifers of the Genus *Brachionus*. 8 p.m. Paper:—Mr. E. B. Stringer: On a New Method of Using the Electric Arc in Photomicrography.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Clarke: Clinique. (Surgical.) 6.15 p.m. Dr. H. Campbell: On Cerebral Softening.

THURSDAY, APRIL 16TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Cantlie: The Anatomy of Common Ailments of the Liver, and Their Surgical Treatment.

FRIDAY, APRIL 17TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. R. Lake: Clinique. (Ear.) 5.15 p.m. Dr. J. M. H. McLeod: The Histological Effects of the Finest Light and X-Rays.

TUESDAY, APRIL 21ST.

SOCIETY FOR THE STUDY OF INEBRIETY (in the Rooms of the Medical Society of London).—4 p.m. The President, Dr. Harry Campbell, will deliver an Address on the Study of Inebriety: a Retrospect and a Forecast. Mr. Arthur Sherwell will read a paper on Inebriety in Scotland.

Appointments.

Ashton, George, M.B., Ch. B. Vict., M.R.C.S. Eng., L.R.C.P. Lond. Assistant Surgical Officer to the Manchester Royal Infirmary.
Blake, E. H., L.R.C.P. Irel., L.S.A. Lond., Clinical Assistant to the Chelsea Hospital for Women.
Briscoe, John Charlton, M.B., M.R.C.P. Lond., Assistant Physician to the Evelina Hospital for Sick Children.
Dally, J. F. Halls, M.A., M.B., B.C. Cantab., M.R.C.S. Eng., L.R.C.P. Lond., Assistant Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor.
Jackson, Francis Willan, M.R.C.S., L.R.C.P. Lond., House Physician to the West London Hospital.
Low, Alexander, M.B., C.M. Aberd., Senior Assistant in Anatomy at Marischal College, Aberdeen University, Special Commissioner in Embryology.
McLeod, R. A., M.A., M.B., C.M. Edin., Assistant Resident Medical Officer at Mill Road Infirmary, Liverpool.
Morrish, William J., M.B., L.R.C.P. Lond., M.R.C.S. Eng., House Physician to the Brompton Hospital for Consumption.
Petrie, I. M., M.B. Aberd., D.P.H. Lond., Clinical Assistant to the Chelsea Hospital for Women.
Sharpe, Margaret, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., Assistant House Surgeon to the Middlesbrough Infirmary.
Stuart, Esther M., M.B., C.M. Edin., D.P.H., B. Hy. Durham, Female Medical Officer to the Newcastle-on-Tyne School Board.
Symonds, Charters J., M.S. Lond., F.R.C.S. Eng., Examiner in Surgery to the London University.

Vacancies.

Leeds Public Dispensary.—Junior Resident Medical Officer. Salary £100 per annum, with board and lodging. Applications to the Secretary of the Faculty, Public Dispensary, New Briggate, Leeds.
Sunderland Infirmary.—House Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary.
Bradford Children's Hospital.—House Surgeon. Salary £100, with board, residence, and washing. Applications to C. V. Woodcock, Secretary.
East Sussex County Asylum, Hellingly.—Senior Assistant Medical Officer. Salary £300 per annum, with board, lodging, washing, and attendance. Applications to Reginald Blaker, Clerk to the Visiting Committee, 211, High Street, Lewes.
Kidderminster Infirmary and Children's Hospital.—House Surgeon. Salary £120 with rooms in the Infirmary and attendance. Applications to the Secretary.
Chorlton-upon-Wedlock Dispensary, Manchester.—Resident House Surgeon. Salary £120 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary.

Births.

ALLFREY.—On April 5th, at 66, Lord Street, Southport, the wife of Frederic Henry Allfrey, M.A., M.B., B.C., Cantab., of a son.
GUTCH.—On April 9th, at 28, Fonnereau Road, Ipswich, the wife of John Gutch, M.D., B.C., Cantab., of a daughter.

Marriages.

HASLIP—LEINKAUF.—On April 2nd, 1903, at the Protestant Church, Vienna, George Ernest Haslip, M.D., of 6, Northumberland Avenue, W.C., son of the late James Haslip, of Gravesend, to Anna, daughter of the late Moritz Leinkauf, of Vienna.
ROBERTSON—STANNUS.—On April 8th, at the Unitarian Church, Wandsworth, Robert Robertson, D.Sc., F.I.C., of Waltham Abbey, son of Dr. Robertson, of Cupar, Fife, N.B., to Kathleen Stannus, daughter of Hugh and Ann Stannus, of Olapham and Hindhead.

Deaths.

ARDEN.—On April 1st, suddenly, on board the ship *Zweena*, returning from Madeira, George Banks Floyer Arden, late Deputy-Surgeon-General H.M. Forces, and younger son of the late George Arden, Esq., of Weymouth.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, APRIL 22, 1903.

No. 16.

Paris Clinical Lecture.

RARE FORMS OF TETANY.

By Dr. LOUIS GUINON,

Physician to the Paris Hospitals.

[SPECIALLY TRANSLATED FOR THE "MEDICAL PRESS AND CIRCULAR."]

TETANY is of too rare occurrence in our hospitals for me not to avail myself of the opportunity of drawing attention to the subject afforded by the presence of a youthful patient in our wards. The child, *æt.* 4½, was admitted to the hospital some months since suffering from whooping-cough complicated by polyneuritis. She had previously had erythema nodosum, scarlatina associated with diphtheria, and had just passed through an attack of doubtful nature, which was not typhoid, since there was no sero-reaction, nor tuberculosis, of which we could find no trace; but which appeared to be a septic condition following the attack of scarlatina, partially explained by the presence of lymphangitic ulceration of the buttocks.

Tetany supervened suddenly, with stiffness of the limbs. During the preceding eight days, the hands and feet had assumed and maintained the typical attitude. The forearm was flexed on the arm, and the hand on the forearm, the former having the appearance of the *main d'accoucheur*, the fingers pressed one against the other, forming a cone. The thumb was pressed so firmly into the palm that its extremity passed between the medius and index. The feet were unnaturally extended and in adduction, the knees being slightly bent. The rigidity was such that attempts to alter the position of the hands or feet made the child scream. The hips and the shoulders, however, moved freely, and there was not the slightest stiffness of the trunk or neck; but the face presented a peculiar aspect. Her usual pallor had become more noticeable, the features more sharply cut, the eyelids contracted, the nose pinched, and the lips firmly closed and prominent.

The tetanic stiffness increased at times, under the influence of contact, under medical examination, or spontaneously; the arms were pressed against the chest, the thighs and legs were flexed on the abdomen, the stiffly clenched hands were the seat of a slight tremor, and the child screamed. This is the paroxysmal crisis of tetany, which could also be provoked by compressing either the nerve trunks of a limb or the limb itself. This is what is known as "Trousseau's symptom." When the præ-auricular or the frontal region is gently tapped, a contraction of the muscles of the face occurs (facial symptom), as was pointed out by Weiss and Chvostek.

We did not ascertain the faradic excitability, which is always exaggerated in such cases, but the little patient was bad-tempered and depressed, cried when spoken to, and passed urine and faeces involuntarily.

In this case you have before you an almost perfect

picture of tetany of moderate severity. During the last two days the stiffness has slightly decreased, the attacks have been less frequent, and prompt recovery seemed assured had it not been for a rather unusual complication—viz., a twofold and symmetrical arthropathy of the metacarpo-phalangeal articulations of the index fingers. The skin over these joints was red, thinned, and distended by peri-articular œdema, which was distinctly fluctuating.

The causes and pathogenesis of tetany have been and are continually being discussed. Our case will not throw much light on the question. The young patient, it is true, was very rachitic, and, according to certain authors, amongst others Kassowitz, tetany is part of the rachitic syndrome. But the patient is four and a half years old, and as at this age rachitis is no longer running its course, the tetany cannot be attributed to it. It must be borne in mind that she had had whooping-cough, scarlatina, and diphtheria; and tetany may be a complication of these affections without taking into account the digestive troubles to which she at that time was subject. The belly is swollen and the tongue furred. I had on several occasions to give her calomel to clear the intestines. Tetany often being, like all convulsive troubles, a nervous manifestation of toxic infection, it is obvious that this case only confirms the rule, and nothing more.

There was a period in the time of Tonnelé and Dance when tetany was very frequent in France, particularly in Paris. Now, however, it has become very rare. One may visit the Paris hospitals, both for adults and children, for several months without coming across a single case, and there are no longer, as formerly, epidemics of tetany. In Germany and in Austria, however, as well as in certain regions of Italy, such as Padua, it is still a common affection. Escherich, of Gratz, for example, has met with thirty cases, and Mr. Soos, his assistant, with no less than forty-two such cases.

The question suggests itself whether this unequal incidence of the affection in Paris clinics as compared with others is real. Ought we to accept the diagnosis without question? Are there not, perhaps, certain hysterical phenomena diagnosed under this title? In this respect, a similar reproach may be made against French physicians of the first half of the nineteenth century. A perusal of their observations suffices to convince one of this. Professor Raymond and his pupil Zaldivar, indeed, urged that tetany should be included among hysterical affections, a theory only admissible in a very small number of cases occurring in children.

But many foreign physicians diagnosed as due to tetany many affections and symptoms which have not in France, perhaps, received the attention they deserve. Such, for example, are laryngeal spasm, exaggerated muscular excitability, the facial symptom, and faradic muscular hyperexcitability. According to Escherich, laryngeal spasm is almost sufficient basis of itself to

justify the diagnosis of tetany. This is proved by the fact that in children suffering therefrom, the facial symptom may be provoked and an electrical hyperexcitability noted. Such a process of reasoning, however, would take us far afield, and we should soon get to recognise *tetany without tetany*.

I will not, however, insist on this variety, but pass on to speak of one in which the phenomena are so well marked and so general that tetany disappears only to take on the formidable mask of tetanus. (a) This may be distinguished from the other varieties in that it attacks the trunk in preference to the limbs.

I once saw a case of this kind, and I must confess that at first, along with my colleagues, I did not recognise its nature. The patient was a boy, $\text{æ. } 4\frac{1}{2}$, of a neuropathic family, in which four children had died of convulsions. One day, after a warm bath, he was attacked by pain radiating from the knees to the epigastrium. He fell without a cry, gave a few convulsive movements, and then remained as though stunned, breathing noisily. For three days he was depressed in spirits, but without a further attack. But three days later he had three attacks in rapid succession. In one he bit his tongue, in another he fell on his nose. The attack lasted about five minutes, during which the child was still able to speak.

I was with him the next day, when he was lying on his back, with an angry expression of face, and he resisted my examination. The features were fixed, the mouth contracted, the jaws tightly clenched by a trismus, which, however, permitted of the teeth being slightly parted for the introduction of food; the eyelids were half closed, the nasal furrow well marked, the lips were compressed and protruding, simulating, according to Soltmann's comparison, "the mouth of a carp." The belly was hard, and the contraction of the abdominal muscles rendered palpation impossible. On being closely examined, the trunk, neck, and even the limb were seen to have retained a certain elasticity. The boy could be raised into a sitting posture and made to drink, retaining his intelligence and replying sensibly to questions.

On the following days his condition became worse, the contraction extended to the muscles of the back and the nape of the neck, opisthotonos was more marked, and the patient could be lifted as a rigid mass. On attempting to bend a limb, he suddenly stiffened, then contraction took place all over the body, and his face became congested. When the leg was touched the great toe became abnormally extended, and the hand, which had kept a normal attitude, contracted strongly round the glass when the child attempted to drink. Priapism was constant.

This state lasted about ten days, when the stiffness subsided, and after a few days of fever the attack came to an end by a purulent discharge from the right ear, the sequel of an otitis which had probably been the cause of all the symptoms.

Does not this syndrome border very closely on tetanus? True, traumatism and cutaneous wounds were absent; but were not the violent trismus, the opisthotonos, the crises in which respiration was arrested, and the congested face very suggestive? It could not well be meningitis, since the intelligence was intact, there was no pain in the head, the temperature was normal during the first days, and Kernig's symptom was absent. There is not the slightest doubt that this was tetany presenting in a slight degree the syndrome of pseudo-tetanus. Escherich relates a case which occurred in 1898. A little girl, $\text{æ. } 5$, had, during the paroxysms, such violent contraction of the back and neck that she rested only on the back of her head and her heels, as in the "hysterical arc"; respiration ceased, the child became cyanosed, and the eyes became protruded until the convulsion ceased.

In a case recently published by Cesare Cattaneo there was more ground for diagnosing tetanus, in that

the little patient had cut his foot with a piece of glass some time previously, and had suddenly fallen convulsed in the road. For several days he remained subject to a series of paroxysms; the teeth were clenched by a trismus so violent as to render it impossible for them to be separated; the neck and the back were stiff, the arms slightly contracted, the legs separated and the feet in abnormal extension; respiration was stertorous and shallow, and the pulse very rapid. In the foot there was a small healing wound, but which had been the seat of inflammation and had suppurated. Since cases of tetanus had been recently noted among labourers in the vicinity, the anti-tetanic treatment (Bacelli's method) was applied. This consists, as you are aware, of injections of carbolic acid; but all symptoms suddenly ceased after the evacuation of considerable numbers of ascarides and oxyuris. Helminthiasis was thus the apparent cause of this alarming symptom.

I might mention many other examples, among them one reported by Trousseau in his *Cliniques*. All the cases referred to, only slightly resemble classic tetany. The contraction attacks the muscles of the trunk, the nape of the neck and jaw, and does not usually invade the limbs and more especially the arms. It may be further distinguished by the violence of the attacks, the absence of fever, the preservation of the intelligence, the symptoms of Trousseau, Weiss, and Chvostek, the electrical excitability being slightly marked or absent.

Thus tetany sometimes simulates tetanus, and I certainly believe that certain cases of curable tetanus are but unrecognised varieties of tetany. The same may be said of certain cases of tetanus in newly-born children. Certainly there are cases where the discovery of Nicolaier's bacillus in the pus of the umbilicus, and the results of the inoculation of animals leave not the slightest doubt. Such are the cases recorded by Baginsky, Escherich, and Papiewski. There are others which should be classed under infantile eclampsia, as was shown by Dugès and Parrot. Parrot attributes these convulsions to the uræmic state caused by the stoppage of urinary secretion due to the deposit of urates in the canaliculi of the kidney in under-nourished children. Some points, according to Soltmann, who has cleared up so many mysteries in the nervous pathology of the newly-born, are explained by the wrench to which the spinal cord is sometimes subjected at the moment of birth. Sims, Welhite, Artigan, and J. Renault attribute these convulsions to compression of the medulla oblongata due to the pressure on the occiput under the parietal bones during delivery, or after birth when the head rests on the pillow.

But this is not all. Guido has described a "tetanoid" state which occurs during the first four days after birth, &c., which is characterised by trismus, general stiffness, and muscular contractions. He attributes these symptoms to injection of the umbilical wound, which a careful antiseptis would suffice to cure forthwith.

These data clearly show that tetanus in the newly-born is not an intangible entity. It is indeed a name which certainly includes nervous manifestations of quite a different nature. Tetany, I claim, belongs to this group. True, it has been said that the newly-born infant is never attacked by tetany, but the clinical arguments advanced do not convince me. Whatever be the pathogeny—infection, digestive intoxication, nervous susceptibility, &c.—the newly-born may fulfil all these conditions. Let us, moreover, remember that even if tetany exist it does not necessarily assume the classic form, but displays a tendency to become general, because, except in cases of intra-uterine cerebral lesions, the new-born infant presents no local nervous manifestations simply because the cerebral localisations are not yet developed. Moreover, as Soltmann remarks, infantile convulsions generally assume a tonic character, because "in young animals, the irritability of motor nerves are much feebler than in the adult, and

(a) A type of which Escherich has written under the title of pseudo-tetanus.

therefore the muscular contraction comes on and declines more slowly" (J. Renault).

Personally, I have not observed any cases of tetany in the newly-born, but obstetricians with whom I have discussed the matter were not opposed to my view. Moreover, Escherich, to whose observations I have several times referred, because he has done more than anybody else to clear up the moot points of tetany, records the case of this kind which occurred in a little girl, twelve days old. She was suffering from stiffness of the nape of the neck, of all the extensor muscles, the trunk and lower limbs, so that she could be lifted up like a plank; the arms were flexed, the hands in adduction with the fist closed; she had trismus, and took the breast with the greatest difficulty. At times a contraction of the respiratory muscles occurred, accompanied by cyanosis and an exaggeration of the general contraction. At the end of a month, the contractions had greatly diminished, and the infant could suck easily; but she died of collapse due to diarrhoea. Escherich calls this "tetany of a permanent character." It must be acknowledged that it very much resembled a convulsive state.

In addition to the generalised forms, on which I have sufficiently dwelt, there exist modified forms of tetanus, in which the spasm only attacks one region of the body, the larynx, pharynx, a muscular group of a muscle, such as the biceps, the supinator longus, the coraco-brachialis, the pectoralis major, the trapezius, &c., It is in such cases as these that it is necessary to have recourse to the facial sign and the electrical excitability in order to identify the affection which we are discussing.

If these had been resorted to, the diagnosis formed would probably have been correct in the following cases:—

When I was resident medical officer in the Hospital for Sick Children, I saw a little patient who was examined by several surgeons. A lecture was even given on her case, and she was represented to be suffering from tetanus of unknown origin, and her case was entered as one of bulbar paralysis. No one suggested tetany.

The patient was a boy, *æt.* 9, who came into hospital suffering from well-marked scarlatina. Towards the fourteenth day he was attacked by trismus; he had, according to the notes, a sardonic expression, and was unable to open his mouth. He was also unable to completely open his eyes. His face was asymmetric, the folds being more marked on the left, especially when the patient tried to laugh, and the lips were pinched. Here there was the trismus of tetanus and the facies of tetany. Although the intelligence was intact, pronunciation was imperfect, the labials and palatals being particularly defective; and speech was slow and drawing. It should be noted that while resting there was no contraction; when, however, he tried to close his hand, it slightly stiffened, the fingers became flexed on the wrist, the thumbs extended, the hand twisted towards the cubital edge. He could, however, lift things to his mouth, and could easily raise his lower limbs off the bed; but could only walk with great difficulty, falling to the right unless supported. He gradually improved, and ultimately completely recovered.

I will close my remarks with this case, which proves, like the preceding ones, that tetany may present very varied aspects which you may recognise immediately, if only you are on the look out for them.

An exhibition of articles of outfit for travellers will be held on May 6th, from 12 to 7 p.m., in the Examination Hall of the Royal College of Physicians and Surgeons, on the Embankment, adjoining Waterloo Bridge.

GRAVES' DISEASE; ITS CAUSES AND RELATIONS.

By EDWARD BLAKE, M.D., &c.

A GREAT deal has been said lately as to the nature of the relationship which undoubtedly exists between glycosuria and Graves' disease. It is certainly a relation of common causation, as in chorea and rheumatism. That is to say, neither does exophthalmic goitre induce sugar in the urine, nor does *diabetes mellitus* lead to thyroidism. But the causes which induce the disease of Basedow, in certain persons, under certain conditions, lead to the temporary presence of sugar in the urine. These causes will be enumerated presently. It is of importance to note that these etiological agents will *not* induce true diabetes. That is a much rarer and more serious condition than alimentary glycosuria, which is merely a symptom of digestive error or of disturbed catabolism.

True diabetes is a disease of earlier life; it is seen in slender neurotics. It is a disease which does not tend to recover; its tendency is to drift towards coma. Remedies are practically inert. Appropriate dieting indeed puts off the evil day of dissolution, but it does not remove the Damoclean sword. Diabetes proper may occur with any of the great diathetic disorders. But its partnership is not often with gout. If sugar be found in the urine of the gouty, that is usually a case of alimentary glycosuria and *not* one of true diabetes. But mere functional glycosuria is not always unimportant.

For example, when glycosuria supervenes on symptoms of *active* tuberculosis of the pulmonary type, though like fever and tachycardia, it is merely the result of autotoxis, due to the absorption of the contents of a cavity, yet the outlook is grave indeed.

On the other hand, the prognosis, in a case of glycæmia, is favourable:—

- (a) If the patient be mature.
- (b) If he have a distinct gouty history and ancestry.
- (c) If he exceed the normal weight for his height.

But if we have to deal with a young and slender subject, who is losing flesh, having a poor appetite and a low-tension pulse, the prognosis should be extremely guarded.

These points are of such considerable importance, that I will venture to repeat that:—

- (1) The older the patient,
- (2) The fatter the patient,
- (3) The more gouty the patient,

then the more hopefully we may speak of his future.

As regards women, the expectation of life is not so good as in *male* patients.

The contributor of the article on "Glycosuria and Graves' Disease," in *THE MEDICAL PRESS AND CIRCULAR* for Nov. 19th, 1902, quite truly says that:—"Glycosuria in any form is vastly more common in females suffering from exophthalmic goitre than in males." Of course, it must be remembered that there are very few males in this country who suffer from Graves' disease, whilst it is by no means rare in women. The explanation of the immunity enjoyed by men I have already given in my work on "Myxœdema." (Glaisher, 1894.) It is that the toxic materials which induce Graves' disease in women usually cause rheumatoid arthritis in males.

If women survive Graves' disease it passes sooner or later into its clinical antithesis—myxœdema.

Here a point of the greatest possible practical importance presents itself.

SHOULD A SURGEON OPERATE ON A DIABETIC?

I answer unhesitatingly in the affirmative. I know that this reply is opposed to the consensus of opinion amongst surgeons. My reasons I reserve for another occasion, when they will be fully set forth.

It is admitted that a good deal of mystery still hangs over the nature of Graves' disease. This serves to hide the somewhat obscure relations of exophthalmic goitre to various cognate disorders. More especially

to the dermatoses, the arthropathies, and to such disturbances of digestion, absorption and assimilation as are involved in diarrhoea and in diabetes.

As a contribution towards the solving of this highly interesting and important problem, I present the following propositions:—

- (1) Terror is temporary Graves' disease.
- (2) Graves' disease is a state of persistent terror.

In order to make this a little more plain, I may point out what the ordinary signs of terror are:—

Pallor, hurried heart-action, panting respiration, tremor, staring eyes, cold sweat, diarrhoea, apprehension.

The chief symptoms of Graves' disease on the other hand are:—

Contracted arterioles, tachycardia, hurried and shallow breathing, muscular relaxation and tremor, proptosis, hyperidrosis, gastro-intestinal crisis, disturbed mental equilibrium.

On comparing these two groups it will be found that they are practically identical. If then Graves' disease be only a kind of stereotyped or persistent terror, how comes it that the fleeting phantasmagoria, so like the image depicted by the camera on a ground-glass surface, can "be fixed and frozen to permanence?" What is able to make a permanent pathological photograph out of this temporary retinal impression?

There appear to be many quite distinct agents which possess in common the faculty of producing a persistent condition resembling terror. Among these are:—(1) Staphylo toxin, streptotoxin; (2) stercorin and other intestinal poisons; (3) the toxins of certain protozoa, of the parasitic type, such as the *plasmodium malaria*; (4) various septic products of putrescence, such as are found in impure drinking water; and probably (5) vitiated respired air, not only deficient in oxygen, but also laden with volatile impurities. To this list, many others doubtless will be added, as our knowledge increases. No drug has ever caused a complete group, or "symptom-complex," as our German friends say, of the signs which go to make up the disease of Basedow.

I propose now to speak of the various relations of Graves' disease, and to show what evidence exists as to the nature of the *nexus* which links with the disease of Basedow such apparently unrelated pathological processes as morbus Addisonii, diabetes, eczema, chorea, rheumatoid arthritis, and certain neuro-psychoses.

Addison's Disease.—The disease of Addison means, of course, some arrest of one or more of the adrenal functions. It is quite a mistake to suppose that this arrest can only be effected by one cause and in one way. It is probable that the agents which first stimulate the thyroid gland and afterwards inhibit its action, may and do excite and then paralyse the functions of the adrenals. This position receives support from the well-recognised clinical truth that morbus Addisonii sometimes supervenes as a sequela of chronic wasting diseases.

If it happen that a case of cancer, of syphilis, or of tuberculosis runs a long course and is associated with profuse suppuration, then may appear a more or less perfect group of Addisonian symptoms:—*Wasting, heart-hurry, hyper-pigmentation, and fitful vomiting.* Most of these are referable to vago-sympathetic poisoning. This means that the adrenals have been secondarily involved. That the staphylo toxin, with other poisons (produced by the primary disease) circulating in the blood, have reached and involved the adrenals.

With the functions of the adrenals we are at present very imperfectly acquainted. It is certain that they are of considerable importance; and that they are much more complex than has hitherto been supposed, we may infer with safety.

To the genius of one of those famous physicians who have made Guy's Hospital historic we are indebted for rescuing these small bodies from unmerited oblivion. Whilst the recent researches of Schäfer, George Oliver, Solis-Cohen, Bates, Abel, Howe, Curtis, Cushing and Swain, now show that the various secretions of the

adrenals play a great part in regulating the blood-pressure, they constitute an indirect stimulant to the heart, not by lowering the arterial tension, but by raising it. Thus they resemble the actions of terror, tobacco, aconite, chloroform, also the hot and the cold bath. These act by *contracting* the arterioles. The action of these adrenal stimuli form a direct opposite to the exciting action of tea, alcohol, *warm* bathing, the nitrites and erythrol, which stimulate the heart, by *dilating* the arterioles. To the latter group we can add the exhilarating effect of a warm climate and of the agreeable emotions of the mind. The members of this group of cardiac stimuli act by increasing the arteriolar calibre. They promote sleep after fatigue, and yet, on the other hand, in certain persons some of them are known to cause the most troublesome insomnia.

Eczema.—In its earlier stages this form of dermatitis has little to do with Graves' disease, but *established* eczema is quite another matter. A great variety of internal irritants and external causes, may induce a temporary erythema. If this erythema appear on the moist aspect of flexion and the subject be gouty, then vesication takes place and eczema is established. In perfect health this condition naturally tends to cure itself. But if metabolism be perverted or the surroundings be insanitary, this ordinary dermatitis often passes into *chronic* eczema. The morbid process may commence in any of the anatomical components of the skin proper. It may present the features of a perineuritis, as in *zona*. Of a peripheral neuritis, as in arsenical or alcoholic poisoning. It may originate in the prickly layer, as in pruritus. But it is staphylo toxin which stereotypes the process in most cases.

The products of *staphylococcus pyogenes aureus*, the micro-organism chiefly concerned in the suppurative process, is the element responsible for perpetuating the eczematous habit. This is abundantly shown by the remarkable experiments recently made by Bender, Bockhart and Gerlach, of which I have given a summary at page 12 of my work "On Eczema. (Glaisher. 1902.)"

It has been demonstrated by the careful laboratory researches of Slater and Rideal (see *Lancet*, p. 1003, April 21st, 1894) that the most trustworthy germicide for the destruction of staphylococcus is formalin. Formaldehyde in one per cent. solution proved fatal to the staphylococcus in one hour.

Two typical cases, shown at the Polyclinic, help to verify this observation, which has since received ample clinical confirmation.

CASE 1.—A diffuse *sycosis coccogenica*, a severe case; an impetiginous rash covering the whole area of the beard, also invading the brows, the bregma and the occiput, yielded to glutol, the gelatinate of formaldehyde, in three days! This was in a man of 30 years of age.

CASE 2.—A young Jew, æt. 19, had had a generally disseminated dermatitis since vaccination in infancy. His grandfather and his father both suffered from eczema.

When this case was first seen on Feb. 3rd, 1903, the whole body, save the scalp, was covered with an itching eruption. The more mobile and flexible parts, such as the neck, the hams, and the fronts of the elbows, were loaded with yellow scabs, intersected by deep-rav fissures. A large bunch of glands could be felt in each groin. This young man endured the greatest misery during movement. Dictated by motives of mercy and because of the peril of exposing the skin in universal dermatitis, and inducing renal disease, an order was given to remain in bed. The treatment consisted of prolonged soaking each morning, in a hot borax bath, with a view to removing the scabs. He was carefully patted, not rubbed, dry, and then well dusted with formaldehyde powder in the following proportion:—

Amyloform, ʒj;
Dermatol, ʒij;
Zinc oxide, ʒiij;
French chalk, ad. ʒij.

A liberal diet of meat, salads and hydrocarbons was ordered, more especially unlimited fresh milk and butter, whilst the carbohydrates were interdicted. Large doses of steel were administered.

The effect of this treatment was very striking. The scabs came away and were not replaced, the inguinal glands disappeared and the fissures soon healed themselves. Directly the scabs disappeared, all washing and bathing were strictly interdicted. One month saw a great improvement, and in two months he was well.

Chorea.—The relation of St. Vitus' dance to Graves' disease is also one of community of cause. Chorea, normal in a baby, unknown in the adult negro, is essentially a disease of civilised man, and of the early stage of existence. That a fine rhythmic movement of the hands, which we cannot control and of which we are quite unconscious, is always going on has been shown by Dr. Percy Wilde. The result of his ingenious experiments was published in the *Edinburgh Medical Journal* for 1881-82, at p. 203. A *précis* of them was made by me at page 45 of my little work, "On the Study of the Hand for Disease Indications." (Glaisher, 1899.) Chorea in early life, "fidgets" in adults, and "Parkinson's disease" in old age are but exaggerations, or perversions, of this normal phenomenon.

The extraordinary condition known as the disease of Gilles de Tourette, and the spontaneous and spasmodic movements of the lower animals, and of man, in infancy, are strongly allied to chorea.

No one has yet explained why chorea in man tends to disappear without treatment, on completing the first eight of the permanent molars—a fact first observed, I believe, by John Hilton, of Guy's. The truth of Hilton's rule I have frequently had an opportunity of endorsing, during forty years of active practice. Boys who have an impediment of speech cease to stammer at fourteen, just as unmarried women cease to suffer from dysmenorrhœa at thirty. So that though we may pride ourselves on curing stammering at fourteen and dysmenorrhœa at thirty, in reality the patient has recovered in spite of "the doctor," rather than by his aid.

Many different organisms have been found in the anterior convolutions after death in cases of chorea. It is probable that, not one alone, but that many different toxins can cause chorea, at an age when the brain and cord are unstable and are undergoing rapid evolution. It will be asked why these causes are not operative after adolescence. The reply is that they then give rise to other results—either a psychosis, a dermatosis, or an arthropathy.

Rheumatoid Arthritis.—I have so often and so fully treated of the relation of rheumatic gout and chorea to certain skin disorders, and to Graves' disease and the relation of these latter to each other, and to various septic processes, that I will not encroach on the space of this journal, but will refer the reader to my original articles. (See bibliography.)

Neuroses and Neuropsychoses.—Many forms of mania, not induced by the presence of staphylococcus, are rendered incurable by it. Two striking examples of the truth of this position will now be cited.

Mrs. A., æt. 21, was delivered of a healthy child, on January 27th, 1882; she was said to be suffering from "melancholia" when first seen on September 14th of the same year. She had well-marked erotomania, which had led to some serious social complications. I found also that she was an epileptic. The fits, occurring only at night, had been overlooked. She was entirely cured by removing a persistent, purulent, cervical catarrh. This case had been diagnosed as one of "circular mania," or *folie circulaire*, by the leading alienist of that day. He assured me that this lady would probably recover, but would certainly relapse. She has justified the former portion of this physician's prognosis, but happily not yet the latter! Twenty-one years have passed away, at present she is better than ever.

The other is a case of puerperal mania, which had drifted into so-called melancholia. Mrs. B., æt. 28, was confined of a healthy girl on March 17th,

1902. It was found needful to place her in an asylum on account of homicidal and suicidal impulses, combined with unwillingness to take food. Here she remained without any material change for the better in her mental state till September 30th, when she was removed to a nursing home.

When I first saw this patient on September 29th. I found her in a condition of stuporous mania. She was covered with ecthymatous patches, inoculated by the finger-nail from a seborrhœic eczema of the scalp. She had a purulent vaginal discharge, and had not menstruated since May of the preceding year. She was dirty in her habits, defiling her bed with the natural discharges of the body. Cultures were made from the cervical secretion, and colonies of staphylococcus p.a. were found in abundance. Here was a case of double autotoxis, from the products of staphylococcus entering the circulation, both through the lymph channels of the skin as well as through the thoracic duct, by way of the pelvic lymphatics.

The skin and the abdomen were first rendered as completely aseptic as lay in our power. All carbohydrates were forbidden because of recurrent "phantom tumour," right vagal paresis, sometimes called "secondary dyspepsia"; butter, cream and other hydrocarbons were freely supplied to the patient with the most satisfactory result, for the colon distension or meteorism soon disappeared. Complete control of the sphincters was acquired on October 22nd. The catamenia were re-established on November 22nd, and this lady was restored to her family, in mental health, on Christmas Day.

The space at my disposal will not permit me to call from the voluminous case-records, accumulated during forty years' continuous clinical observation, numerous examples of paraplegia, cured by eliminating the factors of pus and its products. Surgeons have always been keenly alive to the gravity of suffering a purulent deposit to remain untouched in the body.

Even after the researches of Dr. William Hunter, on lines laid down by me in 1888, before the Odontological Society, physicians do not yet always recognise the danger of a neglected pyorrhœa.

A patient frequently comes to us presenting a mouth which must be not only a recurrent distress to the partner of his sorrows, but a serious menace to the health of its owner. This is not true only of the poor, I have seen it in the peer, as well as in the peasant.

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SOMNOFORM AS AN ANÆSTHETIC IN DENTAL PRACTICE. (a)

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

At the meeting of the British-Dental Association, held at Shrewsbury last May, Dr. Robinson and Dr. Rolland brought under the notice of the profession a new anæsthetic preparation which they called "somnoform." At that time Dr. Robinson read a very interesting paper describing the drug and its properties, with which he had become familiar after an extensive trial at the Dental School at Bordeaux. The account which was given at Shrewsbury of this

(a) A paper read at the meeting of the Odontoblasts Club, February 8th, 1903.

drug, and the very satisfactory result of the cases in which it was administered there, naturally suggested that we should give it a trial. This I, among others have done at the Dental Hospital, Ireland, and I propose as briefly as possible to bring before you the results of my experience.

The composition of the preparation, as stated by Drs. Rolland and Robinson, is as follows:—Chloride of ethyl, C_2H_5Cl , 60 parts; chloride of methyl, CH_3Cl , 35 parts; bromide of ethyl, C_2H_5Br , 5 parts. These drugs have been used separately as anæsthetic agents, but have not come into universal favour. Of all of them perhaps the best known is the chloride of ethyl, which under the name of "keleen" has lately been extensively used. It is a colourless, mobile liquid with pleasant odour, boiling at a temperature of $12.5^\circ C$. Its density at $0^\circ C$. is 0.921, and it is slightly soluble in water, very soluble in alcohol, in which it may be kept in well-stoppered bottles and separated by gentle heat. It was discovered by some Dutch chemists in 1795, and first used as an anæsthetic by Snow in 1851. It would appear that the drug which Snow used was different from that which is now called by that name, for he states that the boiling-point of his "monochlorurretted (a) chloride of ethyle" was $149^\circ F$. Snow used it on several occasions, and found its action to be very similar to that of chloroform. It is interesting to remember that it was while writing the last sentence of his book on anæsthetics, the last section of which deals with this very drug, that he was seized with his fatal illness. Since the time of Snow many others have used chloride of ethyl, notably, Clover, (b) who recorded 1,877 anæsthesias with one death. Quite recently McCardie, of Birmingham, has used it extensively for different operations with fair success. The initial sensations he states to be similar to those of nitrous oxide gas, there is little or no excitement, anæsthesia or analgesia is rapidly induced, but muscular relaxation is, as a rule, not complete. McCardie met with vomiting after several cases. Death was recorded in one case, but this did not take place till some time after recovery, and it is very unlikely that the anæsthetic had anything to say to it. I have myself administered chloride of ethyl on two occasions, but with unsatisfactory results, chiefly due, I believe, to deficiencies in the apparatus used. The drug has been used extensively as a local anæsthetic and refrigerating agent.

Chloride of methyl, CH_3Cl , is the first of the four chlorides of methane, all of which have been used more or less extensively as anæsthetics. Methyl dichloride or the bichloride of methylene, CH_2Cl_2 , has been used extensively since its introduction by Dr. Richardson in 1887, but it is stated by many that the drug which was used was not the bichloride of methyl at all, but a mechanical mixture of chloroform and methylic alcohol. The trichloride of methyl or chloroform is, of course, familiar to us all. The tetrachloride has been tried, but not extensively used. Methyl chloride has a boiling point of $-22^\circ C$., and is prepared as a gas in Paris and compressed in iron cylinders similar to those used for nitrous oxide. It has chiefly been used locally as a refrigerator in cases of sciatica and similar conditions.

Bromide of ethyl, C_2H_5Br , is a colourless, mobile liquid of an agreeable odour and hot saccharine taste. It has a boiling-point of $40^\circ C$., and a vapour density of 3.754; it is sparingly soluble in water, freely in alcohol and ether. It was first prepared by Serullus in 1827, and used as an anæsthetic by Nunneley, of Leeds, in 1849. Since that time it has been very extensively used both in surgical and dental practice, often under the name of hydrobromic ether. It is said often to produce an analgesic rather than an anæsthetic effect. It rapidly destroys consciousness, and the recovery from its influence is correspondingly rapid. Several fatal cases have been recorded during its use.

(a) "Chloroform and Other Anæsthetics," p. 421.

(b) *Brit. Med. Journ.*, 1880, p. 797.

It will thus be seen that the various constituents of somnoform are all more or less well-known anæsthetic agents, and that after a considerable trial have all been to a great extent abandoned in favour of ether, chloroform or nitrous oxide. We must not, however, on that account be prejudiced against the drug, for it is not possible to predict the results which may follow from a mixture by merely knowing those of its ingredients. We may, however, I think, safely conclude that the action of ethyl bromide in the mixture will be slight, considering the small quantity in which it is present, and its comparatively high boiling-point. There is only three-quarters of a cubic centimetre in the usual dose, 5 c.c. of somnoform, and this will only volatilise very slowly at a temperature below $40^\circ C$., so that we may fairly neglect its physiological action in the mixture. Dr. Rolland tells us that it was introduced into the mixture in order to prolong the analgesia induced by the administration. Both the other constituents of somnoform are gaseous at ordinary temperatures, so that we should expect them to be very rapid in their action in inducing anæsthesia, and very evanescent also, recovery taking place very rapidly, and this is what we find in actual practice. I shall now detail to you my own experiences with somnoform, and the conclusions which may be drawn from them. In all I have used the drug some 207 times in the dispensary of the Dental Hospital, Ireland, making no selection whatever of the cases which presented themselves so as to be better able to judge of its capabilities. I should say further that the majority of the patients were without any of the ordinary preparation which anæsthetic cases undergo before operation. The only exception to this rule was that I found it necessary to see that they had passed water before the administration. In other respects they were mostly the ordinary patients who presented themselves at the dispensary; no purgatives were administered, they were not asked to loosen their clothes, nor was there any restriction as to diet. This is a matter of some importance, as Dr. Rolland says such preparation is quite unnecessary. Among my patients the proportion of women to men was just about two to one, and they varied in age from three to sixty-one years. There were seven patients over forty years, fourteen between thirty and forty, nine under nine years, and the rest varied from ten to thirty years of age. The operation was in every case the extraction of teeth, and the number of teeth varied between one and twenty-two. In seventy-eight cases taken without selection, and of which I have accurate notes, I find the following results:—Average time of administration, 54.9 seconds. Average length of anæsthesia, 65.1 seconds. Average quantity of somnoform used per case, 4.5 c.c. The longest available anæsthesia of which I have any record was two minutes, and the shortest time of administration was thirty seconds. In practically all the cases I used the modified Ormsby's inhaler for the administration, and this I found to work much better than the face-piece sold for the purpose by De Trey and Company. In the cases in which I attempted to use this latter apparatus I always found difficulty in getting the patients off and used more of the drug than usual. I did not try the folded cone of paper and cloth, as recommended by Dr. Rolland.

In the light of these facts and of the impressions which I have gathered from the use of the drug, I propose now to examine shortly the claims made for it by Drs. Rolland and Robinson. The four chief claims made by these authors are:—

1. No cumbersome apparatus is necessary for its use.
2. It is instantaneous in action.
3. It is rapidly eliminated, as there is a very quick return of consciousness, action and the use of faculties.
4. It is safe both in the beginning, during and after administration.

There can be no question as to the portability of the

drug and the necessary apparatus; they could all be easily carried in the coat pocket. This is a question of considerable importance in private practice, much more so than in hospital, but we must remember that mere portability without reliability is of little use. My experience in private dental practice is that the anæsthetist is asked to come to a case, and when he gets there he may find that the operation will take anything from seconds to minutes. That is, in the ordinary acceptance of the term, it may be either a gas case or an ether case. Now what the anæsthetist wants is some method or apparatus which will be portable and at the same time put him in a position to deal with either variety of case that may turn up. This, I think, we have in the nasal administration of gas, but certainly not with somnoform. My results would go to show that with somnoform one can get as long an average anaesthesia as with ordinary gas, but is not in a position to deal with emergencies. This being so, we may, I think, consider the claim as to portability proved as against ordinary gas, but not as against the nasal administration, which appears to me to be at once the most portable and trustworthy apparatus for the administration of anaesthesia in dental operations, whether they be long or short.

As regards the second claim, it may be admitted for a drug which induces anaesthesia in under a minute is sufficiently rapid for all practical purposes. I found by experience that the rapidity with which one could induce anaesthesia depended chiefly on two things: the initial dose, and the absolute exclusion of all air. The duration of the anaesthesia depended much more on these two factors than on the duration of the administration. If the patient breathed deeply and well from the start and all air was rigidly excluded, thirty seconds was, as a rule, sufficient length of administration to obtain a very satisfactory anaesthesia, and prolongation of the administration did not appear to materially lengthen the anaesthesia. It is very important to see that the face-piece fits accurately, that the bag is emptied of air, and that it is applied as quickly as possible after the introduction of the dose. The chloride of methyl, from its low boiling-point— 23°C .—evaporating very quickly. If for any reason the anaesthesia were delayed much over a minute, then it is necessary to remove the mask and introduce a fresh dose. The signs of anaesthesia which I found most trustworthy were a slightly snoring respiration, fixity of the eyeballs, and complete relaxation of the muscles. If the hand is raised it falls quite limp, the conjunctival reflex is usually absent, and the colour remains quite natural. This is, perhaps, the most striking feature of the anaesthesia, the complete absence of any trace of asphyxia. There is no oxygen available in somnoform, and air is rigidly excluded; still, after a minute's administration there is absolutely no cyanosis. I am inclined to attribute this to the very quiet respiration, which involves very little muscular exertion, and consequently very little production of CO_2 , and possibly also to an inhibitory action which the drug may exert on the combustion of the tissues. It is only in this way; at all events, that I am able to explain the very marked absence of any cyanosis.

This is a very important matter in the anaesthesia, as there is no swelling of the tongue to impede the operator, and the relaxation of the muscles enables him to make full use of the time at his disposal. In children especially, who are often bad subjects for nitrous oxide, I found the quiet anaesthesia very marked. In all my cases I aimed at inducing a true anaesthesia, not mere analgesia, for this seems to me a most unsatisfactory state, and one over which we have very little control. The relation between feeling and feeling pain is too intimate to permit of our disassociating it with any degree of certainty.

The elimination is undoubtedly rapid, and in a very few moments after the return of consciousness the patient is quite able to get up and walk away; but in this respect somnoform did not appear to me to have any decided superiority to nitrous oxide. The patients were perhaps at first less upset than

after gas, less dazed and better able to take care of themselves, while struggling and shouting were quite exceptional, but these phenomena are exceptional after gas too. In the case of a man, æt. 50, who had two teeth removed, and in which the administration lasted one minute, the available anaesthesia being forty-five seconds and 5 c.c. of somnoform were administered, was interesting in this respect. The patient appeared to recover all right, but immediately began to fight; he got up, then fell on the floor and tried to hit us, and was with difficulty prevented doing so, and then after this had continued for a minute and a half, sat up and asked us where he was and what was the matter. On the whole, however, the recovery was very good and gave us no trouble. The patients regained consciousness and control of themselves very quickly, and expressed satisfaction and wonder at the slight amount of inconvenience they had been put to. I found by experience that it was advisable to make the patients pass water before the operation, as in several cases there was involuntary micturition during the anaesthesia. In no case did I notice relaxation of the anal sphincter. Now, although this rapid recovery was the rule and the patients were able to walk out of the room and start rinsing out their mouths by themselves, yet in a considerable number of cases, sometime after they got sick and vomited, with considerable nausea, and sometimes slight collapse. I am not able to give accurate statistics on this point of all my cases, as the sickness did not always come on at once, and often I had lost sight of the case before sickness occurred, but this I can say, that while severe sickness was exceptional, still slight nausea and vomiting was more common than after gas. It must be remembered that the vast majority of these patients had no preparation whatever as to food, &c., before the administration. Furthermore, they were all hurried out of the room after the operation and had to take their places standing at the basins to expectorate and wash out the blood. Such movement immediately after the recovery from an anaesthetic, is, I think, very liable to induce vomiting. I have been told by others who have used somnoform under more favourable conditions in private practice that vomiting after it is quite exceptional. Whether, then, we are to look at the vomiting as due to those conditions which I have mentioned, or to the method of administration, or as a natural sequela of deep anaesthesia from somnoform, I am unable to say, and only further experimentation will decide. For myself I found it fairly common and quite as common among the later cases of my series as I did among the earlier. In deciding this point I would lay stress on the fact which I have already noted, namely, that the vomiting and sickness does not come on till some little time after the patient has recovered, apparently completely, from the effects of the anaesthetic. Accurate statistics on this point by various observers would be of great value, and might very probably enable us to decide on what this tendency to sickness depended.

It is claimed for the drug that it is safe at the beginning, during and after the administration, and in so far as any anaesthetic agent can be said to be safe, my cases would appear to bear out the claim. Throughout the whole series I never met a case that gave cause for alarm either through respiratory embarrassment or cardiac failure. Indeed, as I said before, the absence of any respiratory trouble was quite remarkable. Although to many the drug has an unpleasant odour, it was quite unusual for the patient to object to its inhalation or experience any respiratory difficulty with it. Some few, of course, objected, as some few will object to any anaesthetic, but they were very few, and the rapidity of its action was very satisfactory. In regard to its effects on the heart and circulation the drug seemed to act as a stimulant, increasing slightly the force, frequency and volume of the pulse. After prolonged administration there appeared to be some failure of this to a slight extent, and pallor, rather than cyanosis, resulted. In no case, however, was there

anything approaching serious cardiac failure. Although I have made careful inquiries I have not been able to trace any recorded fatality from the use of somnoform, although it must now have been used in many thousands of cases. Of course, I do not say that such will not be recorded in the future, but my experience does not lead me to expect them.

To sum up, then, I consider that we have in somnoform a really useful addition to the armamentarium of the anæsthetist, but one which I would consider rather as an addition than a substitute for those already in use. Compared with gas, or even gas and oxygen, it appears to have some distinct advantages over and above that of portability. (a) Hewitt tells us that in sixty-seven carefully-timed dental administrations of nitrous oxide and oxygen he found that the period of inhalation was 110.5 seconds, and in sixty-nine cases the average period of available anæsthesia was 44 seconds, the longest anæsthesia being ninety, and the shortest 21 seconds. With somnoform I found the average period of inhalation to be 54.9 seconds, and the average period of available anæsthesia 65.1 seconds, while the longest was 2 minutes, and the shortest 15 seconds. Moreover, in the case of young children who take gas badly, as a rule somnoform with me always gave excellent results. The type of anæsthesia, too, is quite equal to the very best that can be got from nitrous oxide and oxygen. As I pointed out before, I consider the nasal administration of nitrous oxide much the most suitable form of anæsthesia for the large majority of dental operations, but I quite recognise that it is more difficult to administer successfully, and requires more experience in use than does somnoform. If, however, the proportion of cases of sickness which I met with in my series holds good for others, I doubt very much if many dentists or anæsthetists will select somnoform in place of gas. The drug has much to recommend it, and I trust before long that others will give us the result of their experience with it. I should say that the expense works out very much the same as gas, about sixpence or sevenpence a case for the drug used.

AURAL CAUSES OF LYMPHADENITIS.

By W. J. CHICHELE NOURSE, F.R.C.S.E.,

Assistant Surgeon to the Central London Throat and Ear Hospital.

WHEN a patient presents himself on account of a swelling of some of the lymphatic glands about the head, the face or the neck, the surgeon naturally seeks a cause for the irritation, with a view to its removal.

It is hardly necessary to enumerate the various localities in which the source of irritation may be found, or to mention the fact that it is often so small as to be easily overlooked. Sometimes, indeed, one fails to find it, even after the most careful search; and, moreover, it must be borne in mind that glandular swellings may be due to some general disease.

In the neighbourhood of the auricle the group of glands situated upon the parotid salivary gland, and in its substance, and that group over the mastoid process are occasionally affected, although perhaps not so commonly as those in the neck. In such cases the site of the irritating focus is most often to be found within the external meatus, or, at any rate, in connection with the ear, though it may be anywhere within the radius of the afferent lymphatics of the affected gland.

The cause may be a small piece of hard cerumen, a little inflammation, or eczema of the external meatus, while sometimes the swelling of the gland

(a) Anæsthetist, p. 262.

is associated with chronic suppurative catarrh of the middle ear, or disease in the antrum or mastoid cells. In the latter case the gravity of the affection of the bone overshadows the swelling of the lymphatic gland, though it is quite possible to mistake an enlarged mastoid gland, especially if threatening to suppurate, for cortical mastoiditis.

The relations existing between affections of the middle ear and inflammations of the neighbouring lymphatic glands have already been discussed by Jürgens, of Warsaw (*Monats. für Ohrenheilkunde*, Feb., 1902, and *La Presse Oto-Laryngologique Belge*, June, 1902). The chief purpose of the present communication is to draw attention to the frequency of apparently trifling causes within the external meatus, and to the necessity of examining the ear in cases of glandular enlargement in the neighbourhood, where no other cause is apparent, and of removing any possible focus of irritation. This rational proceeding is often followed without any other treatment by a gradual subsidence of the enlargement.

For example, a woman sought advice on account of a gland about the size of a flattened pea on her right mastoid process, which had existed for nearly a year, and which had occasionally caused her some pain. The auditory meatus was occluded by a mass of hard cerumen, on the removal of which the wall where the wax had rested was found to be slightly excoriated. No other treatment was employed. In about a fortnight both swelling and pain had disappeared.

Another case was that of a young girl, æt. 17, who had noticed a painless swelling in front of the right auricle for about a week. It was large enough to be very unsightly, and proved to be one of the glands on the surface of the parotid. Some redness of the posterior wall of the meatus was found, and a small and rather hard mass of cerumen adherent to the anterior wall was removed. The daily application of a little citrine ointment to the meatus was ordered. A week later the gland was decidedly smaller, but it had been a little painful, and the anterior wall of the meatus was slightly excoriated. At the end of a month, during which the treatment was continued, the gland was much smaller, and soon after could no longer be detected.

In 1898 the writer saw a child, æt. 11 months, on account of a swelling in front of the left ear extending into the neck, of two days' duration, and said to be getting worse. There was patchy redness of the skin over the swelling, and the whole region was very tender; moreover, the child was very fretful and slightly feverish; in fact, the condition was strongly suggestive of threatening suppuration. The left auditory meatus contained a quantity of whitish epidermal debris. An aperient was ordered, and, the ear having been gently syringed with warm boracic lotion, the whole part was covered by a protective layer of cotton wool. The following day the swelling was less, and the tenderness and redness gone. A chain of large lymphatic glands could now be felt in front of, and below the auricle. The ear was again syringed, and most of the debris removed. A week later one gland in front of the auricle was still slightly enlarged, but the child was otherwise well. He has had no further trouble since, and is now in the best of health.

In each of these cases the application of any

local treatment to the swelled glands was purposely avoided.

The following case illustrates the difficulty sometimes found in discovering the cause of the trouble :—

A man, æt. 25, complained of a red, tense and tender swelling behind the left ear, which pushed the auricle outwards. He had no earache or discharge, and the membrana tympani and auditory meatus were quite sound. On incising the inflamed spot, the seat of the trouble was found to be the mastoid gland; the periosteum and bone were perfectly healthy. The mastoid gland on the other side was also swelled; it suppurated a few days later, and was opened. In the course of inquiries, with a view of ascertaining the cause of this bilateral adenitis, it was found that the patient had a suppurating chancre, for which he was receiving no treatment; but this did not at the time seem to throw any light on the point in question. The probable explanation did not come to light until a day or two later.

The patient had thick woolly hair, with much dandruff, and hidden among this, exactly in the middle line on the top of the head, was a small pustule, which was only discovered by the stain on the bandage when it broke.

The seborrhœa of the scalp was no doubt accompanied by some irritation, and it is a reasonable surmise that pus from the venereal sore was conveyed to the top of the head by a finger-nail. Being precisely median in position, the little focus affected both sides equally.

Before the ears were quite well an abscess of some size rapidly formed in front of the right ear; the source of infection here was clearly traced to a pustule among the hair an inch and a half above and a little in front of the auricle.

More recently the writer has met with a case in which the glands involved were the zygomatic group.

A boy, æt. 8, was sent to the Central London Throat and Ear Hospital on account of a considerable swelling above and in front of the right auricle, bounded below by the zygoma, and extending from the ear nearly to the margin of the orbit. It was immovable, and apparently situated under the deep fascia. A week previously, when the swelling was first noticed, the boy had pain in the ear lasting two days. There was now neither pain, redness, nor local heat, but some tenderness on deep pressure, which conveyed a sense of indistinct fluctuation. The body-temperature was raised to 101.5° F. in the mouth. On examination of the ear a quantity of whitish *débris* was found in the external meatus, with slight external otitis. After a dose of calomel the temperature quickly fell to normal. In the meantime the ear was treated daily by gentle syringing with warm boric solution, and the instillation of dilute carbolic drops, and the swelling was covered by a boric fomentation.

Two days later the swelling had decreased considerably, although the deceptive suggestion of fluctuation, due to inflammatory effusion under the temporal fascia, could still be detected. As soon as the meatus was clean, a little citrine ointment was ordered. The swelling continued to subside without any pain or other symptoms until, a fortnight from the date of the patient's first visit to the hospital, it was nearly gone. When he was seen again, after another fourteen days, the

parts were normal, and the boy apparently quite well.

Such examples of lymphadenitis might be easily multiplied. They serve on the one hand to illustrate the natural reaction of a previously healthy lymphatic gland to the presence of an irritating organic poison, which is probably bacterial in nature. On the other hand, they demonstrate the close anatomical relationship existing between the lymphatic channels of the external auditory meatus and everyone of the groups of lymphatic glands in the neighbourhood.

The Out-Patient Departments.

GREAT NORTHERN CENTRAL HOSPITAL.
CASES FROM THE MEDICAL OUT-PATIENT DEPARTMENT,
UNDER THE CARE OF H. W. SYERS, M.A., M.D. CANTAB.

1.—A man, æt. 23, presented himself complaining of pain in the chest and shortness of breath, from which he had been suffering for some weeks. He had not been able to remain at work, but did not take to bed.

Auscultation of the lungs revealed the presence of resolving pneumonia at the right base. On inspection of the chest there was observed an impulse on the right side corresponding to that of the usual heart apex. The area of ordinary cardiac dullness was completely absent, but was represented in a perfectly normal manner on the right side. The right chest was rather more prominent than the left in the infra-mammary region, but otherwise, there was no obvious difference between the two sides. The heart sounds were but very faintly audible in the normal position of the apex, but were perfectly clear and natural over the area of cardiac dullness on the right side.

The liver and spleen were both in their usual position, the transposition affecting no other organ except the heart.

The patient was fully cognisant of his condition, stating that his heart had always been situated on his right side.

Dr. Syers remarked that the abnormality present in this case was far from common, transposition of the heart alone being much less frequently observed than of the heart together with the other viscera. The patient had always had very good health, and it does not appear that the transposition of the heart in any way affects the health or prejudices the chances of long life.

2.—A woman, æt. 22, came complaining of slight cough together with night-sweating and wasting, all of which symptoms had persisted for about six months. The expansion of the chest was equal on the two sides and there was nothing abnormal as regards the breath sounds, except in one particular. Below the right clavicle just before the end of inspiration there was a distinct click, not a crepitation but a dry sound. The breath sounds themselves, with the exception of a very slight cog-wheel grating, on inspiration beneath the right clavicle were normal.

Dr. Syers called attention to the great importance of not overlooking the added sound, to which reference has been made. He pointed out that in reality there was a minute tract of lung which was not in a healthy condition, in fact, in the very earliest recognisable stage of consolidation. In this area there was catarrh and thickening of the mucous membrane lining the small tubes. Doubtless the whole was of tuberculous origin. This state of things is unquestionably curable, and when cured it accounts for those calcareous masses situated in the apex of the lung which so often grate against the knife at post-mortem examinations, and this in cases in which death was in no sense the result of lung disease. Careful inquiry in such cases will, as Dr. Syers pointed out, lead to the discovery that years previously, it may be twenty, thirty, or more, the patient suffered from just such symptoms as those complained of by this young woman.

Dr. Syers dwelt on the importance of not overlooking such trifling physical signs, as unless suitable treatment be adopted, phthisis will in a large proportion of such cases inevitably develop. One of the most efficient methods of dealing with this condition is that of counter-irritation persistently employed. This, together with careful attention to diet and hygiene, will, in many cases, lead to the cicatrization of the lesion.

3.—A boy, *æt.* 13, presented himself stating that for three weeks he had been feeling weak and ill, and had noticed that he was obliged to pass urine rather more frequently than formerly.

He was very thin and delicate-looking, the face especially being drawn in, and the expression was haggard.

The urine on examination was found to be of sp. gr. 1045, and to be loaded with glucose.

The child's previous health had always been excellent, and no adequate cause for the supervention of diabetes could be ascertained. It seemed that for some weeks before his illness he had been in the habit of standing for long hours in the street, but as the weather was only exceptionally cold for a few days during this exposure, and as he did not at the time seem any the worse, it is difficult to understand how this could have acted even as a predisposing cause of the affection.

Dr. Syers called attention to the extreme rarity of diabetes mellitus at so early a period of life, and further pointed out that the prognosis was unfavourable in direct proportion to the youth of the patient, death in the young diabetic nearly always resulting from coma.

4.—A man, *æt.* 62, for the last six months had complained of pain in the epigastrium, worse after eating, and during the last three months of some slight difficulty in swallowing. The latter symptom had never been marked, but was more persistent at the time of his visit to the hospital.

The patient was very badly nourished, and looked considerably older than his years.

There was some roughness of the speaking voice, and Dr. Syers made a laryngoscopic examination in order to ascertain what might be the condition of the larynx. The vocal cords were inadequately separated during inspiration, and the left was in the cadaveric position. There was double abductor paralysis, clearly the result of some affection of the recurrent nerves. There was no evidence of aneurysm or of a morbid growth in the thorax, neither was there any intrinsic disease of the larynx. Taking into account the slight difficulty of swallowing, together with pain after eating, it seemed clear that the diagnosis must be that of œsophageal disease, almost certainly malignant. The laryngeal paralysis was, no doubt, the result of the implication of both recurrent nerves in the malignant growth of the œsophagus.

This is certainly one of the less common complications of œsophageal carcinoma, as in most instances the larynx, if implicated at all, is directly involved in the process of extension. But double abductor paralysis is seldom observed, and when it does occur, it should never be forgotten that it may be due to œsophageal disease causing pressure on the recurrent laryngeal nerves.

Transactions of Societies.

LARYNGOLOGICAL SOCIETY OF LONDON.
MEETING HELD FRIDAY, APRIL 3RD.

Dr. DUNDAS GRANT, Vice-President, in the Chair.

Dr. W. H. KELSON showed a case of infiltration of epiglottis, ary-epiglottic folds, ary-tænoïds, and right ventricular band, in a man, *æt.* 55, probably tuberculous. No tubercle bacilli could be found in the sputa, and there was no sign of the lungs being involved.

Dr. FURNISS POTTER showed a case of singer's nodule in a man, *æt.* 41, affecting the left vocal cord.

Dr. TILLEY showed a case illustrating radical cure (by obliteration) of bilateral maxillary sinus empyema. Large openings had been made in the canine fossæ, the lining membrane scraped, and the cavities packed for two days; after which nothing further was done except to syringe out twice daily and carefully dry the antra. It was shown that the cavities were now practically filled with granulation tissue, it being only just possible to pass a probe upwards through the fistulous track, through the original opening in the canine fossa.

The case was discussed by Dr. Hill, Dr. de Havilland Hall, Dr. FitzGerald Powell, Mr. Waggett, Dr. Lack, Dr. Scanes Spicer, and Dr. Dundas Grant.

Dr. PEGLER showed a case of clonic spasm of the muscles of the palate and pharynx causing entotic tinnitus.

Dr. DONELAN showed a case of lesions of pharynx and larynx, with history of severe diphtheria.

Mr. L. A. LAWRENCE showed a case of ulceration of soft palate.

Dr. WESTMACOTT showed a specimen and section of acute tuberculosis of left tonsil from a man, *æt.* 32. There was no family history or evidence of tubercle elsewhere. Ulceration had spread to the soft palate since removal.

Captain O'KINEALY showed a microscopic specimen of localised psorospermosis of the mucous membrane of the septum nasi. He had been unable to find any previous record of this disease having occurred in the nose. The origin in this instance was attributed to direct infection from raw hides, among which the patient had been working.

Dr. CHARLESLEY showed a case of polypi of the maxillary antrum.

Mr. WAGGETT showed (1) a case of sphenoidal sinus suppuration, in which the anterior wall had been removed, with an instrument designed by Dr. Lack; (2) case, and specimen of papilloma of larynx.

Dr. DUNDAS GRANT showed (1) case of immobility of the left cord attributable (?) to bronchocele, in which resection and extirpation of the isthmus and left lobe had been performed; (2) case of paralysis of both recurrent and the left sympathetic nerves in a middle-aged woman; (3) case of disease of larynx of twelve months' duration in a man, *æt.* 50, probably epithelioma.

Dr. DE HAVILLAND HALL remarked that there was more thickening and enlargement of the left ary-tænoïd than was accounted for by pressure on the left recurrent. It was probably a joint case rather than a paralytic condition.

Dr. H. J. DAVIS showed a man, *æt.* 25, with a swelling on the right side of the larynx causing partial occlusion, and a history of hoarseness for the last six years.

The case was discussed by Sir Felix Semon, Mr. Butlin, and Mr. Waggett.

Dr. WYATT WINGRAVE showed a case of rapid destruction of nasal septum.

Dr. BURT showed a case of gottre with early erophthalmus.

Lunacy Department

ASYLUM REPORTS.

West Riding, Menston.—During the year the admissions numbered exactly 400, the discharges 263, and the deaths 153. Dr. McDowall considered a very large proportion obviously hopeless as regards recovery; they had only been sent to the asylum because they had become helpless and required careful nursing. Such is the experience in many other asylums, and it no doubt explains to a great extent the alleged increase in lunacy. The recovery rate was 44 per cent. on the admissions, and the death-rate 9.8 per cent. General paralysis was the cause of death in 39 cases, or 25 per cent. Intemperance accounted for insanity in 9 per

cent. of the admissions, and hereditary influence was ascertained in 25 per cent. The farm and garden account shows a substantial profit. Consequent on a petition by the attendants their working hours have been reduced from 8½ to 7½ hours per week.

Carmarthen.—The following changes occurred in the population:—Admitted 109, discharged 44, and died 50. There was hereditary insanity or allied nervous disorders in 54 of the cases admitted, and intemperance caused insanity in 15. Dr. Goodall thinks the patients require to be brought for treatment much sooner than they are, and we quite agree with him. The proportion of recoveries to admissions was 42.2 per cent., and the death-rate 7.8 per cent. Phthisis as a cause of death is much in evidence here. It is recorded as being responsible for 40 per cent. of the deaths. Dr. Goodall, in his report, says, "Having attained a sufficient standard as regards furnishing and brightening of the wards, I think it would be preferable, supposing there were money in hand, to spend the same in apparatus likely to help treatment, such as a static electric machine or a gymnastic equipment, than upon settees, overmantels, and like luxuries in furniture." A new infectious diseases hospital is in course of erection.

Wilts County.—Here there were 173 admissions, 59 discharges, and 109 deaths. The average number resident was 908. As a cause of insanity intemperance and hereditary influences appear respectively in 14 and 25 per cent. of the admissions. Dr. Bowes remarks "Drink is a growing cause of insanity, and during recent years has doubled the number of its victims." The percentage of recoveries was 30.8, and the death rate was 11.9 per cent.—the highest since 1887. Of the deaths 53 were above 60 years of age, and 25 resulted from general paralysis. An iron isolation hospital figures among the additions. Only 28 per cent. of the patients attend the associated entertainments—a very low proportion. The male and female attendants dine in the wards, an arrangement which we unhesitatingly condemn. Plans for a new detached block for housing about 50 female patients are under consideration. The report comprises 83 pages and is full of detail.

Derby Borough.—Plans for a detached block for 30 females have been sanctioned, and as the female side is full the additional accommodation is urgently required. The Committee record their entire satisfaction with the manner in which Dr. McPhail continues to discharge his responsible and onerous duties. The recovery rate, 51.2 per cent. of the admissions (excluding transfers), is high, and the death-rate, 6.5 per cent., is the lowest in the history of the asylum. The Commissioners report favourably on the condition of the wards and dormitories. Dr. McPhail states in his report, "In Table X the results of careful investigation on the causes of mental disease are given in detail. The two chief ascertained causes are hereditary predisposition in one-third of the cases, and a previous attack in one-fifth. Public opinion has not yet reached the stage when these can be considered preventable causes. Seventeen cases, or 18 per cent., attributable to alcoholic excess appear a large number, but the proportion is considerably less than the average of previous years, which works out at 20 per cent."

Dorset County.—Plans for a separate building for private patients have been approved. Dr. Macdonald's experience having shown that contiguity to pauper patients is a hindrance and an objection. The admissions give evidence of a curious departure from an almost invariable rule, viz., the admission of more males than females. The two noteworthy causes of insanity are heredity and mental worry, the percentage of the former being 45, and the latter 11. The recovery rate was 43 per cent., and the death-rate 6.3 per cent.

Salop and Montgomery.—The asylum has sustained a heavy loss in the death of Dr. Strange, its medical superintendent for over thirty years. Dr. Rigden, who writes the superintendent's report, feelingly refers to the sad event. The admissions numbered 191, and the percentage of recoveries to admissions was 42.9.

The death-rate was 9.9 per cent. As a cause of death phthisis and senile decay appear respectively in 17 and 20 per cent. of the cases. Dr. Rigden thinks there would be less dissatisfaction and certainly less sickness among the nurses if their dietary were revised.

Worcester.—The following changes occurred among the patients:—Admitted 246, discharged 127, died 108. The recovery rate was 43.3 per cent. excluding transfers, and the death-rate was 9.9 per cent. Death was attributed to general paralysis in 13 instances. In referring to the question of female attendants nursing male patients, Dr. Braine-Hartnell remarks, "The nursing of the insane is the topic of the hour among asylum medical officers. I think we are destined to see great and radical changes in this part of the work. The desire is to bring asylum nursing into line with general hospital nursing. This would necessitate an increased staff, especially by night. It is proposed to undertake the care of the male hospital wards with trained nurses. The matter is yet in a tentative stage. It has been chiefly tried in Scotland, and its advocates are loud in its praise. I think that we ought to be able to show that the increased cost would give an increased recovery rate before we make such wide and sweeping changes." The Commissioners' report 56 per cent. of the attendants and 35 per cent. of the nurses have been over five years in the asylum service. These are high proportions, and speak well for the institution.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 18th, 1903.

At the Hufeland Society, Hr. Oppenheim discussed the subject of

POLYMYOSITIS.

He said the subject had been first thoroughly worked in 1887, and since then a series of careful observations had been published, although the disease was only exceptionally recognised by the general practitioner. In many text-books of good repute it was not even mentioned. In foreign countries it received even less attention. Up to the present he himself had seen and treated twelve cases.

Symptomatology.—The disease generally developed in an acute or subacute form. First there were constitutional disturbances, with a feeling of weakness and gastric troubles; then pains, sometimes in one, and sometimes in many places together. They were located in the muscles and were rendered worse by active or passive movements, so that movement was hindered, and the patient had to lie helpless as if paralysed, whilst in the slight cases the paralytic symptoms were not developed. Simultaneously with the muscular pain, swelling in the muscles, and the tissues overlying them took place. In the great majority of cases a dermatitis with changing character and rise of temperature were added. The fever was continuous or intercurrent. In this stage we found the patient generally in bed; he complained of pains in the limbs and weakness. The face was generally swollen, especially about the eyelids. The swellings were present also over the extremities. Favourite spots were the proximal parts of limbs, the shoulder and inguinal regions, but there was no fixed rule. The swellings also took place on the backs of the hands and feet, the calves of the legs, or there were spindle-shaped swellings of the flexures of joints.

The swelling extended to the muscles, skin, and subcutaneous connective tissues; it was either a true oedema or a tense infiltration that might be of board-like hardness. These skin changes generally developed over the muscles, so that these were not

accessible to palpation. They [felt soft and succulent, with a pseudo-fluctuation. Later on, increase of consistence developed with tension of the muscular tissue, so that it might become of board-like hardness. All the structures, bones, skin, and muscles, had been observed matted together.

In the nature of things, many abnormalities and disturbances of function had been observed. A part of the diseased muscle had a tendency to contraction; atrophy belonged to the later stages and did not develop and progress with uniformity. Electric excitability was diminished—sometimes destroyed. The diminution was often only a result of the thickening of the skin. The tendon phenomena were not normal. They were at first exaggerated, then gradually and slowly abolished. The degree and extent of the paralytic symptoms varied. In a large percentage of cases the skin had a prominent part in the disease. Along with the swellings were hard exanthems. The skin affection was limited to circumscribed parts—the face, extremities, the extensor side of the forearm, and the backs of the hands; or it might be more general. Most frequently the dermatitis was an erythema, pseudo-erysipelas, roseola, purpura, erythema nodosum; suffusions had also been observed.

Affections of the mucous surfaces formed a third combination. They only appeared in a small portion of cases as stomatitis and angina. In the speaker's cases, these played an important part. Sometimes there was even multiple formation of ulcers. There were also submucous hæmorrhages. The affections of the eyes were not limited to conjunctivitis; iritis also occurred. In one case the patient consulted the oculist first of all.

The speaker then described the relationship of dermatomyositis to scleroderma; there were cases in which the differential diagnosis was difficult, but in spite of this the symptomatology of the two diseases was distinct in typical cases. There were cases also in which scleroderma developed out of a dermatomyositis, and cases in which the reverse process had taken place.

On clinical grounds and in view of the prognosis of treatment it appeared that scleroderma and dermatomyositis were to be separated from muscular abscess, even when it must be agreed that the diseases were an acute infection both originating from one source.

Prognosis.—Under the impression of the first observations, a pessimistic view must have been taken of the course of the disease, but this was true of the severe cases only. Later on it was seen that even the severe cases might end in recovery. But numbers were few, and the percentage of recoveries to deaths was small.

ten of the speaker's cases, only two had died, five had recovered completely, one was still under observation, one had been lost sight of, and in one the case passed on to scleroderma.

As regarded treatment, he recommended free diaphoresis, to which his success must be attributed. With this was associated thermo-massage; later on, simple massage, gymnastics, and electro-therapeusis.

In reply to observations made, he said that there was never complete anæsthesia in polymyositis.

As regarded etiology, careful bacteriological examination was required. It depended on the virulence of the bacteria whether there was abscess or not. Vegetable organisms—gregarines—that had wandered from the intestines had been blamed. In the cases given a chill had undoubtedly played a part. In one case the disease was connected with an enforced "kneipkur." Many cases had been described as following angina. But it appeared that angina was only a symptom.

The tongue had been known to be affected. There was no spontaneous diaphoresis in his cases. It was right to give morphia if much pain was present, but it could not lead to the cure of the disease.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 18th, 1903.

THE PROGRESS OF SURGERY.

At the [Gesellschaft der Aerzte, Eiselberg reviewed the recent advances in surgery, commencing with the introduction of narcosis, in the production of which chloroform was the first and still the most useful, though not the ideal agent. To obviate the risks of chloroform administration, many substitutes had been proposed. Among the most useful of these, he said, he need only mention Schleiche's infiltration anæsthesia, and Bier's "Rückenmarks-Kokainisierung," both of which also have drawbacks and dangers peculiar to themselves. They were therefore obliged to fall back on chloroform, which, if properly handled, and the contra-indications closely observed—such as fatty myocarditis and status thymicus—is still the most satisfactory and safest narcotic at their disposal at the present time.

The next great innovation in surgery is the anti aseptis theory, which had claimed a large number of victims during its development and maturation for daily practice. Who amongst them, he asked, had not had, or heard, of sublimate, iodoform, or carbolic, and intoxication of a serious character? Since the method had been perfected, flap formation for cosmetic purposes, transplantation, and paraffin injections had become safe and practicable. Notwithstanding these advances they still had much controversial work before them in the shape of wearing operation masks, aseptic surgical gloves, &c.

There was, he said, another important adjunct in surgery that was frequently omitted in these reviews, yet daily practised without any meritorious notice, viz., Esmarch's "Blutleere," without which many of our operations could not be performed with any hope of success.

The latest departure in surgical diagnosis was the Röntgen rays, which had also had their victims and after all had accomplished very little to aid or assist them in operations. They were difficult to manage in the course of an operation, and if continued too long were injurious to the patient. If utilised for the examination of a fracture before operation, the probability was that the fracture would not heal, owing to the injurious effects of the rays. Again, the "Furor operations" of foreign bodies had not had the success that was anticipated, neither was it desirable, as many of these foreign bodies were unobjectionable and excited needless alarm. The confirmation of a diagnosis, therefore, was not a blessing in the hands of a methodical surgeon, when he calculated the subsequent dangers to be overcome in the recovery of the patient.

The most noteworthy advance in surgery within the last ten years had been made in the domain of the nervous system both central and peripheral. Trephining the skull for hæmatoma, abscess, or tying a cerebral artery as well as suture of the peripheral nerves, or dividing them as in the case of the trigeminus [for neuralgia. In intra-tracheal and vascular operations, progress had been effected by means of the bronchoscope, and persevering experiments on aortic aneurysms. The practice of transfusing physiological solutions of sodium chloride had secured many

triumphs in surgery that at one time would have been impossible.

Resection of tumours, bowel, and stomach no longer embarrassed the surgeon, while venesection and extirpation of three-quarters of a yard of the venous trunks were frequently accomplished for the cure of varicose veins. Every corner of the abdomen had been ransacked, from the liver and spleen to the bladder, Talma even going so far as to attempt to cure tuberculous peritonitis by a simple laparotomy.

Orthopædic surgery had advanced *pari passu* with the general movement, as in club-foot, fractures, &c., which required nothing but a single application, the patient then returning to his work. Resections and removal of limbs were easy performances, but with Nicoladoni this was no trifle, since he was expected to replace limbs as he had done in the case of thumbs and toes.

PALUDISMUS CHRONICUS, OR MALARIAL CACHEXIA.

Bonnette, of the military hospital, thinks he has solved the differential diagnosis between chronic paludism and cachectic malaria, taking the increment of weight as his guide. If after admission into hospital the weight curve does not begin to rise after two months' residence, but remains stationary, or even falls to the end of the fourth month, the patient may be discharged as incurable because the cachectic state will probably go on increasing till death ends the struggle. In this case traces of syphilism or chronic alcoholism are usually present.

WATER ANALYSIS.

Pignet and Hue have just published a ready, expeditious, and accurate method of determining the purity of water for military and naval purposes in time of war, when no complete apparatus for analysis is at hand. An ordinary flask with a few tablets are all that is necessary. Nitrates and nitrites can be determined in ten minutes. The amount of ammonia, organic substances, chlorides, metals, and degree of hardness can all be ascertained within an hour. The nitrites are determined by taking 100 c.c. of the water and adding an iodide tablet. When dissolved an acid tablet is added. If the water remain unaffected and without colour, no nitrites are present; if a blue colour should appear in two minutes, two milligrammes are present per 100 c.c.; should this colour take five minutes to form, only one milligramme per 100 c.c. is present. To this negative nitrite water add a zinc tablet. If a blue colour should appear nitrates are present, and so on to the end. This certainly looks simple enough, but it is obvious that the tablets must be prepared with very great accuracy.

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

TWO CASES OF SUPPURATIVE PERITONITIS FOLLOWING APPENDICITIS.—First Case: Mr. PAYTON BEALE operated on a man, æt. over 60, who had been admitted with the following symptoms:—Temperature, 104°; pulse, 120, and very feeble. Constipation had been absolute for four days, the abdomen was distended, tympanitic over the left side, dull over the whole of the right side; very intense and continuous pain referred chiefly to the umbilicus. The history of the case was: The pain dated from a week previously, there was loss of appetite, periodical rigors and gradual abdominal distension. The following operation was performed: A three-inch vertical incision was made in the right loin about two inches behind the anterior superior spine (practically identical with the incision for lumbar colotomy), the peritoneum having

been exposed behind the meso-cæcum. It was opened, and a large amount of pus escaped, together with a faecal concretion. On exploring the incision and at the same time making pressure over the abdomen, it was evident that there was suppurative peritonitis over the whole right side. The man's general condition was extremely bad, so the abdomen was washed out with hot salt solution through a glass nozzle, which could be pushed up as far as the hepatic flexure and down into the pelvis. The wound was then stuffed with gauze and dressed in the ordinary way. The stump of the appendix was felt, the remainder having ulcerated away. Second Case: This case was that of a girl, æt. about 19, in whom the symptoms were almost exactly similar, except that there was, if anything, more dulness, and the patient was in a rather worse condition. The abdomen was opened by a similar incision, the appendix being at once found with three or four ulcers in it. It was rapidly ligatured as near its base as possible and removed. In this case the pus extended apparently throughout the whole of the peritoneal cavity, which was washed out rapidly as in the preceding case, especially up to the hepatic flexure and down to the pelvis; the wound was treated in the same way as before. Mr. Beale, in remarking on the two cases, said that they were both striking examples of one variety of appendicitis, of which the following were the main symptoms:—(1) Onset gradual, accompanied by comparatively slight pain, most commonly in the umbilical region, and constipation, the patients being often able to continue their work for three or four days after the onset; (2) on about the fourth or fifth day, onset of sudden acute pain referred to the same region with high temperature, rapid pulse and all symptoms of shock, this often lasting for three or four days, when death occurs suddenly unless an operation is performed. The pain diminishes during the last few days owing to a condition of sapræmia, which seems to deaden sensation generally; (3) no localised abscess appears and the pus makes its way from the region of the appendix upwards towards the liver, downwards into the pelvis, and then throughout the abdomen. As regards the seat of incision, he had found by experience that in this position the pus was got at most readily, because if the peritonitis had not become general, in operating with the incision in the usual position for appendicitis one had to break down numerous adhesions before the pus could be reached, thus infecting tissue which had up to this time escaped infection; moreover, through the lumbar incision irrigation could be more satisfactorily performed, drainage was much better, the chances of hernia after operation practically *nil*. The difficulty was, he thought, to diagnose such cases, for the condition of general sapræmia seemed invariably to mask the severe symptoms which must otherwise be evident. He considered that the chief chance of saving life depended upon rapid operation, which in such cases need not take more than seven minutes, his experience of a large number of such cases being that the majority recovered even after such apparent imperfect operations as those he had just done.

It is satisfactory to state that in both these cases uneventful recovery took place.

DR. LORENZ is again in the United States, and will thence proceed to Japan to fulfil a round of professional engagements.

DR. R. DEANE SWEETING will represent the Epidemiological Society of London at the International Medical Congress at Madrid.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 22, 1903.

RATE-SUPPORTED v. VOLUNTARY HOSPITALS.

THE future of the large general hospitals of the Metropolis has been raised afresh by an ably-written article from the pen of Mr. J. G. Craggs, who, as secretary of King Edward's Fund, is in a position to discuss the matter with the authority of an expert. The question he invites us to consider is the municipalisation of hospitals as an alternative to the voluntary system, the latter having proved inadequate to their proper maintenance. Premising that hospitals are an essential part of the mechanism of civilisation, he concludes that in the event of the voluntary system falling short of requirements the duty of maintaining them in a condition of efficiency falls most naturally upon the State. As, under existing circumstances, this alternative is slowly coming to the front, it is interesting to consider what the effect of such a change is likely to be. Taking as a basis of comparison the cost of the rate-supported hospitals of the Metropolitan Asylums Board, Mr. Craggs warns us that should the hospital system of London be municipalised the cost would probably be close upon twice as great as at present; indeed, the outlay would throw not less than fourteen pence in the pound on the rates. He holds this prospect up, as it were the sword of Damocles, over the heads of the recalcitrant citizens whose refusal to contribute to the maintenance of the hospitals threatens to render a change of system necessary. We cannot, however, admit that the expenditure of the Metropolitan Asylums Board affords a fair basis of comparison in view of the extensive accommodation which it is called upon to provide in order to meet epidemic contingencies, entailing a huge expenditure which has no parallel in ordinary hospital management. A much better standard of comparison would be afforded by the Poor-law

infirmaries, but unfortunately no complete account of the expenditure is available, so that we are fain to proceed on assumptions. Obviously such a change would have far-reaching consequences. We do not believe that it would be found practicable to maintain the strict line of demarcation which is at present drawn between the voluntary hospitals and Poor-law infirmaries, since both would be supported from practically the same funds—*i.e.*, the rates. The two groups of institutions would have to be "pooled," an arrangement which, in the long run, would unquestionably be to the advantage of the sick poor, since a much larger number of beds would be rendered available. The stigma of the workhouse infirmary would in part be removed and no social distinctions would be made between applicants for admission. Hospital abuse would in great measure be done away with, because every ratepayer would have a *prima facie* right to admission when medically eligible for treatment. Then again the organisation of the medical staffs of the infirmaries would have to undergo a complete change to bring them into conformity with that of the general hospital which, in principle, is unquestionably calculated to secure the highest standards of medical and surgical ability. Incidentally one effect of the change would be to throw open the infirmaries to students as fields of clinical experience, fields from which they have so far been jealously excluded. Hospital appointments would be thrown open to public competition and not made, as is now often the case, by "rings," on grounds more or less foreign to merit. Looking the question boldly in the face, the prospect of the rate-aided alternative does not excite the feeling of apprehension which it is apparently the object of Mr. Cragg's article to inspire, the more so as the alternative is not likely to present itself for acceptance in the near future.

CANCER IN IRELAND.

It would be difficult to over-estimate the value of the "Special Report on Cancer in Ireland" (published by the Registrar-General) Mr. R. E. Matheson has presented to his Excellency the Lord Lieutenant. As a layman, Mr. Matheson limited his labours to the collection, classification and arrangement of statistics, and the resulting report is a reference book of permanent value to all students of the etiology of cancer. To the medical profession the author has left the duty of drawing such deductions as the facts may justify from the steady increase in the percentage of patients dying from cancer, and the report is also most helpful in exposing the many false theories that have been put forward to explain the genesis and method of propagation of the disease. It is rather a surprise to find that farm labourers and farmers suffer more from the disease than any other class in the community, heading the list with 302 deaths in 1901. Grocers and vintners suffer least. If we accept the view that there is something in farming as an occupation that predisposes to the disease it is difficult to explain why the percentage of

cancer deaths is 3.3 per 10,000 in Hungary, where 80 per cent. of the population are agriculturists, and rises to 9.2 per 10,000 in Norway, where 75 per cent. of the population follow the same employment. When we compare this with the high cancer death-rate of 12.1 a 10,000 in the city of Vienna, where 5,086 factories give employment to many thousands of the inhabitants, where an energetic Public Health Board brought down the death-rate of the city to 19.3 per 1,000, and has almost stamped out tuberculosis, the difficulty of finding the correlation between cancer and husbandry is increased. Brussels, a manufacturing city, has, like Vienna, been much improved within the past decade by the removal of old fortifications and the clearing away of slums and the providing of open spaces, but it has a cancer death-rate of 4.4 per 10,000. Why is the death-rate from cancer so much more in Vienna than in Brussels? To come back to Ireland, we find that the death-rate from cancer in Armagh county is 10.47 in the 10,000 of the population, and in the Crossmaglen district of the county is 17.3, and in the Loughgall district 17.0. The whole of the Crossmaglen district is on the Silurian formations while about one-half of the Loughgall area is Pliocene, one-fourth is Trias, and one-fourth carboniferous; so that the two highest death-rates yielded by the mortality from cancer are in two districts which are upon quite different formations; to emphasise the differences in the districts we may remark that Loughgall is an orchard country, and Crossmaglen district is not. The districts that bound Loughgall are those most free of cancer in the county; Crossmaglen is not so favourably situated.

HOSPITAL ABUSE.

It is not too much to say that the question of the abuse of medical charity by well-to-do patients has been before the profession and the public for generations. Yet so far from any solid improvement having taken place in the situation, there never was a time at which the evil attained a greater pitch than in the present year of grace. Regardless of the wider economic issues of the question, the funds of the medical charities have been swelled, and their relief scattered broadcast to a corresponding extent, that is simply pauperising to a large section of the public and ruinous to the just interests of the general practitioner. The charitable give their money freely for the noble object of helping the sick and suffering poor in their need, but the administration of these eleemosynary funds is in the hands of boards of management, whose chief view appears to be only too often to enlarge the sphere of action of individual hospitals, regardless of any injustice or injury that may be thereby inflicted to outside interests. The fact of the matter is, that the medical charities of the United Kingdom direct the expenditure of an enormous aggregate of money, and important social aspects are also involved. With these financial and social considerations are indirectly but indissolubly connected various things that men

prize, as, for instance, power, patronage, place, social prominence, and titular rank. The voluntary work done by administrative boards is doubtless invaluable, but at the same time the assertion may be made with a considerable amount of confidence that those bodies are at the mercy of wirepullers perhaps as much as any other institution existing in the United Kingdom. The only wonder is that under the circumstances hospital scandals are not of more frequent occurrence. So far as the misuse of funds is concerned, the major part, but by no means the whole, arises from the indiscriminate relief in the out-patient departments of persons who are perfectly able to pay ordinary fees to a private medical man. For a damaged finger, say, or for some trifling ailment, practically any member of the community, regardless of his rank or his means, may obtain weeks of free hospital treatment. The latest recognition of that fact has come from St. Bartholomew's Hospital, where a notice has been posted warning off patients able to afford medical fees. This tardy repentance has apparently been forced upon the authorities of that ancient charity by the scathing ordeal of criticism recently evoked by their proposal to raise a vast sum for the extension of their premises on the present site. The advocates of hospital reform, on the other hand, have always pointed out that both funds and accommodation of existing hospitals would be more than ample for the purposes if improper applicants were kept out of the wards and the out-patient departments. The abuse arises out of the insane competition between the hospitals themselves for the most inflated standards of income, expenditure, and sphere of action. Until this suicidal chaos is reduced to a system and gripped tight in the hands of a central control, there is little prospect of stemming the torrent of extravagance, wastefulness, and megalomania generally that appears to dominate the policy of not a few of the voluntary medical charities of this country.

Notes on Current Topics.

What is a Cold?

It was formerly supposed that a "cold" was an ailment caused by exposure to very low temperatures and particularly by sudden change of temperature. Various conditions not now included thereunder were thus described formerly. For instance, pneumonia was a cold in the chest, tonsillitis (even diphtheritic), a cold in the throat, and rheumatism, a joint inflammation, *à frigore*, a view still very generally entertained. It is now recognised that most of such conditions are in reality due to the invasion of specific micro-organisms, but in many of them (*e.g.*, pneumonia) the casual connection with a chill of some sort is often present. It would seem that actual lowness of temperature has but little to do with the incidence of colds. In the dry cold of Canada and the high Alps, few people suffer, while in a moister or more changeable climates a cold is a

very common affection. During Nansen's tour to the farthest north neither he nor any of his company suffered in this way, but within a few weeks of their return to civilisation many were affected. In a great many cases the cold can be definitely traced to the occasion of a sudden change of temperature, as from a warm room to the cold outer air. It is well known that the mouth and upper air passages habitually contain large numbers of bacteria which are facultatively pathogenic. If the mucous membrane be suddenly blanched by the influx of cold air, its vitality is sufficiently impaired to permit these microbes to obtain a footing in the more superficial layers, and eventually to make good their position, or, in the alternative, to be discarded by an increase of vitality in the tissues. One prophylactic measure easily deduced is the advisability of making a pause before passing from the warm air of a crowded church or theatre into the cold air of the street. The Continental system of chatting with one's friends in the lobby of an opera-house has in this regard much to commend it.

The Orthopædic Amalgamation Scheme.

THERE are many strong reasons for the amalgamation of small special hospitals, but, as a matter of fact, it is to be feared that any attempt to reduce the matter to practice will raise a host of difficulties. The case of the three London orthopædic hospitals is more or less in point. The proposal to join forces has so far resulted in a hopeless-looking deadlock. For that matter, the financial position of the Royal Orthopædic Hospital is not likely to be particularly attractive to other possible amalgamating charities. That hospital, under the chairmanship of Mr. H. H. Marks, sold the enormously valuable freehold premises in Oxford Street for £40,000. That step was taken in face of strong protests of a minority of governors and of certain of the medical journals. The purchase money will be swallowed up in acquiring a freehold lease of a fresh site and in building a new hospital. No satisfactory reasons have ever been published by the committee for the sale of the Oxford Street site. Indeed, they have expressly admitted that the step was not to be defended from a financial point of view. Under these circumstances the City and the National Orthopædic Hospitals may well look askance at the Royal as a partner in an amalgamation. The difference between the Royal with a freehold of great and increasing value and the Royal with a freehold and a hospital, so to speak, in the air, is that between a bride with a substantial dower and one who has nothing but hopes and a former reputation to contribute in answer to an alluring and comfortable proposal of marriage.

Dercum's Disease.

THE disease named after Francis X. Dercum is so seldom met with that when a case does occur it is worthy of more than passing notice, particularly when it is an aberrant form. Of such a character is the case recorded by Signor Pallet

(*Gior. Intern. d. Sc. Med.*). The patient, a woman, æt. 68, of weak intellect; she is irritable, gloomy, melancholic, and cries frequently. She has the characteristic pains and swellings of her arms and legs, and on palpation globules of isolated and circumscribed fat may be observed. She cannot walk without being greatly fatigued. There is, however, an absence of epistaxis, hæmaturia, metrorrhagia, arthropathy, vasomotor disturbance and premature senility. The etiology of the disease is unknown. It has been attributed, like so many diseases, to alcoholism, syphilis, and traumatism. It is more likely to have its origin in some form of polyneuritis, as Dercum, in his original paper (1888) pointed out. His theory would offer a reasonable explanation of the scleroderma and the arthropathies. What causes the polyneuritis is, of course, the natural question that arises, and as yet no satisfactory answer has been given; the association of the disease with enlargement of the thyroid alveoli and the presence of a colloid substance filling the enlarged alveoli is probably no more than a coincidence, a view which gains support from the unsatisfactory results following on thyroid treatment.

Change of Air.

THE quasi-miraculous benefits which are associated with change of air in the popular belief are in reality derived when they accrue from change of environment, *quod* change of habits of life. In a great many instances the measure of benefit obtainable would be as effectually secured, and at much less expense, by mere change of habits, without the fatigue and inconvenience of change of domicile. The over-wrought City clerk might advantageously take to driving a cab, while the cabman would find it a relief to discharge for a time the functions of caretaker of a deserted house. Many an over-worked physician would experience a distinct improvement were he to qualify as *chauffeur*, with no other object in view than to cover space, and there are few domestic servants whose health would not be sensibly modified by a brief experience as milkmaid or gleaner, should the season lend itself to that pursuit. The "literary gent," whose brain is sterile of new ideas, might recuperate his energies by usurping the *role* of a sick man and remaining in bed for a week or two; in fact, a radical change of habits, with its accompanying change of environment, would often answer every purpose likely to be served by a trip to the seaside or a precipitous rush to the Swiss mountains. Certain it is that mere change of air exerts but little action on the economy unless at the same time another direction be given to the thoughts and accustomed exercise to the muscles.

"Silver Catarrh in Infants.

THE adoption of Credé's prophylactic method of instilling a 2 per cent. solution of nitrate of silver into the eyes of infants as a precaution against the occurrence of gonorrhæal ophthalmia

has led to such excellent results in the practice of the large maternities that we regret to find an attempt being made to attach a stigma to the procedure on the ground of its danger. Cramer, in Vol. LIX. of the *Archiv. f. Gynäkologie*, states that there is some risk of dangerous after-consequence being set up, and supports this statement with statistics. In one hundred cases treated by Credé's method there was what he calls enormous reaction in four, very strong reaction in twenty-five, strong reaction in thirty-one, and in eleven secondary catarrh. We are glad to learn, however, that other German authorities have come to the support of Credé, and have shown that while some slight reaction occurs in about eighty per cent. of cases, secondary catarrh never occurred. Our own experience of the after-effects of silver nitrate is based on some four or five thousand cases, and although in some considerable reaction did occur, and persisted for a couple of days, as shown by the presence of pus between the lids, we never saw a case in which the infant showed any bad effects on the eighth day. We very much regret to learn from a writer in the current issue of the *Journal of Obstetrics and Gynaecology* that midwives in England are not taught to practise Credé's method, but that, as shown by their answering at the examinations of the Obstetrical Society, they are almost invariably taught to substitute perchloride of mercury or boric acid for the silver solution.

Dublin Corporation and the City Hospitals

THE decision of the Dublin Corporation to reduce the amount of the annual contribution of the city to hospitals came as an unpleasant surprise. Putting on one side the good work done by the hospitals in the relief of suffering, we think these institutions earn their grant by the saving on the poor-rates; they effect by giving health to many bread-winners, and so enabling them to again become wage-earners. The contribution of the Corporation is small, but small as it is, the hospitals will miss it. The care of the sick, both medical and surgical, is expensive, but the neglect of the sick is very much more so. Each bed in a hospital means a certain expenditure, and the diminution in the grant must close one or more beds. This in a city with such a high death-rate and such an immense amount of morbidity is one of the worst methods of keeping down taxation. Every increase in the mortality of the city spells higher rates; the sick are not only unable of themselves to earn wages, but they seriously interfere with others earning money. Why does the Corporation of Dublin commence and end its efforts at retrenchment with the hospitals' grant? Are there not many departments in the municipal body in which considerable saving might be effected? We need not enumerate them, for they are known to all the citizens. As it is, the action of the Corporation in confining their efforts of retrenchment to the contribution to the hospitals tends to fix the attention of the public to the departments in which the expenditure might easily, and

with the cordial approval of the taxpayers, be cut down.

The Art of Remaining Young.

Is it possible to become senescent without becoming senile? Is it feasible to seek for the secret of perpetual youth? Is degeneration of tissue and deterioration of mind inseparable from advanced life? Can man grow old gracefully and profitably? These are some of the questions which surge up in the active brain of the vigorous thinker as he finds himself swiftly swept along the river of life. To the strenuous worker old age appears abhorrent. The spring is ever the season of promise; autumn brings the shortening days, forerunners of winter's night. Although science is powerless to stop the flight of time, it is nevertheless mighty in affording agencies and influences whereby human existence in all its stages may be lived to the best. Much is written regarding pediatrics; it is only recently that serious attention has been devoted to the pathology of senescence. And yet much may be learnt as to the hygiene of old age. Sanitary reforms and improvement in medical art have done much to secure comfort and usefulness to the aged. Although the present is said to be the age of the young, it is probable that in no previous period did those in advanced life receive greater consideration or enjoy more opportunities for retaining their hold on life's activities. But still it is only the wise few who are willing to learn the art of retaining youth and seriously seek the secret of remaining young. A recent writer has given much sensible advice in regard to this matter. The ageing subject should set himself to resist the fossilising influence which only too readily petrifies energy and kills enthusiasm. And to this end close touch with Nature must be kept. As far as possible an open-air life should be enjoyed. Change of environment, versatility of function, persistence in such lines of activity as are organically most suitable, abstinence from artificial stimulation, avoidance of "pressing," escape from nerve-fatigue, and a resolute cultivation of resting habits, with definite effort to heighten the standard of vitality rather than procure a mere prolongation of existence are among some of the essentials for securing a healthy and happy old age.

Hermaphroditism and General Practice.

WE doubt that many general practitioners have taken the trouble to think out for themselves what would be their attitude towards the individual and the parents if they met in practice with a case of pseudo-hermaphroditism. It occasionally happens that even after the most careful examination the medical attendant is unable to express an opinion on the sex of the individual in question, and that even the specialist is also unable to help him out of his difficulty. In such cases how is the child to be brought up? Neugebauer, who discusses this aspect of hermaphroditism at some length in *La Gynécologie* for February last, is of opinion that it is necessary than an

official description "of indeterminate sex" should be created, and that the child should be examined yearly up to puberty, by which means a diagnosis might finally be arrived at. In the interval, he considers that the child should be brought up as a female, as it will be easier for a hypospadiac male, brought up in error as a girl, to assume his proper position when his sex is discovered, than it will be for a female pseudo-hermaphrodite brought up as a male to do so. Neugebauer also raises some other interesting points which we have never seen answered. If a medical man discovers that a "wife" is a male pseudo-hermaphrodite, should he inform the "husband"? Further, in such a case, can the law compel the "husband" to divorce the "wife"? The answer to the latter question would seem to us to be that if the "wife" is a male pseudo-hermaphrodite there has been no marriage, and consequently there can be no divorce. What view the criminal law might find itself compelled to take is another matter, and one into which it is profitless to enter.

The Selection of Consumptives for Sanatorium Treatment.

THE advantages of sanatorium treatment for the subjects of pulmonary tuberculosis is now generally admitted, and both profession and public are convinced of the benefits of the application of hygienic methods in the arrest of this national scourge. But, unfortunately, for the vast majority of the poor, suitably equipped sanatoria are not available. This was very clearly made manifest by Dr. T. N. Kelynack, in his communication to the recent discussion before the Hunterian Society of London. It is now impossible to provide for the greater number of consumptives such measures as are desirable not only for the alleviation and restoration of the sufferers themselves, but for the protection of the public, and the well-being of the State. It is estimated that at the present time in England and Wales there is an annual mortality of 40,000 persons from consumption; and between the ages of 15 and 25 one-fourth of the total deaths are said to be due to phthisis. It is difficult to obtain reliable statistics as to the actual accommodation available for indigent cases. As far as can be ascertained there are in this country probably under 150 *free* beds specially reserved for consumptives in suitably equipped sanatoria. About 665 *free* beds are available in special hospitals in London, which, unfortunately, are mostly situated in or near crowded centres, and certainly not the best suited for "open-air" treatment. It must be remembered, moreover, that practically all of these "hospitals for consumption" are also "hospitals for diseases of the chest," and admit pulmonary affections other than those of tuberculous origin, as well as cardiac cases. For persons who can make a small payment probably about 400 beds may be counted on. For the well-to-do, however, there seems to be accommodation for upwards of 500 cases, but the expenses of residence at the majority of private sanatoria are

altogether prohibitive for the vast number of sufferers. Some general hospitals and Poor-Law infirmaries also attempt to provide some slight approximation to open-air methods. For the poor and struggling workers the provision of suitable institutions for efficient application of hygienic measures is altogether inadequate. As illustrative of this point Dr. Kelynack pointed out that in connection with the Mount Vernon Hospital there are now 260 cases awaiting admission, and this means that some cannot be dealt with for more than five months. Such evidence makes it very clear that at least for the present much discrimination is necessary in the selection of cases for sanatorium treatment. We do not think medical men are sufficiently alive to the importance of this matter. At the present in only too many instances comparatively advanced cases are sent to these institutions by practitioners, with the result that large numbers of incipient and eminently curable cases are kept out, while only temporary arrest and fleeting alleviation is rendered, and what is often worse, discredit thrown on the institution and hygienic methods employed. It is essential that all medical men should conscientiously face the case at it is, and remember that at least for the present economic considerations must be allowed due weight, and the selection of cases be governed in great measure by the unfortunate limitation of ways and means.

Sports and the Female Teacher.

THE school-girl of to-day is taught that proficiency in sports is as excellent a virtue as efficiency in scholarship. Certainly the development of active physical exercises and a free indulgence in out-door games has done much to aid the physical improvement of the female, which no unbiassed observer can fail to have noted as a characteristic feature of modern evolution. But we think it should not be forgotten that the present-day worship of animal strength oftentimes has a serious aspect for the teacher. Only too frequently young and inexperienced women are appointed to important educational positions mainly because of their fitness to engage in and direct the athletics of the school. This tendency to exalt mere brute energy to a position of greater importance than a slowly acquired mental equipment is not only often detrimental to mental and moral training, but discouraging, depressing and manifestly unjust to many of the most capable teachers. In fact, it often means that a woman of feeble physical powers, but having the highest aptitude for teaching, is debarred from the most important and lucrative positions. Even the strongest and most vigorous of women teachers feel that with the present-day views as to the necessity for ability in games, advancing years instead of bringing increase of respect and increase of knowledge, with promotion and increase of emoluments, is rather likely to place them at a discount, and finally rob them altogether of their position. There is good reason also to believe that in many instances teachers are compelled

to engage in exercises with their pupils when on physiological grounds alone they should, for the maintenance of mental health, be allowed bodily rest. Every school for girls should, as regards the conduct of its physical exercises and sports, be directed by a judicious and experienced physician who, perhaps, might with advantage be of the feminine sex.

The Decay of Lactation.

SUCKLING, it would appear, is in danger of becoming a lost art. Many women regard it as a nuisance to be avoided, while but few consider it to be the first and most essential of maternal duties. The decay of lactation is a subject for the study, not only of the student of pediatrics and the expert in diseases peculiar to women, but a matter which should concern the moralist and sociologist. The neglect of the nutrient function of the mother is answerable for a serious loss of infant life, and explains much of the suffering incident to the early period of existence. Abrogation of this duty is also undoubtedly in many cases the primary cause of much derangement in the mother. The neglect of suckling is prejudicial both to mother and child, and in the light of recent researches it may be safely said makes for individual deterioration and racial decadence. But we consider the distaste for the maternal duty of lactation evinced by so many women of to-day as one of the factors which goes far to loosen the bonds of parental responsibility and weaken the links in the domestic chain. Of this we may be sure—that whatever may be the physical disabilities resulting from a neglect to suckle, the physiological derangements brought about by the decay of lactation are oftentimes seriously prejudicial to the development of the individual, the evolution of the home and the secure establishment of the State. Medical men may well strenuously advocate a return to Nature in regard to this matter, both on medical and moral grounds. A non-lactating mother is an abnormal product of an ill-conducted civilisation. Women must learn that decay of lactation necessitates deterioration of the human, and a lapse in the unfolding of the great purpose should be resisted in the highest interests of truth and progress.

The Legal Status of the Perambulator.

MODERN civilised man is wont to hedge himself in with an intricate maze of laws, with every detail of which, by a blithe and merry legal fiction, he is supposed to be acquainted. If we are to be guided by a recent magistrate's decision, every maid or every proud parent who wheels a perambulator along the pavement is breaking a statute law. As a result of that offence, the offender is liable to be haled off to the nearest police station or to be alternatively summoned by less summary process to the nearest police court, to expiate his crime by fine or by imprisonment. Fortunately, the decision of administrative justice is not always final. It is inconceivable that even law-abiding Britons will allow their children's carriages to be

incontinently banished from the footway, to which they have established a right by generations of usage. The test case to which we have alluded was brought forward by a barrister "who was also a medical man." The narrow casuistry of the lawyer has in this particular case apparently overcome the common-sense breadth and humanity of the medical man. The barrister was once a baby and doubtless at that period of his career rode in his own little special carriage. Had he been sickly one trembles to think of the life of enforced seclusion that would inevitably have been his had his perambulator been abolished. Nursemaids would gently refuse to wheel their precious charges in the roadway. "Why," they would naturally ask, "if the gallant British soldier can put up with the inconvenience of such a vehicle on the footway, should not a British barrister, even though he be also a medical man, endure the evil likewise?" It is well to bear in mind that the principle that excludes perambulators, if enforced, will affect a large number of persons besides babies. There are many children afflicted with infantile paralysis whose only chance of open-air exercise is that taken passively in a hand-carriage. There is also a very great number of invalids of all ages who can go abroad only in a bath-chair. Fancy the revolution that would take place in a fashionable watering-place deprived of its perambulators and its bath-chairs. On the whole, it seems to us that the wild goose reform of the pavement had better be forthwith abandoned by the barrister "who is also a medical man." This advice may be urged on behalf of the dignity of both the learned professions to which he belongs.

"Aids to Beauty."

THE deeply-rooted instinct of women towards what a cynic has called "the exaggeration of facts" leads to curious and sometimes tragical results. Women, however good their skin, hair, and other bodily attractions, are rarely content to leave well alone, but straightway and continually call in the help of a host of contrivances, appliances, medicaments, methods, and what-not to magnify this, that, or the other detail of beauty. In this way they support a great horde of corsetières, beauty specialists, and vendors of quack lotions, potions, and notions, many of them baneful to health or even destructive of life. The beauty specialist, for instance, thinks nothing of making up hair lotions with corrosive sublimate, whereby several deaths have been caused. Of course, the remedy is simply that Government should pass a more stringent Medical Act, whereby medical practice should not be allowed except to properly qualified medical men. Apart from the money-making machinations of the quack, however, the feminine world is sometimes left to adopt harmful superstitions on its own account. For instance, a girl of eighteen years in the North Country was recently killed by a perforation of the stomach due to eating raw rice as an aid to beauty. It was stated at the inquest that the practice of eating raw rice, starch, and oatmeal was largely pre-

valent among local women for producing a pale complexion, and that other cases were under medical treatment. It is characteristic of the folly of feminine fashion that it prefers an anæmic paleness to the ruddy hue of health. The raw rice legend may be a survival of mediæval methods when their were hundreds of similarly rational remedies in vogue as "aids to beauty."

Small-Pox and Tramps.

ALL civilised countries find a difficulty in dealing with tramps. These lazy, good-for-nothing vagabonds have existed in every age of the world since man appeared on the earth, and undoubtedly have carried infection from district to district. During the present epidemic of small-pox it has been proposed to vaccinate all the peripatetic gentry; but the tramp refuses to undergo the operation, and he cannot be compelled to submit to it, neither can his relief be made dependent on his being vaccinated. The difficulty is due to our intense love of the liberty of the subject, and rather than curtail it we allow thousands of ne'er-do-wells to propagate disease from union to union throughout the country. It may be necessary to pass a short Act of Parliament to remedy the evil;] but there can be no question that some measure is called for. We think the police should be empowered by Act to arrest and detain every tramp until he has been vaccinated by the public vaccinator of the district in which he is detained, and that he be kept in custody until the vaccine papules have disappeared. During the period of detention his clothes should be disinfected, and, if money is found on his person, the expenses incidental to these proceedings should be deducted from the amount he possesses.

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Consultation with a Disregistered Practitioner.

It has long been a vexed question with orthodox members of the medical profession whether or not it was ethically justifiable to meet a homœopath in consultation. Some, at least, of the leaders of the medical world have settled the matter to their own satisfaction in the affirmative, for we know of numerous instances where such consultations have taken place, although it is difficult to understand what common ground of action could exist between persons of such diametrically] opposite opinions. After all said and done, however, homœopaths are not struck off the *Register* on account of their peculiar faith, and unless so extreme a step were undertaken there is a strong logical reason for their recognition in consultation. But to meet for that purpose a man whose name has been struck off the *Register* for "infamous" conduct is another and very different matter. In the course of the evidence at a trial for suspected poisoning during the present month, a medical man testified that he had met in consultation Mr. Allinson, whose name has been removed from the *Register* for some years. The attention of the Medical Defence Union may be called to this fact in the hope that the proper

qualifying authorities concerned may be advised of this questionable action by a holder of their diploma. The present law with regard to practice by disqualified medical men is in a most unsatisfactory state.

Human and Bovine Tuberculosis.

THE views concerning the probable incommunicability of bovine tuberculosis to human beings promulgated by Koch have been subjected to the test of practical experience in the department of agriculture of the University of Aberdeen, and the results originally communicated to the Agricultural Society of Scotland have just been published in pamphlet form. They go far to disprove the startling doctrines which, if confirmed, would have displaced alimentary tuberculosis from its position as an etiological factor. The experiments, which are fully set forth, tend to prove that although human tubercle is less virulent than bovine tubercle when inoculated in the calf, infection can readily be produced thereby irrespective of the mode of inoculation and the particular source of the infective agent. The lymphatic system is invariably involved in the process, and the adjacent organs are those most affected. When administered by the mouth tuberculous spurtum induces an abdominal lymph-gland tuberculosis without necessarily, involving the intestine itself, and the virulence of human tubercle is greatly enhanced by passage through the calf. The results, viewed as a whole, favour the view that the bacillus of human and bovine tubercle are identical, but are modified in certain respects by environment. These conclusions confirm the desirability of the precautions at present in vogue with regard to the milk and flesh of diseased animals, and will be welcomed by those who are entrusted with the care of the public health.

The London County Council and Specially Skilled Pathologists.

It is satisfactory to find that the London County Council is taking steps to carry into effect the desire to provide the assistance of specially skilled pathologists in a manner more in conformity with professional usages. A request has been addressed to the principal hospitals of the Metropolis for the names of well-qualified pathologists who would be prepared to perform post-mortem examinations when called upon by a coroner and to give evidence for the inclusive fee of two guineas. It should be evident to the Council, however, that special skill infers special remuneration, yet two guineas is the fee payable to any general practitioner who discharges these responsible and troublesome functions. The inadequacy of such a fee in view of the services to be rendered cannot fail to be appreciated by the Council, especially as it is only in special cases, that is to say, specially difficult cases, that the services of the skilled pathologist will be required. When the Council consider it necessary to retain the services of a leading counsel they would not entertain the idea of offering the ordinary briefing fee of a junior

colleague any more than an individual member of that body would expect to obtain the benefit of a consulting physician's advice for the modest sum of half-a-crown. Now that the question is approached in a proper spirit we have no doubt that a *modus vivendi* will shortly be arrived at, and as we have for years urged the importance of providing this skilled assistance in difficult cases we welcome the prospect.

The Suppression of Precocity.

PRECOCITY is at a premium, but precocity is generally pathological, and it is ever dangerous to foster the morbid. Fashion favours the youthful genius, sentiment sympathises with the forward child, and folly applauds the doings of every infant prodigy. All this is inimical to the best interests of the race. Real worth, true insight, exceptional power, should everywhere be estimated as beyond price and must be assiduously cultivated and judiciously guarded alike for the happiness of the individual and the benefit of the community. But recent years have borne sufficient evidence to the disastrous effects of stimulating natural precocity that we have no hesitation in saying that there is a need for the growth of an intelligent opinion which shall secure means for the suppression of a precocity in the manifestly "unfit." In the direction of the training of the exceptionally gifted hygienic and medical truths should receive as much attention as artistic and purely academic considerations.

Infant Diet Among the Poor.

"HE takes the same as us" is but too frequently the answer to the question as to what food an infant patient has been given, and this admission covers a multitude of sins. A typical instance of parental negligence was afforded a few days since at an inquest at Walthamstow on the body of a two-year-old-boy. After "a good breakfast" of potatoes, bloater and tea, the youngster was given a teething powder followed by a ration of some patent food for infants. Drowsiness persisting a dose of castor oil was thought desirable, followed up by a dose of syrup of rhubarb. No improvement taking place, hot brandy and water was administered at intervals. Finally the child died "before medical assistance could be obtained," and the jury attributed death to cardiac failure consequent upon dilatation of the stomach.

The International Congress at Madrid.

The success of this Congress has been imperilled by the dilatoriness of the central organising committee, who have had to notify that the final programme of proceedings can only be delivered to members on their arrival at Madrid. There are rumours moreover that, owing to the paucity of accommodation, exorbitant prices are being asked for rooms and many intending visitors have been thereby deterred from proceeding to Madrid.

PERSONAL.

DR. G. BASIL PRICE has been appointed Vice-Principal of Livingstone College.

DR. A. M. PATERSON, of Liverpool, has been appointed Hunterian Professor at the Royal College of Surgeons of England.

LIEUT.-COL. W. A. MAY, Principal Medical Officer of the Natal District, has been selected for Principal Medical Officer in Egypt.

DR. J. LINDSAY STEVEN has been selected to represent the Faculty of Physicians and Surgeons of Glasgow on the General Medical Council, in succession to Sir Hector C. Cameron.

DR. BENNETT, of Otley, Yorks, met with a nasty accident when returning from a night call. The wind had brought down some telephone wires in which his horse became entangled, throwing him and the coachman out of the trap. Dr. Bennett sustained a fracture of the clavicle and a severe shaking.

THE King has been pleased to accept from Professor Corfield, M.D., of University College, Consulting Sanitary Adviser to his Majesty's Office of Works, a copy of the Milroy Lectures on "The Etiology of Typhoid Fever," delivered by him before the Royal College of Physicians last year.

THE President and Council have appointed Dr. E. Wolfenden Collins, formerly surgeon to Jervis Street Hospital and Senior Demonstrator of Anatomy, School of Physic, Trinity College, now in practice at Sydenham, to represent the Royal College of Surgeons in Ireland at the coming International Medical Congress at Madrid.

Correspondence.

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

SOME RESULTS OF SANATORIA TREATMENT

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was pleased to see in your leading article of April 15th an appreciation of sanatorium treatment. The educative influence of an "open-air hospital" such as the National (Co. Wicklow) or the Forster Green Hospital for Consumption cannot be over-estimated among the working classes, nor is their indirect influence on the profession itself to be ignored.

Until six years ago very few consumption hospital physicians had advanced further (in the knowledge of fresh air) than to see that each patient had the regulation number of cubic feet of breathing space, and they were quite satisfied if the ventilating fans of the plenum system were driving in the heated and so-called "filtered" air. Now these expensive systems have been abandoned, and in their place we find open windows, and the funds which formerly went for heating are more rationally spent on a fuller dietary.

A poor consumptive cannot have an expensive "plenum" system in his own home, but he can throw his window open wide, he can have (unless quite destitute) plenty of simple wholesome food. After a stay in such an institution he should have some idea of the amount of rest and exercise which might in his case be safely taken, and he will have learned the necessity for guarding against infecting his home and re-infecting himself. It is true there remains yet a great deal to be learned, as you say, as to the results of sanatorium treatment, though almost half a century of experience has accumulated since Brehmer opened Goebersdorf Sanatorium.

Absurdly exaggerated accounts of the number of "cures" have appeared in the lay press from unauthentic sources, chiefly reported by patients who had been at German sanatoria, where the word "cure" is used.

in quite a different sense and might often be better translated "treatment." The statistics of Nordrach are frequently referred to, but ask Dr. Walther himself what he thinks of statistics, and he will tell you it is quite impossible to make them on a reasonable basis.

Nothing is more damaging to sanatorium treatment than the misuse of the word "cure." Some months after leaving it is no rare thing for a patient to show signs of a reawakening of the tubercular process, when his friends are very likely to form very pessimistic opinions of the sanatorium physician, and they are inclined with some reason to regard as a charlatan the "consumption curer." One of the points which still needs a great deal of urging is that consumption is a general disease, and that the period when arrest can be best expected is before the physical signs are well marked.

The premonitory symptoms, though generally insidious, are nevertheless unmistakable with such useful auxiliaries to our diagnosis as the now universal microscope and the Röntgen ray group of instruments. It is then that the practitioner, if not liking to act on his own responsibility, should certainly not delay in having a further opinion either to confirm or allay his suspicion.

If one compares a tuberculous form of skin affection with lung tuberculosis (though, of course, not parallel conditions), and will imagine a state of the lung similar to that of the skin, how easily may it be comprehended that a few months of hygienic treatment can only be the beginning of the pathological change. The great lesson therefore to be learned by the majority treated in sanatoria, whether for the poor or better classes, if their stay is not an exceptionally long one, is that they are not going home "cured," but they are going home to continue the "cure" or treatment, and that they must not relapse into their former unhygienic mode of life.

The open-air sanatorium, or hygienic-dietetic treatment, is not a panacea, but it has undoubtedly come to stay, and is the foundation of all that is best in the treatment of tuberculosis.

I am, yours truly,

F. HOWARD SINCLAIR,

(Hon. Vis. Phys. Forster Green Hosp. for Consumption.)
Rostrevor Sanatorium,
by Warrenpoint.

TUBERCULOSIS AND COWS' MILK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—Allow me a word on the question raised by Dr. Bantock in your issue for March 18th, in which he remarks that the West End of London, which uses thirty-four gallons per head per annum of milk, has less tabes mesenterica of children than the East End, which uses only three gallons per head per annum. Dr. Bantock says that this fact (that the greater the proportion of milk consumed the less is the incidence of tuberculosis) points to the conclusion that the want of cows' milk is the determining factor, as far as milk is concerned. Sir R. Thorne-Thorne, and others, are therefore in error when in referring to the decrease to the extent of 50 per cent. among adults in the last quarter of a century, and the increase in mortality at the same time among children, they argued that the incidence of the disease among children was due to the fact that they were fed with cows' milk to a large extent. Apart from the point against them made by Dr. Bantock, there is one which I have noted in an article read in the Section of Diseases of Children, 43rd Annual Meeting American Medical Association, 1892. It was entitled "On the Absence of Cows' Milk from Japan: Its Beneficial Consequences." In that empire cows' milk is never given to children. River fish and rice-flour cakes, when artificial food is imperative, are the staple articles. But rarely is a child weaned there. Three or even four children of different ages will be nursed by the same woman, who keeps her milk strong enough by the use of sea foods, seaweeds, and fats and oils of fishes rich in iodine.

In the case of tuberculosis the regimen for mother and child has built up a system of resistance so that even

the child of a tuberculous mother fed on what might be supposed to be tuberculous milk until, say, its sixth year, in the majority of cases remains unaffected. Now if a tuberculous cow's milk transmits the disease to the human organism, why should not this tuberculous mother's milk transmit it? Even with us here, where lactation of a consumptive mother goes on for a year, for the most part the offspring is unaffected by the milk. Thus natural immunity, and not increased susceptibility, against tuberculosis is built up by Nature.

I have always been a believer in the transmission of germs of tuberculosis by being swallowed with the saliva (particles of dried sputum, for instance), which alter nutrition through the chyle and mesenteric glands. In an organism fed directly or indirectly with iodised substances, the poison meets, and is neutralised by, its antidote. A Japanese mother never kisses her child on the lips. The Japanese Buddhists have known for centuries that the kiss was the carrier of tuberculosis and syphilis; just as they knew that uncooked water was the cause of typhoid. The Buddhists invented the cup that cheers but does not inebriate. We must learn to boil our water as they do if we wish to prevent epidemic outbreaks of typhoid wherever we congregate in cities, towns, and army camps. However it may be regarding cow's milk and tuberculosis among children, the fact remains that there is no rachitism in Japan, no osteo-malacia, and there is more tuberculosis among the high-class families, whose mothers do not nurse their children, than in the children of the great middle class, whose mothers nurse them for six years. The Imperial families, the high-class Fujiwara, Taira, Minamoto, Ashigawa, are scourged by tuberculosis; their women are mostly sterile by inbreeding, and when they bear a child they cannot nurse it, but the child gets human milk of a concubine. The great middle class of Japan is scourged by syphilis, while the lowest stratum of society is leprosy. I think the occurrence of tuberculosis among children is purely a question of resistance or non-resistance to some condition friendly to the germ, that the germ is at all times with us, and needs only opportunity to take on the process which we call tubercle, or some other name. Nature's law of the survival of the fittest is always at work, and the "tubercle bacillus," like the "leprosy bacillus," is necessary to weed out elements that should not exist.

I am, sir, yours truly,

ALBERT S. ASHMEAD, M.D.

New York, April 3rd, 1903.

INFECTON AND THE COMMUNION CUP.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—I have just read the short article in your paper on "Infection and the Communion Cup." As a clergyman of the Church of England of some experience (30 years) in parochial work, hospitals and work-houses, I can fully endorse all that is there said, as well as in other articles I have read on the subject.

My object is to put some practical idea before the public. The Church of Rome not administering "the cup" to the laity is not in the question, but I suppose every Protestant community is so more or less.

In administering to the very sick I have sometimes used a square wafer, dipping one corner in the wine, and using the form "The Body and Blood, &c.," This removes the difficulty of giving the patient the cup while in a recumbent position, and also the liability to choke as with ordinary bread.

Could not this be done in ordinary cases? Both elements would be present.

The chance of infection by the cup would disappear. The administration words would be shortened by one half.

The temptation to inebriates would be reduced to a minimum.

If the people could get over the prejudice of wafer bread, and the heads of our Church would move with the times, I see no difficulty in bringing about such a

necessary reform. Of course, no clergyman of the Church of England has a right to act on his own authority except in extreme cases.

I am, sir, yours truly,

R. B. L. S.

Literature.

PATHOLOGICAL ANATOMY AND HISTOLOGY. (a)

DR. LAZARUS-BARLOW'S "Elements of Pathological Anatomy and Histology" furnishes an elegant and peculiarly attractive volume for the student of medicine commencing the serious study of human pathology. In the preparation of this work the author has sought to avoid overlapping with his former "Manual of General or Experimental Pathology" by rigidly excluding all physiological considerations. The main object has apparently been to provide the elementary student with a work which should afford an insight into main types of pathological changes rather than a description of numerous sub-varieties. The work has been well designed and admirably executed. We are of opinion, however, that in presenting as it were only a partial view of the foundation-subject of pathology the student will be placed somewhat at a disadvantage. Of this there can be no doubt that the present volume is not sufficiently complete in itself to meet the need of the average student desirous of a one-volume manual which shall supply all his requirements judged solely from the examination standpoint. In fact, in many ways, the work is, perhaps, more suited to the desires of not a few post-graduate workers desirous of making themselves well acquainted with a concise and fairly dogmatic expression of modern opinion on present day morbid anatomy and histology. But for all serious students Dr. Lazarus Barlow's "Elements," as far as they go, may be strongly recommended. It is rather with the indiscretions, if we may call them so, of omission than the sins of commission, that we are inclined to complain. It is necessary, however, to remember that pathology is now a subject of so wide dimensions and far-reaching interests that it is quite impossible to deal adequately with all its phases in one volume, however large and condensed it may be. We therefore consider that Dr. Lazarus-Barlow, from his purposely restricted outlook, has succeeded in presenting the student with a manual which may well serve as an excellent introduction to a more comprehensive study of the subject in the post-mortem room and in the pathological laboratory. For, after all, it must ever be insisted that the matters dealt with in such a work as this are not to be understood from descriptions, however lucid and detailed, or from drawings and photographs, however accurate. The student must be brought into actual contact with the manifestations of disease, the products of morbid processes and the results of the arrest of normal action.

Dr. Lazarus-Barlow has conveniently divided his work into two parts, the former dealing with general pathological anatomy and histology, the latter presenting the morbid characters of special organs and tissues. Each part is further divided into sections. Throughout the text there is a conspicuous clearness of expression, judicious selection of material, and a freedom from unscientific dogmatism; but the pages are not burdened by wearisome theoretical discussions, and with few exceptions the names of so-called authorities and references to their works are fortunately withheld. We certainly think that in many cases the descriptions given are too short to be of much lasting service. For instance, the important question of congenital malformations of the heart occupies less than two pages, and no diagrams or figures assist the student in his comprehension of these by no means uncommon developmental defects. A little over three pages are devoted to the morbid conditions of the ear, which seems too meagre an allowance to be of much service.

One of the most attractive features of the volume is the

(a) "The Elements of Pathological Anatomy and Histology for Students." By Walter Sydney Lazarus-Barlow, B.A., B.C., M.D. (Camb.), F.R.C.P. (Lond), Pathologist and Lecturer on Pathology at the Westminster Hospital. Pp. xiii. and 705. Seven plates and 171 figures. London: J. & A. Churchill, 1903. Price 24s. net.

excellent series of illustrations which have been specially drawn from Nature under the author's own immediate supervision. Photography, as we think very rightly, has not been used in making the microscopic drawings because the helpful interpretation of micro-photographs needs special training, which the student does not usually possess. The drawings, we learn, have been made by a non-medical artist, so that they represent faithfully the appearances seen by the elementary student when looking down the microscope, and are consequently not semi-diagrammatic. The drawings of the macroscopic specimens have been prepared by Dr. G. Harvey Goldsmith, and the microscopic specimens have been drawn by Mrs. Lazarus-Barlow, the author's wife.

The coloured plates have been well executed, and the illustrations throughout are particularly good, while the printing is excellent; but it is a pity the volume forms so heavy a handful for the oftentimes weary student.

OPHTHALMIC NURSING. (a)

A SECOND edition has recently been issued by the Scientific Press of Mr. Sydney Stephenson's well-written little book on "Ophthalmic Nursing." The present edition is brought thoroughly up-to-date. It includes references to such modern agents as euphthalmine, holocaine, adrenalin, mydrine, etc., while it devotes special attention to the sterilisation of instruments by boiling and of dressings by steam. Mr. Stephenson, so far as we can gather, appears himself to be a strong advocate of the aseptic as opposed to the antiseptic system in eye work. In this view we fancy most progressive ophthalmic surgeons will coincide. The book will prove useful not only to nurses, for whom it is primarily intended, but also to practitioners, who will glean from its 100 pages many hints likely to be of service in the course of their work. It is singularly free from clerical errors. Indeed, we notice one only, and that is on page 185 (index), where adrenalin is spelt "adronoline." We would wish that medical writers generally were as careful in their corrections for press as Mr. Stephenson shows himself to be.

LEAD-POISONING AND THE WATER SUPPLY. (b)

No question relating to public health is of greater importance than that dealing with a pure water supply. The practical necessity of employing lead in the conduction of water to the consumer, and the fact that water derived from moorland sources under certain conditions readily acts on lead to such an extent that the water passing through the lead pipes may be rendered dangerous for drinking purposes, makes the subject of this important report one of wide interest and the greatest moment to large sections of the community. Dr. Houston's extensive records clearly establish on a broad basis of observation that the factor essential to the possession by a water of plumbo-solvent properties is acidity, and that the degree of acidity and of corresponding plumbo-solvent ability is determined by the presence of peat on the gathering area, and by the conditions under which the drainage of the peat gains access to the supply. It is interesting, however, to find that these investigations show that certain spring waters may habitually possess power to neutralise the acid of peaty water. This valuable report should be widely studied, particularly by medical officers of health and all interested in the purity of the water supply of the large districts of Lancashire and Yorkshire, which draw their water from moorland-gathering ground.

MACLEOD ON THE PATHOLOGY OF THE SKIN. (c)

ACCORDING to the preface of this book, its object is to

(a) "Ophthalmic Nursing." By Sidney Stephenson, M.B., C.M., F.R.C.S. E., Ophthalmic Surgeon to the Evelina Hospital, the Ophthalmic School, Hanwell, etc., etc. Second Edition. London: The Scientific Press, 1902.

(b) "On Lead-Poisoning and Water Supplies: Supplement to the Thirtieth Annual Report of the Local Government Board, 1900-01." Pp. 224. Numerous Maps and Charts. London: Eyre and Spottiswoode, 1903. Price 8s. 10d.

(c) "Practical Handbook of the Pathology of the Skin." By J. M. H. Macleod, M.A., M.D., M.R.C.P. Pp. 408, with 40 plates. London: H. K. Lewis, 1903. 15s. net.

"place before the student a compact handbook in which are described the histology of the skin, the pathological changes which may affect its various elements, its bacteriological flora, and the technical methods applicable to its study." We think that the author has attained with distinction the end set before him. The first seven chapters are occupied with a description of histological methods. The process of obtaining a "biopsy" is rightly regarded as a surgical operation in miniature, and local anæsthesia by means of eucaine is recommended instead of the ethyl chloride spray with its many disadvantages.

The next four chapters are taken up with dermatological architecture and embryology. The author inclines to the view that keratohyalin and eleidin are not in themselves essential for the formation of keratin, but merely accessory bye-products of cell-protoplasm occurring during the process of cornification.

The remainder of the book consists of an Introduction to the morbid pathology of the skin, each separate cutaneous tissue being described in order, from the horny layer downwards, its normal histology being always considered first. The conventional classification of diseases of the skin found in most text-books is, therefore, discarded. To the morbid anatomist this has its advantages, but for those who have not specially studied dermatology it might be more difficult, for example, to refer to psoriasis under the "parakeratoses," or anomalies of cornification, than if it were included in a pathological classification among the chronic inflammations.

Although this work "does not profess to be a complete treatise on the pathology of the skin," yet we think that more than three pages might have been expended upon the animal parasites. Only five lines are devoted to the subject of rosacea. We look in vain for any account of pathological changes met with in prurigo, in X-ray dermatitis, or as a result of tattooing.

Dr. Macleod is as skilled a draughtsman as he is a sound pathologist, and we can confidently say that in no other modern British text-book of dermatology will there be found plates of such high artistic merit and at the same time so faithfully reproductive of the microscopic appearances as those illustrating this manual, and for them we have nothing but praise. By a curious oversight the figures in Plates VI., XIX., XXII., XXIV., XXVIII., XXX., XXXIII. and XXXVIII. are reversed, and Plate XI., that of molluscum contagiosum, appears twelve pages ahead of the description of that affection in the text.

The index, although copious, is far from complete, such everyday words as "scale," "crust," "papule," "apple-jelly nodule," "pruritus," and "rosacea," being conspicuous by their absence. Yet, in spite of these slight drawbacks and omissions, which are almost unavoidable in a first edition, and which will, doubtless, be corrected in the future, the book remains one of the best of anything of the kind we have seen, and it should find a ready welcome, not only among dermatologists, but with general pathologists and senior students.

INEBRIETY AND THE LICENSING ACT OF 1902. (a)

MEDICAL men have constantly to deal with cases of inebriety, and not infrequently their opinion and advice are sought in regard to the advisability of dealing with such cases in accordance with legislative procedures. The new Licensing Act is one which in several ways is of importance to medical men, and it is well that they should be aware of its value, scope, limitations and advantages. We therefore commend Mr. Rothera's admirable handbook to all practitioners having to deal with inebriates, or who are likely to be called upon to advise their friends concerning them. The various sections of the new Act are given, and accompanied by lucid explanatory notes, criticisms and suggestions. Although originally designed for the use of the legal profession, and the assistance of licensing magistrates, the volume is one which every intelligent layman interested in the welfare of his country may well study.

(a) "A Practical Guide to the Licensing Act, 1902, with Notes and Comments and References to previous Licensing and other Acts." By Charles W. Rothera, B.A. Lond., Solicitor and Secretary of the Licensing Law Information Bureau, and City Coroner of Nottingham. pp. 167. London: Jordan and Sons, Ltd. 1903.

BRUNDAGES MANUAL OF TOXICOLOGY. (a)

THIS most excellent and practical little work on toxicology has already exhausted an edition since its appearance in 1901. It was written with the object of serving as a ready means of reference to, and review of, the salient points of the subject, and represents to a great extent the memoranda on toxicology which the author originally prepared for the use of students in the Brooklyn College of Pharmacy, of which he occupies the professorship. Although nominally devoted to toxicology, this little work contains also a fund of information on other matters. A chapter is devoted to the signs of death, and others to the modes of death, the causes of unconsciousness, drug habits, and the making of post-mortem examinations; while a most valuable appendix contains a large amount of general information ranging from the "incoming and expenditure of life" to the order of eruption of teeth. Altogether, the little book is encyclopædic in character, but still it will be found of great use to the general practitioner.

Literary Notes and Gossip.

MR. JULIAN RALPH discourses on "Famous Cures and Humbugs of Europe" in the April *Cosmopolitan*.

DR. F. A. WOODS, in the current issue of *The Popular Science Monthly*, contributes an interesting study of "Mental and Moral Heredity in Royalty."

MR. RUDOLPH DE CORDOVA contributes to the April issue of the *Strand Magazine* an interesting and well-illustrated sketch of the London Hospital.

DR. DAVID WALSH, in the current number of the *Strand Magazine*, propounds a remarkable scheme for a great national monument.

DR. LOUIS W. SAMBON contributes a lucid account of the present situation of our knowledge in respect to malaria in the April number of Dr. Harford's quarterly, *Climate*.

MR. H. G. WELLS, in the last issue of his essays on "Mankind in the Making," contends that "Human physiology may be at once dismissed as absurdly unsuitable for school use."

MR. P. H. OAKLEY WILLIAMS, in the May number of the *Pall Mall Magazine*, furnishes an interesting record of "A Day's Work at the London Hospital," accompanied by an excellent series of illustrations, one being that of "the Hebrew Ward."

DR. G. H. R. DABBS is contributing a serial novel, "Down Grange," to his attractive monthly journal, *Vectis*. The latter name he informs us has nothing to do with the instrument occasionally used in early Victorian midwifery, but is the Roman name of the Isle of Wight.

MANY medical men are keen mountaineers and such will be interested in Mr. George D. Abraham's beautifully illustrated sketch, "A New Alpine Playground: 'twixt the Matterhorn and Mont Blanc without Guides," in the current number of the *Pall Mall Magazine*.

MR. ISRAEL ZANGWILL, in his recent portrayal of many moods, "Blind Children," gives place to a pathetic poem, "A London Hospital," which will appeal to many a busy Metropolitan practitioner and strike a chord in the soul of many a weary nurse.

MR. G. F. SHEARS, in the current *Cosmopolitan*, writes on medicine as a profession, and quotes Gilman's opinion that "it is a calling which gives employment

(a) "A Manual of Toxicology. A concise presentation of the principal facts relating to poisons, with detailed directions for the treatment of poisoning. Also a table of doses of the principal and many new remedies." By Professor Albert H. Brundage, A.M., M.D. Second Edition revised and enlarged. London: Baillière, Tindall and Cox. Pp. VIII and 375. 1903. Price 6s.

to the utmost capabilities of human nature—all that is best in physical, intellectual, moral, and social characteristics. It exercises the highest powers of sympathy, memory, imagination, observation, reflection, and judgment," and he also claims that it brings the pleasures of intellectual associations, the love of devoted adherents, and, not least of all, the satisfaction that one's every effort is toward the betterment of the individual and the elevation of the race.

In a lecture recently delivered and now reprinted in pamphlet form, on "Some Food Dangers," the author Sir James Crichton Browne treats in a light and attractive manner of the Derby outbreak of pork-pie poisoning in which the causal factor was shown to be a bacillus of the colon group closely resembling the *bacillus enteritidis*; the evils of insanitary bakehouses; sewage contamination of oysters and the spread of typhoid fever; and the woes arising from dental decay. Sir James is always interesting and in the present tractlet interest and instruction go hand in hand.

"THE Norman Archipelago," as the Channel Islands are very suitably called, forms a convenient and peculiarly attractive district for the resort of the health seeker. Especially in the springtide, it offers particular advantages to the wearied worker fagged by winter's worries. Medical men and others who propose visiting Guernsey and Jersey and their neighbouring isles would do well to obtain a copy of a work published many years since and only too apt to be forgotten—"The Channel Islands," by D. T. Ansted, M.A., F.R.S., and R. G. Latham, M.A., M.D., F.R.S., with illustrations by Paul J. Nagtel. The book was published in 1862 by W. H. Allen and Company, but is still full of interest for the present day intelligent tourist.

NEW BOOKS AND NEW EDITIONS.

THE following have been received since the publication of our last list:—

- BAILLIÈRE, TINDALL & COX (London).**
The Refraction of the Eye and the Anomalies of the Ocular Muscles. By Kenneth Campbell, M.B., F.R.C.S. Edg. Pp. 214. With 107 illustrations. Price 5s. net.
Operative Surgery. By Herbert Wm. Allingham, F.R.C.S. With 215 illustrations. Pp. 367. Price 7s. 6d. net.
- A. & C. BLACK (London).**
London in the Eighteenth Century. By Sir Walter Besant. Pp. 666. Price 30s. net.
- CASSELL & CO., LTD. (London).**
Diseases of the Skin. By Malcolm Morris. New Edition. Pp. 642. Price 10s. 6d. net.
- J. & A. CHURCHILL (London).**
The Physiology of Mastication and Kindred Studies. By J. Sim Wallace, M.D., D.Sc., L.D.S. Pp. 32. Price 1s. 6d.
Ocular Therapeutics: According to the most recent Discoveries. By Dr. A. Darier. Translated by Sydney Stephenson, M.B., C.M. Pp. 278. Price 10s. 6d. net.
- CHARLES GRIFFIN & CO., LTD. (London).**
A Short Manual of Inorganic Chemistry. By A. Dupre, Ph.D., F.R.S., &c., and H. Wilson Halse, Ph.D., F.I.C., &c. Third Edition. (Re-issue.) Pp. 391. Price 6s. net.
- HILTON & CO. (Calcutta).**
A Treatise on Materia Medica and Therapeutics. By Rakhaldas Ghosh, L.M.S. al.Univ. Vol. II. Pp. 650. Price 5s.
- HUMANITARIAN LEAGUE. (London).**
Food and Fashion: Some Thoughts on What We Eat and What We Wear. Price 2d.
- J. B. LIPPINCOTT & CO. (London).**
Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., LL.D. Third Edition. Pp. 500. Price 18s. net.
- MACMILLAN & CO., LTD. (London).**
The Röntgen Rays in Medicine and Surgery. By Francis H. Williams, M.D. With 410 illustrations. Second Edition. Pp. 704.
- JOHN MURRAY (London).**
More Letters of Charles Darwin: A record of his work in a series of hitherto unpublished letters. Edited by Francis Darwin. In two vols. Illustrated. 32s. net. Pp. 1,002.
- A. ARTHUR READE (Manchester).**
The Story of Life Assurance. By A. Arthur Reade. Pp. 105. Price 5s.
- SANDS & CO. (London).**
Qua Scripsi: a Book of Verse. By Francis H. Butler. Price 5s. net.
- G. E. STECKERT (New York and London).**
The Manual Treatment of Diseases of Women. By Gustaf Norstrom, M.D., Stockholm. Pp. 230. Price 10s.

- Chronic Headache and its Treatment by Massage. By Gustaf Norstrom, M.D., Stockholm. Pp. 59. Price 4s. 6d.
- THE NATIONAL HOUSING REFORM COUNCIL (London).**
The Housing Handbook. By W. Thompson. Pp. 101. Price s. net.
- THE ROYAL UNIVERSITY OF IRELAND (Dublin).**
Examination Papers, 1902: A Supplement to the University Calendar for the year 1903. Pp. 766
- The Scottish Medical and Surgical Journal.** Edited by Norman Walker, M.D., F.R.C.P. Edin., and Harold J. Stiles, M.B., F.R.C.S. Edin. Vol. XI. (July to September, 1902). Pp. 582.
- SMITH, ELDER & CO. (London).**
Diseases and Injuries of the Eye, with their Medical and Surgical Treatment. By George Lawson, F.R.C.S. Eng. Sixth Edition. With 249 illustrations. Pp. 587.
- SPORTSWOODE & CO. (London).**
The Medical Register, 1903. Pp. 1,600. Price 6s.
The Dentists' Register, 1903. Pp. 240. Price 3s. 4d.
- THE SWEDENBORG SOCIETY (London).**
The Infinite and the Final Cause of Creation. By Emanuel Swedenborg. Translated from the Latin by J. J. G. Wilkinson, M.D., &c. Pp. 235.

Laboratory Notes.

BRANDY.

BRANDY is defined by Murray 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." The original form brandwine or brandewine is derived from the Dutch *brandewijn* = brandy. The name occurs in Fletcher's "Beggars Bush," act III., scene I, clause, "Come buying brand-wine, buying brand-wine." In 1657 the name had become abbreviated, except in official documents, to brandy. Colvil, 1657: "The late Dutch war . . . occasioned the bringing in of such superfluity of brandy." Brandy is prepared in most wine countries, as France, Spain, Portugal, Germany, and Italy. The finest true brandy, the *eau de vie de vin* is distilled in the old town of Cognac, on the left bank of the river Charente, about thirty-two miles west of Angouleme, famous as the birth-place of Francis I. Within its walls in 1526 was signed the treaty between Henry VIII. of England, Francis I., Pope Clement VII., the Venetians and the Milanese which pledged all the high contracting parties to humble Carlos V. and drive the Spanish from Italy. Even then Cognac was famous for its ardent spirit, and still continues to retain its reputation, producing the *grande champagne*, the source of the finest brandy anywhere produced. In the department of Charente and Charente Inférieure, a variety of grape is cultivated exclusively for the production of brandy, the yield of which constitutes true cognac. In portions of the departments of the Landes, Gers, and Lot et Garonne, the preparation of brandy is also an important industry, and the produce is known as armagnac, from the name of the district. Up to the beginning of the seventeenth century white grapes alone were used in the preparation of brandy; now red grapes are generally preferred, although Brand, as far back as 1811, showed that white wine was the more rich in alcohol. On distillation wine yields from ten to fifteen per cent. of brandy, which varies in strength, but is generally diluted, to proof or five degrees above proof, by water. The distillate is at first quite clear, and if preserved in glass vessels remains colourless; by storage in oak casks the spirit takes up a portion of tannin, which gives it a delicate golden hue, which is sometimes deepened by the addition of burnt sugar. By keeping in carefully ventilated stores it loses in strength and bulk by evaporation; but like malt whiskey, mellows and develops the œnanthic, acetic, and other ethers and aldehydes which give it its characteristic smell and flavour, and on which its physiological action principally depends. When in the later sixties, the vines of the Charente departments, and, indeed, of France generally, had been almost completely destroyed by the plant-lice, *phylloxera vastatrix*, an inferior brandy was distilled from the "marc" of grapes and the refuse of vine vats. A British Consular report from La Rochelle in 1887 affirms that many French houses import potato spirit, silent spirit, and beetroot spirit from Germany, flavour them with

œnanthie ether, Cognac oil, prepared from palm oil, colour the preparation deeply with caramel, and place it on the British market as *eau de vie*, and sometimes as Cognac brandy. This industry has now, however, found a home in Great Britain and America, and in both countries a mixture of grain whisky, or silent spirit, white-wine vinegar, burnt sugar, and French plums redistilled, and some œnanthie ether is placed on the market as fine old Cognac brandy; and when the fraud is detected, the explanation offered is that in commerce such a preparation is known as French brandy. The excise authorities charge the duty on the stuff in proportion to its percentage of alcohol, perfectly indifferent as to the quality of alcohol it contains. More strange still, the local authorities seem never to trouble themselves about the matter, and it is only when some publican refuses to pay for such trash that the fraud is exposed.* 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 false spirit is so daintily got up, and is, in outward appearance, such a good imitation of the genuine preparation, that the public are readily deceived by it. In this, as in the case of whisky, the purchaser must trust to the honesty of the vendor; his best protection is the name of some well-known distillers or vendors, such as Martell, Hennessy, and others. We think that considering how important it is that a pure brandy be procurable, the Government should require of the distillers of fictitious preparations that they label their distillate with its proper name: Brandy-flavoured corn spirit, or whatever it may be. Government for the good of the people cannot be said to exist as long as it is in the power of any man or body of men to poison the beverages of the people, and allow a dangerous product to be substituted for a therapeutic agent of acknowledged value.

New Surgical Appliances.

A POCKET URINARY TEST CASE.

MESSRS. PARKE, DAVIS, AND COMPANY, 111 Queen Victoria Street, E.C., have compiled an exceedingly compact little case for urinary analysis at the bedside. The whole outfit only measures 4 ins. by 3½ ins. by ½ in., so that it can really be carried in the pocket without inconvenience. It comprises a half-ounce metal-capped spirit lamp with test tubes and graduated burette, a miniature urinometer, and a graduated dropper, or *compte gouttes*, plus ten tubes of reaction



tablets and a book of directions for their use. These provide three alternative processes for the detection of glucose and four for precipitating albumen; the latter, moreover, can, if necessary, be quantitatively estimated. The examination of the urine should form part of the routine, and this it can never do unless the practitioner is in a position to make the analysis at once without undue loss of time. This compact and in every respect well-designed case more than fulfils every requirement for the summary clinical analysis of urine, and should become popular, especially among practitioners in the provinces.

SPIRIT LAMP FOR STERILISING VACCINE POINTS.

THE Association for the Supply of Pure Vaccine Lymph (removed to 14A Great Marlborough Street,

W.) have introduced, at the suggestion of Dr. E. S. Worrall, of Crouch End, a miniature spirit lamp, intended to be used for the purpose of sterilising vaccine points, &c. It consists of a metal case with cover, three-quarters of an inch in length, containing cotton wool. This, when saturated with spirit, will furnish heat enough to sterilize half a dozen points at a time. It is so cheap and convenient that the Association are prepared to supply it *gratis* to their customers on demand.

Obituary.

EDWARD ADAMSON, M.D., J.P.

THE death is announced of Dr. Edward Adamson, of Rye, which occurred on the 16th instant. Dr. Adamson was taken ill at church, and on his way home fell heavily, which left him in a state of collapse. Dr. Adamson was a member of an old Rye family and graduated at Edinburgh in 1858, and he succeeded his father in practice at Rye. He took a great interest in local affairs and was a justice of the peace.

CHARLES JOHN POWER, M.D. DUBLIN.

THE death is announced at Rome of Dr. Charles John Power, of Hazelwood, Nailsworth, Gloucestershire. He was the younger son of the late Dr. J. J. Power, of Maidstone, and was educated at Trinity Hall, Cambridge, St. Thomas's Hospital, London, and Trinity College, Dublin, taking his B.A. at Cambridge in 1880. Three years later he proceeded M.A., and was also admitted a Licentiate of the Royal College of Physicians, London, and a Member of the Royal College of Surgeons, England, and in 1884 took his M.D. of the Dublin University. Dr. Power was for some time senior house surgeon at the Metropolitan Free Hospital, and he held several public appointments. He was the author of a number of contributions to the various medical journals.

DEPUTY SURGEON-GENERAL J. F. SHEKLETON, F.R.C.S.I.

DEPUTY SURGEON-GENERAL J. F. SHEKLETON, late of the Indian Medical Service, died last week at his residence in Victoria Square, Clifton, Bristol. He joined the Indian Medical Service in 1845, and served with the 3rd Troop of the Bombay Horse Artillery in the Punjab campaign in 1848-49, being present at the siege of Multan, the battle of Gujarat, and the occupation of Peshawar. He subsequently qualified for the Assay Department, and was Assay Master and Acting Mint Master at Calcutta. After returning home and settling in Clifton he was for some eight years secretary and house governor of the Bristol Royal Infirmary, and to his initiative is largely due the reorganisation of the institution which brought it up to the modern standard of requirements.

JAMES MATHIAS PHILLIPS, M.D. ABERDEEN.

DR. James Mathias Phillips, one of the leading medical practitioners in Cardiganshire, died early last week at his residence, Bank House, Cardigan, in his sixty-fifth year. He received his professional training at Middlesex Hospital and Aberdeen University, was admitted a Member of the Royal College of Surgeons, England, in 1861, a Licentiate of the Apothecaries' Society, and a M.B.C.M. of Aberdeen in 1866, taking the M.D. degree in 1867. He formerly held a commission in the 1st (Pembrokeshire) Volunteer Battalion of the Welsh Regiment, and was a justice of the peace for both the borough and the county.

Medical Acts.

Examinerships at the Royal College of Surgeons of England.

In our advertisement columns will be found an announcement that the Council in June next will proceed to the election of four examiners in anatomy and four examiners in physiology. Also the following examiners under the Conjoint Examining Board in England: Four examiners in elementary biology for the first examination; four examiners in anatomy

and three examiners in physiology for the second examination; four examiners in midwifery for the third examination. Two examiners will also be elected in public health. Candidates must send written application to the Secretary on or before Monday, May 4th.

The Investigation of Cancer and Leprosy.

An expedition is being organised in London by Major Cooke Daniels, of the United States' Army, to proceed to New Guinea and the Solomon Islands for the purpose of studying the incidence of cancer and leprosy in those regions. He will be accompanied by Dr. Seligmann, the pathologist to St. Thomas's Hospital, who has already had considerable experience in this department of investigation. The cost of the expedition will be defrayed mainly by Major Daniels.

Death under Chloroform.

AN inquest was held a few days since at Nottingham on a man, aged 36, who had succumbed to the effects of chloroform administered for the purpose of suturing a divided tendon. It was stated that not more than a drachm of the anæsthetic had been administered, but there was much struggling, during which heart failure supervened. The usual verdict was returned.

Medical Men and the Public.

A NOVEL series of debates have been inaugurated by the medical students of the Harvard University, the subject being the relations of the medical profession to the public. Contributions have been invited from all classes of society, so that the medical listeners will be afforded an opportunity of seeing themselves as others see them. Not, indeed, that patients as a rule leave their medical attendant in any doubt on this point, though their views may be less formally and more colloquially expressed. Still it is a new departure for the public to be actually invited to criticise, and should any helpful suggestions be forthcoming we hope they will be made public—to us.

Cork Fever Hospital.

THE annual report of the Cork Fever Hospital, presented to the governors and subscribers on the 14th inst., by Dr. J. B. Moriarty, lays stress on the value of vaccination and re-vaccination, and reminds the citizens that neglect of this prophylactic measure caused many deaths in Glasgow and an expenditure of £1,000,000, to stamp out the epidemic. Of the two cases admitted in Cork, one was of the confluent variety, and no trace of vaccination marks were obtainable. In referring to the case of typhus fever, the report drew attention to the decrease in the number of cases in proportion to the recognition by the public that it is a dirt disease, and to the observance of sanitary laws. Of the forty-six admissions for typhoid fever, but six died. How much may be done to lessen the morbidity and mortality of typhoid was illustrated by the medical history of the Chitral campaign, the Matabele war, and the South African War. The chairman, Sir John Scott, in thanking the medical staff, paid a well-deserved compliment to Dr. Moriarty for his instructive and valuable report.

A Coroner's Censure.

Mr. Yates, the Cheshire Coroner, at Macclesfield on April 17th stigmatised as "monstrous" the conduct of Mr. Clarke, a surgeon of Macclesfield, who gave a certificate of death of a child he had not seen since the 7th inst., and then did not examine. Dr. Clarke is a club doctor, and the child's parents are members of it. The jury returned a verdict of death from natural causes and endorsed the Coroner's strictures on the doctor, who was not called as a witness.

Small-Pox in London.

During the past fortnight there have been twenty-one cases of small-pox in the metropolis, an increase of fifteen on the previous fortnight. There are at present thirty four cases under treatment.

County Monaghan Infirmary.

THE Irish Local Government Board have acceded to the request of the County Monaghan Infirmary Committee by recognising the infirmary certificate as sufficient to entitle a nurse to recognition under Article 2 (b) of their Nursing Order, of July 5th, 1901. The Article 2 (b) reads as follows, to wit—"the term 'quali-

fied nurse' shall mean any person who, after examination, has obtained a certificate of proficiency in nursing from (1) public general hospital, or (2) workhouse, infirmary or fever hospital, or (3) nursing institution that may be recognised by us (Irish Local Government Board) as an efficient school for medical and surgical nurses."

Cork, Eye, Ear, and Throat Hospital.

THE report of the Cork Eye, Ear, and Throat Hospital is very satisfactory both from a financial and medical point of view. The year closed with a balance on the right side and the number of intern and extern patients has increased; 530 patients were admitted during the year, of whom only one died. The case was one of malignant disease, and the patient died of exhaustion a few hours after admission. The clinics, lectures, and demonstrations of the use of the laryngoscope, ophthalmoscope, and other scientific instruments continue to be well attended by students. We congratulate the staff on their continued and increasing success.

PASS LISTS.

University of Aberdeen.

THE following gentlemen have been admitted to the degree of Doctor of Medicine (M.D.)—Wm. John Ironside Bruce, M.B., Ch.B., Dingwall. James McRas. Cowie, M.B., Ch.B., Clayton Vale Hospital, Newton Heath, Manchester. William Stuart McGowan, M.A., M.B., C.M., 20, Cooper Street, Manchester. John Horne Wilson, M.B., Ch.B., 12, Belgrave Terrace, Aberdeen.

BACHELOR OF MEDICINE (M.B.) AND BACHELOR OF SURGERY (Ch.B.) (NEW REGULATIONS).—*Second Class Honours*.—George Grant Macdonald, M.A., Hugh MacLean.

Ordinary Degrees.—William Anderson, Frank William Begg, Hugh Stewart Brander, M.A., Charles William Forbes Gray, John James Harris, George Hendry, James Forbes McIntosh, John Alexander McKenzie, Gordon William Maconachie, William Anderson Mearns, Kenneth Stewart Melvin, George Mitchell, Andrew Bernard Morris, William Fraser Munro, Adam Stephen Niven, M.A., Alastair Gordon Peter, M.A., William Robertson Pirie, James Hay Shepherd, M.A., Frederick Keiller Smith, M.A., William Stewart, George Stoddart M.A., Cornelius Agnew Suvoong, M.A., William Alfred Watson, Arthur John Watt.

DEGREES OF BACHELOR OF MEDICINE (M.B.) AND MASTER IN SURGERY (C.M.), (OLD REGULATIONS).—John Fraser, Julius Ernest Perera.

DIPLOMA IN PUBLIC HEALTH.—William John Ironside Bruce, M.B., Ch.B. (Aberd.), Hugh Alan Davidson, M.B., Ch.B., (Aberd.), Lieut., R.A.M.C., David Albert Hutcheson, M.B., Ch.B. (Aberd.) George Nicol Wilson, M.B. C.M. (Aberd.).

Society of Apothecaries of London, April, 1903.

THE following candidates passed in:—

Surgery.—T. W. S. Hills (Section I.), D. J. Lewis (Sections I. and II.), W. S. Lewis (Section I.), E. H. Noney (Section II.), J. A. Renshaw (Section I.), C. C. Rushton (Sections I. and II.).

Medicine.—H. J. Aldous (Sections I. and II.), F. G. H. Cooke (Section II.), J. W. Elliott (Sections I. and II.), A. F. Heald (Sections I. and II.), T. W. S. Hills (Section I.), H. Jacques (Section II.), L. H. Lewis, G. Lucas (Sections I. and II.), M. L. Pethick (Sections I. and II.), J. A. Renshaw (Section I.), R. C. Rumbelow, H. G. Sewell (Sections I. and II.).

Forensic Medicine.—L. E. Ellis, A. F. Heald, H. Jacques, G. Lucas, J. A. Renshaw, H. G. Sewell.

Midwifery.—A. T. Barnard, J. C. O. Bradbury, T. Campbell, C. F. W. Dunn, T. W. S. Hills, G. H. Rains, J. A. Renshaw, J. P. B. Snell.

The Diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—J. C. O. Bradbury, J. W. Elliott, A. F. Heald, H. Jacques, G. Lucas, E. H. Noney, M. L. Pethick, R. C. Rumbelow, C. C. Rushton, H. G. Sewell.

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.

SUPERIOR KNOWLEDGE.

A FOREIGN patient asked the trained nurse in attendance whether the thermometer she was using was Centigrade or Fahrenheit. "It is neither," replied the nurse, "it's a clinical thermometer."

Mrs R. G.—We cannot enter upon any discussion on the subject referred to by you. We formed our opinion on the data you furnished, and there is nothing more to be said.

POST CARD ADVERTISEMENTS.

A CORRESPONDENT forwards us a pictorial postcard which portrays a private hospital "run" by a local practitioner, and asks whether this method of advertising the institution in question is in conformity with professional ethics. Certainly, the good taste of the proceeding may be called in question, but as the practitioner's name does not appear on the card he cannot well be arraigned.

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, APRIL 22ND.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. Adjourned discussion on the Dietetic Factor in Health Resort Treatment (re-opened by Dr. A. P. Luff).

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—4.30 p.m. Meeting.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. P. J. Freyer: Clinique. (Surgical.) 5.15 p.m. Dr. H. Campbell: On States of Unconsciousness.

THURSDAY, APRIL 23RD.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Cantlie: The Anatomy, Common Ailments of the Liver, and their Surgical Treatment.

ROYAL INSTITUTION OF GREAT BRITAIN (Albemarle Street, W.).—5 p.m. Prof. Dewar: Hydrogen: Gaseous, Liquid, and Solid

NORTH-EAST LONDON POST-GRADUATE COLLEGE (Totterham Hospital, N.).—4 p.m. Clinical Lecture. Dr. A. J. Whiting: The Knee-jerk and Plantar Reflex in Diagnosis.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. I. Parsons, Dr. Macnaughton-Jones, and Dr. B. Fenwick. Postponed discussion on Mr. Bishop's paper. Paper.—Mr. F. B. Jessett: Some Rare Complications accompanying Ectopic Gestation.

FRIDAY, APRIL 24TH.

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.

ROYAL ACADEMY OF MEDICINE, DUBLIN.—SECTION OF OBSTETRICS.—Exhibits by Card:—The President: Two Myomatous Uteri—Carcinoma of Cervix; Double Pyosalpinx. Specimens:—The President: Ovarian Papillomata; Carcinoma of Body of Uterus; Myomatous Uterus. Dr. Jellett: Myomatous Uterus associated with Adenocarcinoma of the Endometrium. Dr. Lane: Large Dermoid removed two months after confinement. Papers:—Dr. Alfred Smith: Notes on an interesting Fibromyoma with specimens: Notes on a Ruptured Tubal Pregnancy with specimen. Dr. Purefoy: Report of the Gynæcological department of the Rotunda Hospital for the year 1901—02.

MONDAY, APRIL 27TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Mr. H. Baldwin, on The Design of Small Plates. Messrs. C. H. Bubb and B. P. Cole, on A Case of Macrostoma. A paper will be read by Mr. P. P. Clark on Electrotherapy. The chair will be taken at 8 p.m. The Council will meet at 7 p.m.

Appointments.

Beaton, W. L., M.B., Ch.B.Aberd., Senior House Surgeon to the West Ham and East London Hospital, E.

Blakiston, Arthur Alexander, M.R.C.S., L.S.A., Medical Officer of Health for the Borough of Glastonbury.

Boger, William Henry, L.R.C.P.Eng., M.R.C.S., Medical Officer for the Fowey District by the Liskeard (Cornwall) Board of Guardians.

Bonis, F. W., M.D., B.Ch.Dub., Assistant Medical Officer of Health to the Bury Town Council.

Dixon, Godfrey Brookes, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., Assistant Medical Officer to the Walton Workhouse, West Derby Union, Liverpool.

Foster, E. C., M.R.C.S., L.R.C.P.Lond., Junior House Surgeon to the Radcliffe Infirmary, Oxford.

Hammond, William, L.R.C.P.Eng., M.R.C.S., L.S.A., Medical Officer for the Menheniot District by the Liskeard (Cornwall) Board of Guardians.

Heggs, T. Barrett, M.B., Ch.B.Aberd., House Physician to the Sussex County Hospital.

Jones, A. Ernest, M.B., B.S.Lond., M.R.C.S., L.R.C.P., Principal Medical Officer to the North-Eastern Hospital for Children.

Knapton, George, L.R.C.P.Eng., Medical Examiner for the Scottish Imperial Insurance Company.

Knight, Wilfred, M.B., L.R.C.P.Eng., Junior House Surgeon to the West Ham and East London Hospital.

Mackay, James, M.B.Aberd., Medical Examiner for the Hearts of Oak Benefit Society for Manchester, Moss Side, and Old Trafford.

Sankey, R. H., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Radcliffe Infirmary, Oxford.

Sharp, Margaret S., M.B.Lond., Assistant House Surgeon to the Middlesbrough Infirmary.

Slader, George B., L.R.C.S., and L.M.Irel., L.S.A.Lond., has been appointed Medical Officer of Health to the Gainsborough Rural District Council, and also Medical Superintendent of the Infectious Diseases Hospital.

Spaight, H. W., L.R.C.P., L.R.C.S., District Medical Officer of the East Retford Union.

Taylor, H., M.A., M.D., Resident Medical Officer to the Birmingham Corporation Waterworks, Elan Valley, Radnorshire.

Bacancies.

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

Leicester Infirmary.—House Physician. Salary £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester.

Royal Mineral Water Hospital, Bath.—Resident Medical Officer. Salary £100 per annum, with board and apartments in the hospital. Applications to Fred. W. Dingle.

Leeds Union.—Assistant Medical Officer. Salary £130 per annum, with board, washing, apartments and attendance. Applications to James H. Ford, clerk, Poor-law Offices, South Parade, Leeds.

Kidderminster Infirmary and Children's Hospital.—House Surgeon. Salary £120 with rooms in the Infirmary and attendance. Applications to the Secretary.

Chorlton-upon-Medlock Dispensary, Manchester.—Resident House Surgeon. Salary £120 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary.

Eastern Dispensary, Leman Street, Whitechapel.—Resident Medical Officer. Salary £140 per annum, with furnished residence, coals and attendance. Applications to George W. Halsey, Secretary, 60, Great Prescott Street, E.

Cheshire County Asylum, Parkside, Macclesfield.—Junior Assistant Medical Officer. Salary £140, rising to £160 per annum, with board, furnished apartments, washing and attendance. Applications, with three testimonials, to be sent to the Medical Superintendent.

Royal Mineral Water Hospital, Bath.—Registrar and Secretary. Salary £160 per annum, with commission at 2½ per cent. on all annual subscriptions. Applications to the President, Royal Mineral Water Hospital, Bath.

City of Liverpool Infectious Diseases Hospital.—Assistant Resident Medical Officer. Salary £120 per annum, together with board, washing, and lodging at the Hospital. Applications to the Chairman of the Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool.

West Herts Infirmary, Hemel Hempstead.—House Surgeon. Salary £100 per annum, with furnished rooms, board, fire, lights, attendance and washing. Applications to Percy Hall, Honorary Secretary.

Births.

CRAWFORD.—On April 11th, at 71, Harley Street, London, W., the wife of Raymond H. P. Crawford, M.D. F.R.C.P., of a son.

FAWCETT.—On April 16th, at Worcester Lodge, Goldhawk Road, Shepherd's Bush, London, W., the wife of Dr. F. H. Fawcett, of a son.

Marriages.

BARHAM—LONG.—On April 4th, at St. Nicholas Cole Abbey, Queen Victoria Street, E.C., Percy Cornelius Barham, M.R.C.S.Eng., L.R.C.P.Lond., eldest surviving son of Mr. Cornelius Barham, C.C., and Mrs. Barham, of Ingoldsbay, South Woodford, Essex, to Elizabeth Sarah Maud, second daughter of Mr. J. W. Long and Mrs. Long, of 31, Finsbury Square, E.C.

COLMAN—MACKIE.—On April 15th, at St. Mary's, Broughty Ferry, N.B., Horace Crakanthorpe Colman, M.D.Eng., Broughty Ferry, youngest son of Samuel C. Colman, Peterborough, to Nora, second daughter of David Mackie, St. Katherine's, Broughty Ferry.

CRAIG—BROCK.—On April 16th, at the Parish Church of St. Peter, Port, Guernsey, Maurice Craig, M.D., of Bethlem Royal Hospital London, eldest son of W. Craig, M.D., to Edith de Saumarez, only child of Kentish Brock of The Hermitage, Guernsey.

FOWLER—DAVIDSON.—On April 16th, at St. Stephen's Church, South Dulwich, Simon Carstairs Fowler, M.B., C.M., Juniper Green, Midlothian, to Lyndesay Brougham, daughter of the late Walter Davidson, Perth.

HEMMING—WATSON.—On April 15th, at the Parish Church, Fareham, Hants, Claude P. Hemming, M.R.C.S., &c., of Bishop's Waltham, to Margaret Watson, younger daughter of the late Bingham Watson, Solicitor, of Hammersmith.

Deaths.

ADAMSON.—On April 18th, at Rye, Sussex, Edward Adamson, M.D., third son of the late John Adamson, M.R.C.S., of the same place.

CARNEGIE.—On April 16th, at Blackheath, Agnes Diana Knight, widow of John Carnegie, M.D., of Chesterfield.

RUDGE.—On April 16, at Fishguard Pembrokeshire, suddenly, Henry Thomas Rudge, Esq., L.R.C.P.Eng., M.R.C.S.Eng., of 5, Colston Parade, Redcliffe, Bristol.

SPOONER.—On April 17th, at Coupar House, Blandford, Dorset, Edward Munro Spooner, M.D., M.R.C.S., L.S.A., aged 62.

WHITE.—On April 17th, at The Orchard, Peasance, Elizabeth, widow of William Todd White, F.R.C.S., L.S.A., aged 62.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, APRIL 29, 1903.

No. 17.

The Hunterian Lecture ON THE SYMPTOMS AND DIAGNOSIS OF STONE IN THE KIDNEY. (a)

By R. CLEMENT LUCAS, M.B., B.S.LOND.,
F.R.C.S.ENG.,

Senior Surgeon to, and Lecturer on Surgery at, Guy's Hospital;
Consulting Surgeon to the Evelina Hospital for Sick Children.

I WILL first relate the history of a typical case and then proceed to analyse the symptoms in detail, showing how greatly they vary in different instances, and how important it is to weigh their relative value before arriving at a conclusion.

A young man, 24 years of age, consulted me three years ago on account of attacks of pain and hæmaturia. His parents were living and healthy, and he had five brothers and sisters, also healthy and well. He was brought up on a chalk subsoil. Five years previously he injured his side at football, but his symptoms did not commence till a year later. He then first suffered from a severe attack of pain in his left loin running through to the front and into his groin and testis. This lasted for three or four hours, and then he got quite well. He did not notice any stone or gravel in his urine, but it often had brick-red deposits. The second attack occurred about a year later, and passed off in a similar way. Since then he had had frequently recurring attacks, always on the same side. He first noticed blood in his urine one and a half years previously, after a game of tennis. This had occurred at frequent intervals since, especially after exercise. Once or twice the hæmorrhage had followed the attacks of colic. In the intervals he felt well but was afraid to exert himself in any way. The attacks of colic always caused nausea and had once or twice induced vomiting. His urine when examined by the microscope showed numerous crystals of uric acid and litholes, but no blood or pus. Acting on these symptoms I cut down on his kidney and removed a uric acid calculus weighing 48 grains.

I will now proceed to speak of the symptoms in detail.

PAIN.—Pain perhaps more often than any other symptom first draws attention to the existence of stone in the kidney. Yet important as this symptom is, its inconstancy, radiation, reflection, and tendency to cause sympathetic aching of the other organ, diminish its trustworthiness, so that pain when considered alone is apt to lead rather to uncertain and incorrect conjecture than to exact diagnosis. It will be necessary to analyse very carefully this symptom before drawing any conclusion from it.

1. In the first place, it should be noted that in a certain number of cases pain may be altogether absent. I think that I shall be able to show that this variability of the symptom of pain depends upon two factors: (1) the position of the stone, and (2) its mobility or fixation.

Taking the position of the stone first it can be shown

(a) Abstract of Lecture delivered before the Hunterian Society on February 25th, 1903.

that the secreting structure of the kidney possesses little sensibility and a stone firmly fixed in the fleshy part of the organ may excite little or no sense of pain. Provided that the organ be not moved so as to drag on its nerves, puncture of the cortical and medullary portions causes no evidence of pain. Again, when a very movable kidney is met with in a very lax abdomen it is often easy to grasp the kidney in the hand and to compress it, when a sensation somewhat similar to that caused by squeezing a testis or an ovary is produced, but much less severe in character. It must be remembered that the kidney lies behind the intestines and that in compressing it in this way the intestines are squeezed at the same time and pressure upon them may account for part of the pain induced. The pelvis of the kidney and its branches are, however, acutely sensitive, and, as in the case of the urinary bladder, the most sensitive part is that immediately around the outlet. A movable stone impinging upon this point excites the most excruciating agony, and it may be stated as a general axiom that the mobility of the stone is the chief factor in bringing about attacks of renal colic.

2. The next point to be considered is that pain to be of service in the diagnosis of renal calculus must be unilateral. It usually is so; but cases are met with in which with a stone imbedded in one kidney the patient complains only of general backache or pain in the loin and is quite unable to distinguish one loin as being more painful than the other.

3. The character of the pain varies greatly in different cases. An aching, gnawing pain extending from the loin through to the front on a lower level is what is most commonly complained of. It begins at the lower edge of the last rib behind, in the angle between this and the spine, and is felt in front below the level of the umbilicus along the edge of the rectus muscle. The explanation generally given of this pain is that it commences in the renal plexus and extends downwards along the ureter. Whilst not denying this source of pain, I think that the particular symptom is more correctly explained by reflection along the last dorsal nerve, which may be regarded as a protecting nerve to the kidney. The almost certain relief of pain which follows on exploration with division of this nerve where a stone exists but has been undiscovered at the operation, supports the explanation which I have suggested. Transference along the ilio-hypogastric or ilio-inguinal nerve would bring the anterior pain lower.

4. Attacks of renal colic, which are to be observed in their most acute form during the passage of a small calculus through the ureter, frequently occur at intervals as the result of a stone lodged in the kidney. As I have before explained, such attacks are most likely to occur as the result of a movable stone dropping like a ball-valve over the outlet of the pelvis. Not only is the most sensitive part of the organ then struck but the ball-valve action obstructs the passage of urine and causes backward distension and pressure upon the secreting structure of the kidney. The sudden blocking up of half the urinary secretion tends to a uræmic condition which favours vomiting, a symptom which is also encouraged by the connection of the pneumogastric nerve with the renal plexus.

It must not be concluded that attacks of renal colic only occur from a loose stone in the pelvis of the kidney. They occur in a modified form when a stone lies loose in a dilated cavity. Calculi by blocking the outflow of urine may cause hydronephrotic cavities behind them in any part of the kidney. Attacks of colic dependent on stone may also be caused by hæmorrhage when it occurs with such rapidity as to coagulate within the kidney. The passage of such clots may excite severe pain.

Nephritic colic in its most characteristic form gives rise to the most intense distress, commencing in the loin and extending downwards to the groin and testis. The patient doubles himself up and groans with agony, or rolls about tossing the bed-clothes and twisting over and over in his endeavour to gain a position of rest. Nausea, retching, and vomiting occur, followed by fainting and collapse. Beads of perspiration stand out on his forehead and the surface of his body is cold and moist. Retraction of the testis towards the inguinal canal may be noticed, consequent on spasm excited in the cremaster muscle, but it is by no means a constant symptom and occurs much more frequently in boys than in adults. Frequent micturition and pain reflected to the end of the penis not infrequently accompany the attack, but these symptoms are much more marked when the stone is in the ureter than when it is in the pelvis of the kidney.

5. Transference, radiation, or reflection.—Under these terms are described pains removed altogether from the site of the original exciting cause, though frequently associated with pain in that situation. The intimate connections of the renal plexus with surrounding nerves permit of pain being reflected to the ends of various spinal nerves. The upper lumbar nerves are those along which these impressions more frequently travel, but instances are on record of a renal calculus exciting pains in the thigh, knees, hip, ankle, and foot, along branches of the anterior crural and great sciatic nerves of the same side.

6. Increased pain at night is sometimes complained of, but is by no means a constant accompaniment of renal calculus. In my experience it is only met with in association with very large or multiple stones. Probably, as the heart beats with less force at this time and so gives less impetus to the blood in distant channels there is a tendency to congestion of the central organs and the congested tissues would be brought with their nerves into more forcible contact with the unyielding stone. If, however, as I have stated, this symptom is only met with in the cases of very large or multiple stones, a simpler mechanical explanation is probably the correct one. I have frequently observed that patients with stone in one kidney are unable to sleep on, or even to turn on to, the opposite side without pain.

7. Tenderness over the kidney is a sign of value, especially when the stone is large or angular. It is best determined by placing the patient in the recumbent position, telling him to draw up his legs and to take deep inspirations. Bimanual manipulation is then employed, the fingers of one hand being deeply pressed into the loin in the angle between the last rib and the erector spinae, whilst the other hand is pressed in beneath the ribs in front. During a deep inspiration the kidney can be caught between the hands and a sudden lancinating pain is sometimes caused if a stone be present, sufficiently acute to cause the patient to cry out. Should blood appear in the urine after such manipulation this would confirm the diagnosis. Sudden percussion of the loin, as suggested by Mr. Jordan Lloyd, I have not found to be of value. It is apt to frighten the patient and to deceive the surgeon.

8. The pain is increased by jolting exercise.—This is a valuable sign, and has assisted me greatly in arriving at a correct diagnosis.

9. The pain is said to vary with the composition of the calculus.—According to Prout and Dickinson oxalate of lime causes the most acute pain with sharp radiating pains in various directions; uric acid calculus causes the least pain; whilst phosphatic stones give

rise to a constant severe pain. I do not think any great reliance can be placed upon these statements, as the amount and variety of pain depend much more upon the position and mobility of the stone than on its composition. Phosphatic stones, however, being associated with a chronic pyelitis do, in my experience, give rise to a more constant ache than the other varieties.

10. The stamping test.—I have of late invented a new test which sometimes gives the most remarkable results. The patient supports himself by resting one hand on some firm object, then is told to flex the thigh on the suspected side as high as possible. The psoas muscle being thus strongly flexed, by its contracted belly presses the kidney forwards and outwards. Next the patient brings the limb suddenly down, stamping the heel firmly on the ground. The kidney in this way suddenly loses its muscular support and is caught, as it were, unawares, whilst the jar carried through the pelvis and spine is communicated to it. A sudden acute pain is commonly caused by this manœuvre when a calculus is present.

HÆMATURIA.—This symptom is associated with so many affections of the kidneys that taken by itself it is of little value in the diagnosis of calculus. As a rule it follows the usual course of renal hæmorrhage, being equally mixed with the urine when passed and not interspersed with clots. It may in certain cases be so slight as to give just a faint smoky tint or a "thin red line" at the high-water mark of the urine left in a chamber, whilst in others it may stain the urine a deep purple-red colour or give it the dark opaque, muddy appearance of porter. In rare cases it coagulates in the pelvis and ureter, giving rise to very characteristic clots. These pelvic clots are somewhat triangular in outline and represent moulds of the pelvis and they sometimes carry what is very characteristic, a long and very narrow tail moulded in the ureter. More often these narrow mouse-tail clots are separately detached, and they may be six or eight inches in length, generally terminating in a bleached fibrinous end where the corpuscles have been washed out by the urine. They are so narrow that they cannot be mistaken for clots moulded in the urethra. In every case where clots are noticed they should be floated out in a basin of water and the water renewed time after time after pouring off the supernatant liquid till the clots lie in clear water. In one case in which clotting in the pelvis was frequent I noticed a cavity in the majority of the clots passed, which was so constant in size and shape that I correctly diagnosed that the clot took the mould of a stone. It must not be forgotten, however, that a hollow in a clot may be caused by the projection of the papillary end of a pyramid or be moulded on a vascular papilloma of the pelvis.

Hæmaturia occasionally occurs in persons a little out of health without being the expression of any serious pathological condition. "Some persons bleed from the nose, others from the kidney," was a favourite dictum of the late Sir William Gull. A little increase of hæmic pressure and feebly resisting capillaries might account for such transient disturbance in the condition of the urine, unaccompanied by other symptoms. Among the more serious conditions giving rise to renal hæmaturia may be mentioned oxaluria, excess of uric acid, acute Bright's disease, granular contracted kidney, tuberculous pyelitis, papilloma of the pelvis, and new growths attacking the secreting structure.

The symptom of hæmaturia may, however, be entirely absent throughout the course of the case.

Hæmaturia may be the only symptom. The hæmaturia may be profuse and yet quite unassociated with pain.

Hæmaturia due to calculus is almost invariably excited or increased by severe exercise. This becomes more evident and characteristic if the patient is employed in a sedentary occupation. Riding in omnibuses or motor cars, going tiring railway journeys, and such like, are extremely liable to excite hæmaturia if a renal calculus be present.

Hæmaturia following an attack of renal colic is very characteristic of calculus, especially if the colic follow severe exercise. It is, however, by no means regularly present after, or in association with, colic. Colic frequently occurs without hæmaturia and hæmaturia without colic.

Hæmaturia dependent on calculus quickly subsides with rest in the horizontal position. Being commonly caused by the wounding of vessels through the movement of a calculus within the kidney, or by the movement of the kidney itself when containing a stone, rest in bed contributes in this more than in other conditions to the rapid subsidence of the hæmorrhage.

Calculus hæmaturia may be so great as to cause death in such rare cases as those in which ulceration takes place into a large branch of the artery or vein. As a rule, the narrow outlet prevents this fatal accident. Coagulation takes place in the ureter and backward pressure stays the hæmorrhage at the expense of the secreting structure.

FREQUENT MICTURITION.—Frequent micturition may be met with in association with renal calculus, but it is by no means constantly present, and it would appear to be due more often to conditions secondary to the stone than to the reflex effect of the calculus itself.

Frequency in micturition may even give place to extreme tolerance, as in a patient from whose left kidney I removed seven calculi in November, 1900.

Extreme irritability of the bladder and painful micturition felt in the perineum and at the end of the penis may be caused by a stone impacted in the ureter. Frequent micturition, occurring independently of any abnormal urinary deposit and due to reflex irritation, bears a closer relation to the ureter than to the kidney, and when it is associated with renal calculus the stone will probably be found in the dilated upper part of the ureter or pelvis of the kidney, and not imbedded in the secreting structure.

Frequent micturition, sudden uncontrollable desire to pass urine, and incontinence may be met with in children from the presence of a stone in the kidney. I have also seen reflex distension of the bladder brought about by the same cause acting through a different circle of nervous influence.

RETRACTION OF THE TESTIS.—Retraction of the testis may be occasionally noticed during an attack of pain in adults, but it is a much more obvious and important sign in children under the age of puberty. I have seen the testis drawn completely up into the inguinal canal in a boy during an attack of pain. More often it stops at the external abdominal ring. After puberty, as the testis increases in weight and the cremaster grows feebler with age the retraction of the testis becomes less obvious and consequently its importance as a symptom of less value.

THE PASSAGE OF SMALL CALCULI OR GRAVEL ON PREVIOUS OCCASIONS.—The passage of small calculi or gravel on previous occasions is perhaps the most important information that can be obtained from the former history of the patient. With such a record occurring in a patient, the subject of hæmaturia and renal pain, the presumption of a calculus retained in the kidney would be a sound and almost certain deduction.

THE GRATING OF MULTIPLE CALCULI.—This is the only definite indication that we possess of the presence of multiple calculi, and for it to be obtained it is necessary that two at least shall be in contact. I have met with it on three occasions.

TOTAL SUPPRESSION OF URINE.—When symptoms of total suppression of urine set in, with intense pain in one loin shooting through to the front and down to the groin, constant futile attempts to pass urine, vomiting, headache, giddiness, and restlessness, the surgeon should at once take into consideration the probability of those symptoms being caused by a calculus obstructing the outlet of the only remaining kidney. I had for some years been advocating operation for the relief of such symptoms, as case after case was published ending fatally, before I had the opportunity of putting my views to a practical test. This happened at the end of October, 1885, when the patient already alluded to as having one kidney removed for immense calculi that

could be grated together during life was seized with the symptoms of total suppression of urine. On the fifth day of total suppression I cut down on the remaining kidney and removed a conical stone that was blocking the outlet of the pelvis, and so saved her life.

SHADOW PHOTOGRAPH BY THE X-RAYS.—The demonstration of the presence of a stone in the kidney by means of the Röntgen rays has added much precision to the diagnosis in a considerable number of cases, and with increasing experience the number of failures will probably be greatly lessened. At present, however, the shadow photograph, when negative, cannot be implicitly relied upon. Better results, no doubt, would be obtained if the patients were instructed to hold their breath and so to fix the diaphragm during the time—only some 20 seconds—required for a skiagraph. Of the three principal forms, calculi oxalate of lime gives the darkest shadow, phosphatic calculi come next in point of clearness, whilst the uric acid are the least defined. Mr. E. W. H. Shenton, radiographer to Guy's Hospital, states in a paper published in the "Guy's Hospital Reports" of last year that there had been twenty-eight cases in which calculi demonstrated by the X-rays had been found by the surgeon, eight cases in which the surgeon found calculi which the X-rays had failed to show, and two cases in which the X-rays had discovered calculi which the surgeon had failed to find by operation.

FAMILY HISTORY.—I have placed this last, because, though of some assistance, it is often very misleading. A history of gout or of the passage of gravel or calculi by some other members of the family, especially if the person lives in a district where the water is hard, might give presumptive evidence in favour of stone. On the other hand, if the patient be of a delicate build, with a strong tuberculous history, and especially if, in addition, there be any evidence of former tuberculous infection about the glands in the neck, lupus of the skin, or ankylosis of a joint from a chronic inflammation in childhood, these indications of a tuberculous tendency must be given their due weight in considering the diagnosis.

VARIOUS CONDITIONS LIABLE TO BE MISTAKEN FOR RENAL CALCULUS.—I have gone so into detail in analysing the symptoms characteristic of stone in the kidney that I must condense my remarks as much as possible in speaking of the various conditions liable to be mistaken for renal calculus.

1. Tuberculous disease of the kidney is perhaps more often mistaken for renal calculus than any other affection. Hæmaturia, lumbar and reflected pains, pyuria, and frequent micturition may be present in either case. Yet there are many distinguishing points. (a) The hæmaturia of tuberculous disease may be a striking feature in the early stages, but it is then accompanied by little if any pain, whereas the hæmaturia of calculus is usually preceded by pain and markedly excited by exercise. In the later stages of tuberculous disease the hæmaturia is often very slight and sometimes it is entirely absent. (b) The pyuria of tuberculous pyelitis is an early symptom, and often precedes for months any noticeable lumbar pain. (c) The pain of tuberculous disease is a continuous dull, aching pain not liable to the intense exacerbations or to the wide radiations of calculus. It increases as the disease extends and the kidney becomes dilated into suppurating cavities. Taking these two symptoms, pain and pyuria, together, I have for years formulated as an axiom for students that "pain in excess of pus indicates stone, pus in excess of pain tuberculous pyelitis." (d) Slight attacks of chilliness not amounting to rigors followed by a rise in temperature are frequent in the course of tuberculous kidney, and the temperature at night is often above normal. Renal calculus seldom causes increased temperature. (e) Examination of the deposit of pus by staining and the microscope will occasionally discover the presence of the tubercle bacillus, but it too often fails to be trustworthy as a negative test. (f) An important indication of tuberculous kidney in women is the tender, thickened ureter which can be felt through the roof of the vagina

as it passes by the uterus to enter the bladder. It also renders sexual connection so painful as to be intolerable. The same thickening of the ureter can occasionally be demonstrated by rectal examination in men.

2. Movable kidneys give rise to attacks of colic accompanied by nausea and vomiting similar to what are observed in the course of renal calculus, and the condition is always one improved by rest; but the urine in these cases is almost invariably normal as regards its constituents, though liable to vary greatly in quantity at times, if the mobility has given rise to intermittent hydronephrosis.

3. Lithiasis and oxaluria may occasion hæmaturia and severe pain in the loin, but the pain is not unilateral and the condition is one that can, as a rule, be cured by freely flushing the kidneys by drinking large quantities of distilled water.

4. Acute Bright's disease and chronic granular or gouty kidney may give rise to pain in the loin and hæmaturia, but the persistence of the albumin when blood is absent, the low specific gravity of the urine, and the usual indications of arterio-capillary fibrosis in the chronic disease will serve to point out the nature of the malady.

5. Villous growth in the pelvis of the kidney is a rare affection which may give rise to very free hæmorrhage without pain or appreciable tumour. Clots may indicate the source of the hæmorrhage and portions of growth washed away may show the nature of the disease.

6. Malignant growths of the kidney first indicate their presence by free hæmorrhage and a rapidly growing tumour rather than by pain, which is usually a late symptom dependent on pressure upon other organs.

7. Biliary colic and distended gall-bladder may be mistaken for right renal colic and enlarged kidney, but the colic is hypochondriac and seldom penetrates much to the back. Examination of the urine and of the excreta will assist much in the diagnosis. The occurrence of jaundice and light-coloured stools and the discovery of gall-stones among the fæces would indicate the cause of the colic.

8. Caries of the spine, especially in children, may give rise to one-sided backache and radiating pains in front as a lumbar abscess is gradually forming, very similar to what is met with as the result of renal calculus. The pressure of the abscess on the renal vein may even cause hæmaturia, as I once saw very remarkably demonstrated some years ago.

9. Colic of the appendix cæci is another condition that I have known on more than one occasion to be confounded with right renal colic. The appendix varies so much in size and position that it is not always easy to ascertain whether the colic takes origin in the appendix or pelvis of the kidney and ureter. Cæcal colic is generally to be distinguished from renal colic by its lower position and by being confined to the front of the abdomen, whilst the tender appendix can usually be felt and rolled under the fingers.

From the criticism of the various symptoms of stone in the kidney and the illustrations which I have given it will be concluded that too much stress must never be given to any one symptom, since no one taken alone is either constant or trustworthy; but the surgeon must weigh in an even balance the various possibilities and gather from such signs and symptoms as may present themselves the probable cause of their origin.

THE OPERATION OF SHORTENING THE ROUND LIGAMENTS, AS PRACTISED AT THE ROYAL SOUTHERN HOSPITAL.

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The operation of shortening the round ligaments was first performed by me on December 14th, 1881, so that the experiment long since reached its majority. Al-

though the operation has progressed satisfactorily in America and on the Continent, it has not done so in this country. This is due to the number of wrong impressions which exist in regard to various points in the operation, and I occasionally hear of the performance of the operation by other surgeons, in which I consider the most essential points are left out, points which I consider necessary to success; such operations are sure to end in failure, and consequent discouragement with the results of the operation.

During the past two years I have operated on forty-three cases, a comparatively small number when we consider the enormous field afforded by my practice at the Royal Southern and Workhouse Hospitals. In the latter hospital the annual "turnover" of patients is between eight and nine thousand, so that if the operation were pushed beyond its legitimate field, many more operations would be performed. The patients are mostly chronic sufferers, who have been under a considerable amount of treatment, and who in despair of being benefited by pessaries and such-like methods, come, or are recommended, to me to have the operation performed.

Taking cases at random as they come to hand, they all show the long duration of the symptoms and the failure of attempts to treat them successfully without operation. In fact, the patients have been so disappointed and distressed by "other" treatment, that although they have a natural dread of an operation, they ask for it, in order to escape from the misery and trouble in which their complaint has placed them. Some of the patients also send other sufferers from long distances to have the same operation performed, showing in a practical way their sense of the benefit they have themselves derived from the operation.

There exists a great dread in the minds of some practitioners as to undertaking the operation itself. It is considered a very difficult one. The ligaments are said to be difficult to find, and no one likes to undertake an operation without a fair amount of hope that he may be able to finish it successfully. Now, it is difficult for me to realise that the operation can be considered a difficult one. The finding of the ligaments seems to be one of the simplest operations in surgery. The difficulty seems to have arisen from surgeons trying in the first instance to find the ligaments themselves. These ligaments are, when first seen, very frail and insignificant structures, and it is necessary to follow a certain course to reach them with certainty. My course is to go down to the aponeurosis of the external oblique, somewhere in the neighbourhood of the external abdominal ring. The aponeurosis of the external oblique is an extensive and characteristic structure, easy to find, unmistakable when reached. I have seen mistakes made, however, in reaching this structure. The deep layer of the superficial fascia is sometimes of a glistening, smooth character, and, strange to say, may be mistaken for the aponeurosis. My advice to men who are hesitating as to the identity of the aponeurosis is: when in doubt to go deeper, because when there is any doubt about a fascia being the aponeurosis we may be sure the structure is *not* the aponeurosis. The aponeurosis of the external oblique *cannot* be mistaken. In going down to the external oblique it is a good thing not to aim at the ring, because if the ring be cut down upon, it is possible that the operator may go too deep before he knows. The plan is to aim at the aponeurosis outside the ring, where there is no canal or opening, and having found the clear glistening aponeurosis the operator can then move the superjacent structures over it, so as to expose the canal and external ring. In certain cases, when the ring is exposed, the ligament is seen lying over the lower pillar, and can be easily picked up with forceps. In other cases the canal is very much narrowed, and the ligament cannot be seen at once. The transverse fibres that cross the ring should in this case be cut, and then the ligament with some fatty tissue bulges out, and is quite visible to the naked eye. The end of the ligament is now caught in a pair of pressure forceps, and then separated with a blunt dissector from the neighbouring structures. The nerve that lies along the upper part it is best to cut

across, and when the ligament is exposed free from other structures, it should be grasped with the fingers and pulled gently out. This pulling out of the ligament is one of the most critical parts of the operation. The outer part of it is thin, and it yields when pulled upon, and this yielding has to be watched carefully lest the ligament break and the internal end recede into the canal. By slipping one finger over the other, so as to grasp it as near the canal as possible, the weak points can be fortified by the pressure of the fingers, and the ligament will readily come out, thickening as it emerges. Now, this thickening of the ligament as it pulls out, and the consistency of the ligament being strong enough to enable it to be pulled out, is true in ninety-six cases out of every hundred; but there are 3 or 4 per cent. of cases where the ligaments are too frail, or too degenerated, and it is impossible to pull them out. When such ligaments are pulled upon they give way. They are seen melting away before the operator, not having sufficient strength when pulled upon to sustain even gentle tension. If the inner end is grasped by the forceps it breaks; this inner part also yields, and it is impossible to shorten the ligament. Now, this experience of mine only occurred occasionally, and occurred only in two or three cases in all my experience; but within the last few months I have had on the same day two cases where, from degeneration of the tissues, I failed in the operation of shortening the round ligaments. In one case, neither ligament was sufficiently strong to enable me to pull it out. It broke off hopelessly with the slightest tension, and the operation of shortening the ligaments had to be given up. This was a case of complete relapse, and the woman, a patient of very lax fibre, had evidently been the subject of fatty degeneration generally, and this had affected the round ligaments.

The other case, which occurred on the same day, was one where the right ligament pulled out very well until I had it fully out, and then it snapped off internally with a sudden snap, just as I was about to stitch it. This occurs very rarely, and can be avoided by not pulling on the ligament very harshly when it is well stretched out. As a general rule, in spite of these possibilities, the ligament can be depended upon to pull the uterus forward into a condition of ante flexion, and this is what is necessary in order to have a successful operation.

The great majority of cases in which I perform the operation of shortening the round ligaments are ones of retroflexion, where the fundus is lying down as low as the cervix, is enlarged and tender, and the retroflexion has existed for several years. In such cases the uterus has been replaced again and again by the medical adviser of the family, or patient, but it as often happens that the uterus recoils backwards immediately, and pushes the pessary downwards, or the pressure of the fundus on the pessary and consequent pain are so great that the pessary cannot be endured. In these cases, then, a soft ring is inserted; this acts better, but fails to keep the uterus up, and does not relieve the patient effectually, and operation is called for. It is essential to a successful operation in such cases that the uterus be straightened before the round ligaments are shortened, and be maintained in this straight position until healing has taken place.

Necessity for a Stem Pessary in Certain Cases.—To this end I always, in cases of severe retroflexion, insert a stem pessary and a Hodge before operation. The uterus is pulled down with vulsellum forceps, and the stem inserted. By this means the fundus is moved upwards and forwards into its natural position. The stem which I use is one of the ordinary galvanic stems. I have used it, not on account of its galvanic action, but because it is a good substantial stem with a knob on the end which rests upon the vaginal wall. Now, this use of the stem is considered by me one of the essential features of the operation, and has been advocated by me from the very beginning. I have, however, no doubt this necessity for a stem pessary has produced a certain amount of prejudice against the operation in the minds of some gynecologists. These gynecologists remember the abuses of the intra-uterine stem in the

past, and have a horror of the very idea of using such an instrument; but they forget that as I use it in these cases the uterus is fixed steadily by a Hodge's pessary, and the patient is lying quietly on her back all the time, so that the circumstances of its use differ entirely from the circumstances of the old times, where a stem was inserted and the patient allowed to move about. Theoretically, therefore, my use of the stem differs materially from the old use of the stem, and, practically, its use in this way has been proved to be devoid of any danger or any inconvenience. The stem is kept in for three weeks, and then before the patient gets up it is removed. It is encrusted with salts on its removal, but otherwise it is clean, and I have never found that it did any harm in any of my cases. It is well, however, to watch the patient, and to see occasionally that the stem does not become displaced, because sometimes the uterus may force it out, and it may be necessary to push it up into its position again. This, however, rarely happens, and I look upon the operation for retroflexion as one of the safest operations that I perform. The Hodge is also necessary to keep the cervix uteri well back in the pelvic floor. By this means the retro-uterine ligaments become permanently shortened through relaxation, and the fundus becomes smaller by improved local circulation. The Hodge's pessary I keep in for two or three months, because if removed at the end of three weeks the cervix may tend to slip downwards into the vagina, and in that case, of course, the fundus will fall backwards, the retro-uterine ligaments not having time to contract to such an extent as to keep the uterus in the position of anteversion. *There are several points that require attention after the operation.* At the end of a fortnight the stitches are removed from the wounds, as the ligaments have adhered by that time, and their retention longer may produce unnecessary irritation. At the end of three weeks, as I said, the stem pessary is removed, and the patient allowed to get out of bed. I remove the stem pessary by hooking my forefinger behind the knob and exercising traction. At the end of two months the Hodge's pessary is removed. I may say in regard to the removal of a Hodge's pessary that there is no object in removing it soon, because the parts have got into a different position from what they were in before the operation. The fundus is now straightened out and is well forward in the pelvis, so that the Hodge does not come into contact with it at all, and the patient consequently suffers no inconvenience whatever from the wearing of the instrument, so that I generally allow the pessary to be worn until the patient would like to have it removed. After its removal I endeavour to see the patient a week afterwards, and then after that time once a month. If I can feel the fundus through Douglas's pouch in any degree, I immediately insert a Hodge's pessary and keep it there for some months longer; at the end of this time I remove it and watch again, and in this way I have prevented cases becoming failures which threatened to do so because the uterus tended to recoil, or may not have been brought forward sufficiently at the operation. This condition of anteversion of the uterus is the essential test of the success of the operation. If the uterus is found to be well forward after the stem and Hodge have been removed, I have never the slightest fear of a recurrence taking place; but if I can feel the fundus behind the uterus in Douglas's pouch, then the dangers of recurrence are very great, and the cases will require much care in keeping a suitable Hodge in until the posterior ligaments have become so shortened as to pull the cervix well back. It will be seen, therefore, that the cases require watching after operation so as to ensure success, and to turn them out of hospital in a fortnight without a Hodge is to court certain failure. It will be necessary in bad cases to see occasionally if there be any threatenings of recoil of uterus that has been long in a state of retroflexion, although in my experience, after three weeks or so, this tendency to recoil disappears. Then accidents occurring after the operation have to be attended to. For instance, menstrual disturbances often make the uterus very "top-heavy," and I have had cases where threatened recurrences were noticed at

these times, and disappeared at the end of each menstrual period. The accident that requires to be most carefully watched is a miscarriage after operation. In these cases the fundus uteri is enlarged and heavy, and there is a great disposition for it to fall backwards. This enlargement takes place in the fundus uteri, and is above the point of control of the round ligaments. In many cases I have seen a tendency to retroflexion recurring under such circumstances. Of course, the rule is to put in a large, well-fitting Hodge which will completely obviate this tendency. I remember several cases in which I was able to prevent the recurrence which was obviously threatening. Confinements do not generally produce so much trouble as miscarriages, and in a good number of cases of parturition, where I have had an opportunity of examining the patient afterwards, the uterus was in as good a position after several confinements as it was just immediately after the operation. The reason for this is that the uterus goes back in the process of natural involution to the point where it started in its evolution, and the idea largely entertained by my medical brethren that pregnancy would upset the results of the operation has been disproved by experience.

Method of Dealing with Adhesions.—In dealing with the operation, gynecologists have always recommended it only for displacements where the uterus was free, and it is believed by many that this condition limits the field of the operation very much. In my experience the free uteri are very common, and it is not often that I meet with a case where adhesions prevent the performance of the operation. They are, however, met with, and not only adhesions but cystic ovaries, and inflammatory effusions occur, and act in the same way as adhesions. In these cases I have never previously recommended the operation to be performed. Lately, however, I have practised what is called vaginal coeliotomy, and I have been surprised at the facilities for exploring the pelvis afforded by this method, and I have been able by a previous vaginal coeliotomy, to extend the field of the round ligament to nearly all cases of displacement. In proceeding with this complication I first perform vaginal coeliotomy, and with the fingers explore the pelvis, breaking down adhesions and straightening up the uterus until I have brought it forward into a state of anteversion. The stem is then inserted as before, and the vagina packed with gauze so as to keep the cervix well back in the pelvis when the round ligaments are shortened. This performance does not appear to add to the gravity of the operation, although it adds to the length of the operation. In this way we can make sure that the pelvis is clear of structures that should not be there, and then the uterus is raised up into its natural position of anteversion.

I mentioned this procedure before the Gynecological Society of London, and one objector said that, of course, it was an evidence that the operation of shortening the round ligaments as originally contrived by me had failed, when I came before the profession with new procedures to eke out the imperfections of the original operation. Of course, such an objection could not have been raised by anyone who really thought about what I said. The old operation pulled the uterus into position by traction on the ligaments, applied through the external abdominal ring, and is the operation that is still performed by me, and in all cases of movable uteri. And, as I said before, the uterus has been free and movable in the greater number of cases of retroversion that I have hitherto met with in my practice. However, other men seem to find a great number of adhesions, and I can only say that their experience is quite different from mine, but I have always admitted that there were cases where there were adhesions, and that in these cases where there are adhesions they could not be treated by the original round ligament operation. I now recommend a preliminary vaginal coeliotomy for the exploration of the pelvis and removal of the adhesions, cysts, or other structures that may prevent the operation. This modification of the operation to suit those cases does not interfere with the original idea of shortening the round ligaments. In cases where the uterus is free, the

original operation just holds as good a position, in my opinion, as it ever did, and its simplicity and effectiveness now are as great as ever.

RENAL DECAPSULATION FOR CHRONIC BRIGHT'S DISEASE. (a)

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THE first operation undertaken upon the kidneys with the deliberate purpose of bringing about a cure of chronic Bright's disease was performed by the writer on January 10th, 1898. This operation consisted in extensive decapsulation, followed by fixation, of both kidneys. The patient, a girl, æt. 20 at the time of the operation, has since married, is now five months pregnant, and remains permanently cured of her former chronic Bright's disease; frequent examinations of the urine during the past five years invariably show normal conditions, and her general health since operation has been excellent. This operation, together with a report of five preceding caseations which gradually led up to it, was published in the *Medical News*, April 22nd, 1899. In all of these cases the kidneys were movable as well as affected with chronic Bright's disease, and the operation consisted in extensive decapsulation and fixation. At the time, the idea that the cure of chronic Bright's disease in these cases was mainly, if not altogether, due to correction of the position of the kidney by fixation dominated my mind. Further experience, however, and observations made upon the occasion of second operations upon kidneys previously anchored, at periods more or less remote from the first operation, gradually evolved the conviction that the decapsulation was mainly responsible for the good results, and that renal decapsulation acted by removing a barrier to the creation of a new and increased and more active blood supply to the diseased kidney. Decapsulation on a most extensive scale was followed by the formation of new vascular connections between the kidney and its fatty capsule. The removal of inflammatory products by absorption, and the new formation of secreting epithelium—in other words, improvement and restoration of health of the kidney—are the direct results of this improved circulation of the kidney.

These views were announced in the *Medical Record*, May 4th, 1901, and I advanced the proposition to treat chronic Bright's disease, as such, by renal decapsulation, whether the affected kidney be found normally situated or displaced.

The proposition as well as the performance of renal decapsulation for the cure of chronic Bright's disease constitute entirely new departures in medicine, originating with the writer. The subject was further elaborated, and all the writer's operations upon kidneys affected with chronic Bright's disease were reported in detail in the *Medical Record*, December 21st, 1901. The operations numbered nineteen, and included eight cases in which a cure of chronic Bright's disease lasting, at the time of report, from one to over eight years after operation was obtained. To these publications, and to a *résumé* prepared by the writer and published in the *Medical Record*, April 26th, 1902, the reader who may be interested is referred for fuller details regarding the developmental stage of the surgical treatment of chronic Bright's disease. In this publication, also, the literature of the subject was fully cited and discussed.

During the year 1902 there appeared in various medical journals accounts of isolated cases in which my operation of renal decapsulation for chronic Bright's disease was performed by various surgeons. There also appeared during the same year several communications by Israel, Pousson, Lennander, Roving and Edebohls on more or less related topics. In all of these cases operation upon the kidney was undertaken

(a) Read before the Medical Association of New York, February 9th, 1903.

primarily for the relief of renal conditions requiring surgical interference and complicated by nephritis, such as purulent infection of the kidneys, renal hæmaturia, renal pain, and suppression of urine.

Since the announcement of my proposition to treat chronic Bright's disease by decapsulation of the kidneys, reports of nine cases operated upon after my method by seven different American surgeons have found their way into the medical press. The period of observation intervening between operation and report in those who survived the operation is, however, too short to permit of any deductions of great practical value. In addition to the above the writer has knowledge of a number of unreported cases of renal decapsulation performed during the past year.

My personal experience with these special operations, up to and including the year 1901, was reported in detail in the *Medical Record* of December 21st, 1901. The list embraces nineteen cases. During the year 1902 I have operated upon thirty-two additional cases of chronic Bright's disease, in each of which I performed decapsulation of both kidneys at one and the same sitting. My total experience, therefore, up to the end of the year 1902, embraces fifty-one cases.

Of the fifty-one patients, twenty-nine were females and twenty-two males. With the exception of a girl, æt. 4½, all the patients were adults. The other extreme of age was represented by a man, æt. 67, and the average age of the fifty-one patients was thirty-four years. Twenty-four of the patients were operated upon at the Post-Graduate Hospital, thirteen at St. Francis Hospital, ten at their homes, and four in a private sanatorium.

The thirty-two cases operated upon during 1902 were all cases of far-advanced chronic Bright's disease. In all of them the clinical history, the physical examination of the patient, and the chemical and microscopic examination of the urine left no room for doubt as to the diagnosis. All of the patients knew that they were the victims of chronic Bright's disease prior to consulting me with a view to operation. While with the great majority of the patients gradual loss of strength, increasing pallor, uræmic headaches, vascular and digestive disturbances, dropsy and other manifestations of chronic Bright's disease led to medical consultation and the discovery of the kidney affection, quite a number first learned upon application for life insurances that they were the victims of the disease. Others, again, more or less suddenly and more or less completely, lost their eyesight, and derived their first information of the diseased condition of their kidneys from ophthalmoscopic examination. A few obtained their first knowledge as a result of a sudden attack of paralysis. In these forty-one patients Bright's disease was known to be present before operation, for periods varying between one month and nineteen years, the average duration for the forty-one being three years and four months while for the thirty-two cases operated upon in 1902 it was fully four years. It is quite safe to say, however, that in each case the disease existed for a longer or shorter period of time prior to its first recognition, and that renal decapsulation was performed in each case at a considerably more advanced period of the disease than that indicated by the above figures.

Of the thirty-two cases of advanced chronic nephritis operated upon during 1902, very few indeed were uncomplicated or but slightly complicated cases of chronic Bright's disease. Nearly all presented minor, greater, or extreme cardiac and vascular degenerations: arterio-sclerosis, hypertrophies of all degrees, up to the point of non-compensation and beginning predominant dilatation, pericarditis and endocarditis. Pleuritis and hydrothorax as complications were by no means rare, while one patient had cavities in both lungs, and two patients suffered from cirrhosis of the liver in addition to chronic Bright's disease. The cerebral and ocular complications were represented by hemiplegias due to changes in the cerebral vessels, to embolism, thrombosis, &c., and by the characteristic retinal lesions.

The clinical diagnosis in each case was borne out by

the conditions presented by the kidneys at operation, the characteristic pathological changes due to the presence of chronic Bright's disease being readily and unmistakably appreciable by sight and touch. Of the entire number of fifty-one patients with chronic Bright's disease operated upon, twenty-nine had chronic interstitial nephritis, fourteen chronic diffuse nephritis, and eight chronic parenchymatous nephritis. In all the cases of chronic diffuse and of chronic parenchymatous nephritis both kidneys were affected, though not always in equal degree on both sides. In the twenty-nine cases of chronic interstitial nephritis the disease was limited to one kidney in no less than nine instances, affecting both kidneys of twenty patients only.

These nine cases of unilateral chronic nephritis were detailed in my paper of a year ago, and excited a good deal of surprised comment and even of incredulity and denial. Chronic Bright's disease, *as such and in itself*, rarely or never causes death when limited to one kidney; in fact, its unilateral existence, save in very exceptional instances, goes practically undetected during life unless accidentally revealed either by urinary examination or by the knife of the surgeon. Surgeons, in their operative work, have now and then met the disease in its earlier stages unilaterally; physicians derive their convictions from the fact that the patient comes under their professional care in the later stages, when the disease has become bilateral, and from the observation that the disease, as found in the dead-house, is practically always bilateral. I have not met with any cases of unilateral chronic nephritis in my surgical work of 1902 simply because all of the cases operated upon during that year were cases of *very far advanced chronic Bright's disease*.

A rest in bed of a few days to a week, according to the special indications in each case, is advisable by way of preparation for every patient about to undergo the operation of renal decapsulation for chronic Bright's disease. In all cases of advanced chronic nephritis, almost without exception, the heart is more or less involved, and favouring the organ for a few days prior to the ordeal betters its chances of standing the strain to which the operation necessarily puts it. With proper preliminary preparation of the patient, the probabilities of a successful issue of the operation are materially increased.

The writer's operation of renal decapsulation for chronic Bright's disease has already been described at sufficient length elsewhere. Presuming always a reasonable familiarity with renal surgery on the part of the operator, there are three conditions, the presence or absence of which makes renal decapsulation a more or less difficult or a comparatively easy operative procedure. First, great length and obliquity of the twelfth rib, with narrowness of the space between last rib and ilium, can be overcome by proper posturing of the patient, as on an air-cushion, for instance, and by a slight modification of the obliquity of the incision. The second factor is mobility of the kidney, or its firm attachment in its normal site well up beneath the ribs. In the latter event only a small surface of the lower pole of the kidney can be exposed, and even this is sometimes accomplished only under the greatest difficulties. The procedure under these circumstances is to incise the capsule proper at any portion of the surface of the kidney that can be reached, to seize the edges of the capsule wound with forceps, and to complete the separation of the capsule proper from the kidney in the depths of the wound. For detaching the capsule, especially if the separation must be done in the depths of the wound beyond aid from the sense of sight, I have found the smooth index finger of the rubber-gloved hand the *very* best instrument. The third condition is connected with the more or less firm attachment of the capsule proper to the kidney. In the parenchymatous and diffuse forms of chronic nephritis the capsule will generally be found easily separable from the kidney, while in cases of chronic interstitial nephritis the connections between capsule proper and kidney are frequently of a firm, densely fibrous character. As the kidney tissue is generally

very brittle and friable as the result of long-standing inflammation, great caution and gentleness are necessary to avoid the danger of tearing away pieces of the kidney or of fracturing the organ during attempts at decapsulation.

The danger in operations of every kind upon patients suffering from chronic Bright's disease is, broadly speaking, greater from the anæsthetic than from the operation itself. In renal decapsulation, fortunately, the moderate abstraction of blood directly from the kidneys, accompanying and forming a necessary part of the operation, counteracts to a great extent the congestive effects of the anæsthetic upon the kidneys. Nevertheless, it is important that the operation should never be too prolonged, and I should say that one hour should be regarded as the limit of time to be allowed for decapsulation of both kidneys for chronic Bright's disease.

In all my renal decapsulations of 1902, both kidneys were invariably operated upon at the same sitting. All the wounds were completely closed throughout, and drainage was entirely dispensed with, except in one case, in which a few strands of silkworm-gut were left in the wound for a few days to drain off the enormous quantities of serum found at operation in all the tissues of the back as well as in the perirenal fat. Perfect primary union throughout was obtained in all but one of the sixty-four wounds made. In the one exception, in which bilateral nephropexy, as well as appendectomy for chronic appendicitis through the right lumbar wound, were performed in addition to renal decapsulation, a temporary leakage of urine occurred from the surface of the right kidney. The cases of chronic nephritis with infection did just as well in the way of perfect healing of the wounds as those of chronic nephritis without infection.

In twenty-seven of the thirty-two patients operated upon in 1902, bilateral renal decapsulation was the sole operation performed. In two patients, fixation of both kidneys and removal of the appendix through the right lumbar wound for chronic appendicitis were practised at the same sitting with bilateral renal decapsulation. A third patient had fixation of both kidneys, and a fourth had fixation of the right kidney added to bilateral decapsulation. Upon a fifth patient, finally, whose left kidney was found converted into one huge cyst, left nephrectomy and decapsulation of the right kidney were performed at the same sitting. Nephropexy was added to renal decapsulation in those patients who had both chronic Bright's disease and movable kidney or kidneys only when the symptoms due to mobility of the kidney or kidneys were so decided as to call urgently for relief. When the looseness of the kidneys produced no symptoms the mobility was disregarded, and the operation was shaped entirely with a view to improvement or cure of the chronic Bright's disease.

Of the fifty-one patients suffering from chronic Bright's disease upon whose kidneys I have operated during the past ten years, from 1892 to the end of 1902, I have lost all traces of only three. All the rest, forty-eight in number, I have managed to keep in touch with up to death or the present writing. This rare achievement, for as such it will be appreciated by all physicians who have tried to follow their cases through the years, is all the more remarkable in view of the fact that the patients are scattered far and wide, less than one-half of the entire number living in New York.

Of the fifty-one patients, fourteen died at periods of time varying between twelve hours and eight years.

Two patients died an accidental death, one patient died of acute suppurative pyelonephritis, one of endocarditis, five of uræmia, one of pneumonia, three of acute dilatation of the heart, while in one case death was due to a combination of uræmia and cerebral hemiplegia. Of the fourteen deaths, seven occurred at periods remote from operation, varying between two months and eight years, the average duration of life after operation in the seven cases being one year and eight months. The remaining seven deaths followed operation at periods varying from twelve

hours to fifteen days, and represent the operative mortality in my fifty-one cases, which may therefore be stated at 13½ per cent. Three of the seven deaths representing the operative mortality were due to uræmia, two to acute dilatation of the heart, while one was caused by pneumonia, and one by combined uræmia and cerebral hemiplegia.

Bilateral renal decapsulation could be performed by an expert in renal surgery upon one hundred perfectly healthy human beings without the necessity of losing a single life. This is proved by comparison with the statistics of bilateral nephropexy, a more trying surgical procedure, often performed upon patients very much run down, and sometimes, in addition, upon kidneys not entirely healthy. Of seventy-three patients in whom I anchored both kidneys at one sitting, *i.e.*, performed extensive renal decapsulation and fixation, only one died as the result of operation. The mortality attending renal decapsulation for chronic Bright's disease will therefore prove to be the mortality of the disease itself, and of its attendant complications, rather than that of the operative procedure undertaken for its relief.

The writer has been happy and extremely fortunate in being able to follow up all but three of the fifty-one patients with chronic Bright's disease upon whose kidneys he has operated. The entire fifty-one cases may, for purposes of studying the final results, be divided into two categories: those cases operated upon prior to July 1st, 1902, forty in number, and those cases operated upon during the past seven months, numbering eleven.

The forty cases, in each of which more than seven months have elapsed since operation, are the only ones that may be considered available for estimating the final results. Of these forty patients, thirteen have died since operation and three have been lost sight of, leaving twenty-four patients available for a study of the therapeutic results of renal decapsulation for chronic Bright's disease.

The natural history and course of chronic Bright's disease, either untreated or treated by methods other than operative, must be taken into account. It is a well-established fact that patients suffering from the disease often experience temporary improvement, both as regards their general health and the condition of their urine, either without treatment of any kind or in connection with treatment of one kind or another. Such improvement is not infrequently maintained for months at a time, in spite of the universally conceded fact that the tendency of chronic Bright's disease, whether its course be more or less protracted, is inevitably to a fatal issue. To prove that cure or improvement after renal decapsulation is due to the operation, it must be shown: First, that cure or improvement follows operation with practical uniformity; second, that a cure, once obtained, is, as a rule, lasting; third, that improvement attained by operation is steadily progressive in character in the great majority of cases. These conditions, as I hope to show, have been fulfilled in my cases as far as their limited number and the necessarily brief lapse of time since operation in most of them will permit of tenable deductions and conclusions.

In conclusion, permit me to present the following summary of results of renal decapsulation for chronic Bright's disease in author's fifty-one cases, embracing forty-seven operations upon both kidneys and four operations on one kidney only:—

Seven patients died within seventeen days after operation.

Seven patients died at periods after operation varying between two months and eight years, the average period of life after operation being one year and eight months.

Two patients do not show satisfactory improvement in every respect.

Twenty-two patients are in various stages of satisfactory improvement and progress toward health at periods varying between two months and fifteen months after operation. The urine of several of these is at present free from albumin and casts. They have

not, however, passed the probationary period of six months of normal urine, before the expiration of which no patient is entitled to a place on the list of cures.

One patient, after a cure extending over a period of four years, again has chronic Bright's disease. One of her kidneys only was operated upon.

Nine patients were cured of chronic Bright's disease, and remain cured, at periods after operation varying from one year and nine months to ten years, the average duration of cure being over four years.

Three patients disappeared from observation after leaving hospital, and no trace of them can be found.

Clinical Records.

A CASE OF CHRONIC BULBAR PARALYSIS IN A GIRL. (a)

By R. MURRAY LESLIE, M.D.,

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M. Y., a corset maker, æt. 22, living in Northamptonshire, was recommended to come to the Royal Hospital for Diseases of the Chest on the supposition that she was suffering from consumption. There were some bronchitic signs at the bases of both lungs, and on March 9th she was admitted as an in-patient.

Family history.—Both parents, four brothers, and one sister all alive and well; no history of nervous affection in the family. No previous illness of any importance.

History of present illness.—There has been no influenza, diphtheria, or other acute affection to which present illness can be attributed. In June, 1902 (ten months ago), patient noticed inability to pronounce certain words and letters distinctly. This condition gradually became more pronounced until she practically lost all power of articulation. A few months later she found she was unable to protrude her tongue properly. About the same time she had some difficulty in swallowing solid food, and last January began to have regurgitation of liquid food through the nose. For some months patient has had to support the back of the head in order to prevent it falling backwards.

Present condition: Speech.—Patient cannot articulate any words distinctly. Seems to talk with her throat and nose in a hoarse, grunting sort of way. It is impossible to understand what she says. *Tongue.*—Extremely atrophied, soft and flabby, with numerous transverse and a few longitudinal furrows on the dorsum. The tongue lies almost motionless in the floor of the mouth, and cannot be protruded beyond the teeth. Fibrillary tremors are distinctly visible on the surface. Taste is unaffected.

Palate.—There is almost complete paralysis of the soft palate. There is a slight elevation on attempting to phonate; liquid food tends to regurgitate through the nose; a snorting noise is emitted on blowing out the cheeks with the lips closed, while the inflated cheeks at once collapse on removing the observer's fingers from the closed anterior nares. Irritation of the soft palate produces no retching, coughing, or other reflex action.

Larynx.—There is complete paralysis of the left vocal cord, which lies in the cadaveric position. There is abductor paralysis of the right cord, which can, however, be adducted so as to cross the middle line and meet its fellow on the opposite side. There is thus only partial aphonia. A quantity of mucus constantly accumulates round the orifice of the larynx, and which the patient cannot expel either by coughing or by "hawking," which are both imperfectly performed.

Pharynx.—There is considerable difficulty in swallowing, the patient having to throw back her head in order to swallow even liquid food. The dysphagia seems partly the result of paralysis of the superior constrictors, and partly due to the inability of the tongue to move backwards. There is a constant accumulation of saliva behind the tongue, and which hangs in festoons between the pillars of the fauces.

Lips.—The saliva which accumulates in the mouth dribbles away at night and smears the pillow. During the day-time the patient is constantly wiping away the saliva with her handkerchief. There is inability to whistle, and the paresis is also shown by her efforts to purse up the lips and show the teeth.

Face.—There is some weakness and atrophy of most of the face muscles on both sides. The eyes cannot be closed completely, particularly on the right side. There is manifest weakness of the elevators of the upper lip on the right side. Fibrillary twitchings can be seen in several places, particularly over the chin and at the corners of the mouth. The facial muscles react readily to a fairly strong faradic current.

Neck.—Patient frequently supports the head to prevent it from falling backwards. There seems to be distinct atrophy of the bellies of both sterno-mastoid muscles. The trapezii are apparently unaffected. The sterno-mastoids react to a strong faradic current.

General condition.—There is some emaciation, patient only weighing five stones. She feels, however, perfectly well in her general health. She is somewhat emotional, and her memory is slightly defective. The thoracic and abdominal organs are healthy, and the bronchitic signs have disappeared. She has lost six pounds in weight since coming under observation. This may be attributed in part to her dysphagia, which has lately become more troublesome. There has been a slight trace of albumin in the urine. There is no wasting or paralysis of the muscles of the trunk or extremities. The ocular muscles are unaffected. There is no evidence of cerebral tumour, amyotrophic lateral sclerosis, or progressive muscular atrophy. There is no headache, sickness, or optic neuritis. The deep reflexes of the upper extremity cannot be elicited, and there is no jaw-jerk. The knee-jerks are brisk, but there is no ankle-clonus. There is no affection of sensation, and special senses are normal. Patient has been treated with subcutaneous injections of strychnia without perceptible benefit. Her condition remains more or less *in statu quo*.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD FRIDAY, APRIL 24TH, 1903.

Mr. HOWARD MARSH, President, in the Chair.

TRANSVERSE FRACTURE OF THE PATELLA IN A LIMB PREVIOUSLY AMPUTATED BELOW THE KNEE.

MR. CHARTERS SYMONDS showed a man whose leg was removed in the lower third for a crushed foot. Walking on crutches two months after, he fell and was readmitted into Guy's Hospital with a simple transverse fracture of the patella. The laceration of the capsule was not extensive, there was no grazing or bruising of the skin, and it was difficult to be clear whether he had struck the patella or not. The patella was sutured by wire in the open method. The joint was massaged in a few days, and at the end of a fortnight he could flex the knee to a right angle. The range of movement is at present complete.

A CASE OF EXCISION OF THE SPLEEN FOR RUPTURE.

MR. BEAUMONT showed a man whose spleen had been completely ruptured in accident, and was removed. On the sixth day after the operation fluid was found at the base of the left lung, and six ounces of bloody serum removed. His temperature at this time was 105°, and subdiaphragmatic abscess was suspected. An incision was made in the loin over the angle of the eleventh rib, and this bone resected. The stump of the spleen was easily examined, but no pus found. The examination of the blood showed large numbers of streptococci. He next developed pleural effusion on the left side, from which two pints of blood-stained fluid were removed. Antistreptococcal serum was injected, and on the fifth day of the injections the tem-

(a) Notes of a case read before the Clinical Society of London, April 24th, 1903.

perature fell to normal (but rose again next day), and the patient was conscious for the first time for nine days. All the wounds about this time became septic, and were swabbed with pure carbolic acid. On June 5th pus was found in the left pleura. Portions of the seventh and eighth ribs were resected, and the cavity evacuated. The temperature continued to rise to 104° and 105° daily. The cavity was washed out with weak lysol, but this gave rise to acute dyspnoea, and had to be discontinued, when continuous injection of a small quantity of oxygen gas into the cavity by a soft rubber tube was tried. The temperature quickly fell, the discharge ceased, and general repair set in in all the wounds, and from this time he made an uninterrupted recovery. For a month the lymphatic glands were notably enlarged, and the pulse was never below 112. At the present time, eleven months after the accident, the patient appears to be in normal health.

A CASE OF SEPARATION OF THE UPPER EPIPHYSIS OF THE FEMUR.

Mr. GRAHAM SIMPSON showed a youth, *æt.* 18, who gave no history of trauma, but had complained of pain in the hip ten months ago, still noticed, with limping on walking far. The trochanter was prominent, with slight shortening. There was limitation of rotation, and abduction; wasting of thigh. Skiagraphy showed separation of head of femur. He raised the question of diagnosis, whether traumatic, or due to a condition such as *caries sicca*.

DEFORMITY OF NECK OF FEMUR COMING ON WITHOUT SYMPTOMS.

Mr. CUTHBERT S. WALLACE showed a lad, *æt.* 13, who, on the occasion of a medical examination, displayed a commencing lateral curve, the right leg being shorter than the left. There was no history to account for this discrepancy. A skiagram shows a general thickening of the femoral neck, the outlines of the head, neck, great trochanter, and acetabulum being fluffy and indistinct. The case was of interest in connection with the subject of deformities of the femoral neck commonly classed as *coxa vara*.

Taking the two last cases together, the PRESIDENT mentioned the case of a boy, the son of a doctor, who was noticed to limp slightly during the holidays, although there was no pain or indisposition to exercise. Examination revealed the fact that the neck of the femur was at a right angle with the shaft, the trochanter being raised considerably above Nelaton's line, with three-quarter inch shortening. There was slight muscular wasting. Rotation was limited by the locking of the trochanter, but within the limits rotation was smooth. He thought it possible the lad was suffering from chronic tuberculous osteitis of the neck of the femur, with atrophy and consequent bending.

Mr. BRUCE CLARKE observed that in cases of *coxa vara* there were periods during which the deformity rapidly became worse, and he suggested that there might be some analogy with the cases under consideration.

Mr. CHARTERS SYMONDS remarked that cases of shortening with alteration of the neck of the femur constituted a considerable group, and he referred to the view that it might be due to arrest of growth consequent upon injury.

A FELLOW called attention to the cases in which separation of the upper epiphysis occurred without the attention of the patient being attracted to there being anything wrong. He had seen two such cases which had been operated upon, and there was no trace of tuberculous disease.

CASE OF FRACTURED PELVIS.

Mr. CUTHBERT S. WALLACE showed a male, *æt.* 40, who in stepping from a ladder sustained severe injury to the hip. There is considerable limitation of movement, and an absence of the prominence due to the great trochanter. A skiagram shows that the femur is intact, and that the absence of the prominence of the great trochanter is due to a fracture of the pelvis and a driving in of the bone forming the acetabulum.

CRETIN WITH MARKED CYANOSIS OF EXTREMITIES.

Dr. F. E. BATTEN showed a girl, *æt.* 3 years 9 months, the ninth of nine children, the others being healthy. The cyanosis of the extremities was first noticed when the child was *æt.* 1 year 9 months. The child has now learnt to walk, and can only say a few words. Typical cretinoid appearance. There is marked cyanosis of the extremities, which varies considerably from time to time. The heart sounds are feeble and distant, but no murmur can be detected.

CHRONIC BULBAR PARALYSIS IN A GIRL.

Dr. MURRAY LESLIE showed a girl suffering from symptoms of bulbar paralysis. (See "Clinical Records.")

Dr. FARQUHAR BUZZARD referred to two cases of a similar kind in which the lesion appeared to be situated at the junction of the anterior and posterior roots, and in some cases the lesion had spread to, and involved, the posterior right ganglion. In other cases the first dorsal root was affected instead of the fifth cervical spinal nerve root, *i.e.*, the highest and lowest roots going to form the brachial plexus. There was generally a previous history of cardio-vascular disease, or it occurred during convalescence from Malta fever. In such cases the loss of sensation was of the dissociated kind.

TWO CASES OF CONGENITAL HYPERTROPHY OF A LOWER LIMB.

Dr. CLIVE RIVIERE showed a female infant, *æt.* 3½ months, in whom a difference in size of the legs was first noticed when two weeks old, the deformity having been increasing ever since. She was a very well-nourished, breast-fed infant. The right foot is about a quarter of an inch longer than the left. The enlargement is very symmetrical, and greater at the proximal than at the distal extremity of the limb; it is formed mostly of soft tissues, but an increase in size of the bones also is shown by a skiagram. The other limbs are healthy, and there are no congenital tumours or other abnormalities.

The second case was that of a female infant, *æt.* 4½ months, in whom enlargement of the lower part of the left leg was noticed at birth. Enlargement of the thigh was noticed till the child was two months old. A very well-nourished, breast-fed baby. The left leg appears to be about a quarter of an inch longer than the right; the enlargement is most marked in the thigh. There is perhaps some slight increase in size of the right foot also. The other limbs are normal. There is asymmetry of the cranium, causing a projection of the left side; the left side of the face is fuller than that of the right; No other congenital abnormalities are present, save a capillary *nævus* on the back.

A CASE OF HERPES BRACHIALIS WITH DELTOID PARALYSIS.

Dr. S. VERE PEARSON showed a painter, *æt.* 52, who was taken ill on February 16th, 1902, with a sharp burning pain about the left arm, and inability to move the upper part of the arm. The following day an eruption appeared covering the left arm, the patient describing it as "clusters of watery blisters." On March 11th, as the loss of power persisted, he was admitted to St. George's Hospital. The eruption extended from the shoulder to the wrist, and was present on every aspect of the limb, in distribution corresponding to the terminations of the nerves from the posterior roots of the fifth cervical to the second dorsal segments. There was complete paralysis of the left deltoid with some atrophy, and almost complete paralysis of the latissimus dorsi. The other muscles of the left extremity were flabby and rather wasted. The herpes gradually healed. The paralysis remained stationary for about a fortnight, the other muscles of the left extremity becoming wasted more from disuse. Then the deltoid and latissimus dorsi began to regain their power, and they continue to do so. These muscles have been having galvanism: massage has also been employed. The other muscles of the left arm have become at the same time firmer and stronger. The electrical reactions are normal. Considerable neuralgic

pain persisted up to about three weeks ago, but has now gone. There has been no loss of sensation.

A CASE OF BRADYCARDIA.

Dr. VERE PEARSON showed a man, *æt.* 46, who, in August, 1901, had a sunstroke. Since that time his pulse-rate has ranged between twenty and thirty-six beats a minute. He was never seriously ill before. There is no knowledge of what his pulse-rate was before the sunstroke. He is able to get about, but has been unable to do any work for the last eighteen months because he finds himself incapable of any exertion. He is a well-nourished man, of nervous temperament, at present in St. George's Hospital. The pulse-wave is good and the tension rather high; the artery is somewhat thickened. Examination of the heart shows that the left ventricle is large, the apex-beat being under the fifth rib, just outside the nipple line; no other abnormalities are noticed about the heart. The urine is healthy, its average sp. gr. is 1024, and it contains a normal amount of urea. No dyspepsia. Since the onset of the attack the patient has been subject to syncopal attacks, at first as many as four or five a day, lately very seldom—only about six in the last year. There is a momentary dizziness and then complete unconsciousness, without convulsions or paralysis, lasting four to eight minutes. These attacks apparently resemble those of "Adams' disease," described by Osler in "Angina Pectoris and Allied States."

A CASE OF A LARGE SPONTANEOUS VENTRAL HERNIA.

Mr. T. CRISP ENGLISH showed a man, *æt.* 62, who about twelve years ago developed a small swelling in the right semilunar line below the umbilicus, attributed to heavy lifting. It steadily increased in size, but caused no inconvenience until a year ago, since when its weight has prevented his working, and had caused pain in the back with occasional vomiting. The patient states that he has always been stout, has not suffered from a cough, and takes only a moderate amount of alcohol. A belt has been worn for the hernia since its first appearance. On examination there is a very large ventral hernia springing by a broad base from the right semilunar line, and measuring seventeen inches vertically and thirteen inches transversely. It occupies the middle line and hangs down on to the groins; it is resonant all over, and cannot be reduced at all into the abdomen. The umbilicus is not on the skin covering the hernia, but on the abdominal wall in the deep fold between the hernia and the abdomen on the left side. The patient was admitted into hospital to be fitted with a fresh belt.

CASE OF MULTIPLE RODENT ULCERS.

Mr. BRUCE CLARKE showed a man, *æt.* 37, who two and a half years ago first noticed a small red spot on the outer canthus of the left eye, which gradually grew in size. Seven months later a second spot occurred near the outer canthus of the right eye, and increased slowly in size. Present condition: beneath right eye large red swelling reaching from internal canthus outwards for one inch, three-quarters of an inch in breadth, irregular in shape, covered with dry scales. Similar excrescence on left side, but smaller and more flattened. Several small suspicious-looking spots on face. The swelling was scraped under an anæsthetic, and the scrapings examined microscopically, showing it to be rodent ulcer. On March 10th all suspicious spots were excised, as well as growth beneath eyes. These were examined separately, and the structure of rodent ulcer was shown in each. Patient now undergoing electrical treatment four times a week, and is deriving considerable benefit from it. The ulcers are healing quickly.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD FRIDAY, APRIL 17TH.

Dr. LEWIS MARSHALL (Nottingham) in the Chair.

Dr. DAVID WALSH showed a case of "ichthyosis hystrix" in a female, *æt.* 6½ years. The condition was noticed shortly after birth, and occurred on the neck and face. The part on the side of the neck was verrucose and deeply pigmented, that on the face was in

a hypertrophied condition somewhat like cheloid, but without warts or pigmentation, and terminated at the middle line.

Mr. GEORGE PERNET said he did not agree with Dr. Walsh's views—the greater part of the growth was of the nature of a white mole; it was certainly developmental, and that was as far as he would admit. He said it did not suggest to him cheloid, and it did not come within the category of warty streaks.

Dr. PORTER PARKINSON showed a case of "dextrocardia" in a child, *æt.* 6. It was admitted into hospital with rheumatic fever, and the condition of the heart was discovered in the course of a physical examination. The heart sounds were natural and there was no displacement of viscera.

Dr. GEORGE CARPENTER showed an unusual

CASE OF SCURVY

in a female infant, *æt.* 9 months, the prominent symptom of which was hæmaturia. The child's gums were spongy, there were no subperiosteal hæmorrhages; it was also rickety. He drew attention to two features in the case, namely, well-marked "snuffles" and extensive craniotabes over the parietal bones. He had frequently called attention to this situation in the skull as being the usual site, and not the occipital bone as was taught. He said that craniotabes was most common during the second, third, and fourth months of life, and that by the ninth month it was infrequently met with; that during the pre-rickety period of life craniotabes was a marked feature, and when rickets was present craniotabes was found infrequently. He thought there was a difficulty also in giving a true value to chronic "snuffles." In some, congenital adenoids were present, in others they were not, and again in others the posterior nares could not be digitally examined. Some were certainly syphilitic manifestations, but about others there was some doubt. This patient had congenital adenoids. When he found craniotabes in a patient he suspected syphilis, and it prompted him to make an exhaustive inquiry.

Dr. EDMUND CAUTLEY thought that too much stress could not be laid upon "snuffles" in hospital practice, but in private practice he would look upon it with suspicion. He could not agree with Dr. Carpenter that craniotabes was very frequently associated with syphilis. He looked upon craniotabes in many instances as due to errors in diet which later on might lead to rickets or other disorders of nutrition. He thought syphilis might predispose to it inasmuch as it debilitated the child and impaired its nutrition. He called attention to venous dilatation on the scalp which a French author sought to connect with syphilis, but which he regarded as due to malnutrition and thinning of the skin of the scalp.

Mr. SYDNEY STEVENSON asked whether the condition of spongy gums was invariably limited to the site of erupted teeth.

Dr. G. A. SUTHERLAND thought the condition of craniotabes was not nearly so common as had been thought; he was inclined to believe it was syphilitic in origin. In his experience also the parietal bone was the most frequently affected, but in some cases it was singular how generalised the condition was in the skull bones. "Snuffles" was another difficult problem. "Snuffles" was not to be regarded as diagnostic of syphilis; if there was any doubt during the first two or three months of life as to whether a case was "adenoids" or syphilis he would say syphilis was very much more likely than adenoids. It was surprising how many children were brought for advice because of hæmaturia, especially under the age of twelve months. At an autopsy in one such case the pathologist found an extravasation of blood under the mucous membrane of the bladder.

Mr. J. S. MACINTOSH had seen many young babies with congenital adenoids, and thought that some cases of catarrh of the nose were gonorrhœal in origin.

Mr. HENRY SKELDING (Bedford) asked whether the child had been taking mercury before coming to hospital. He had seen a similar condition produced by that drug.

Dr. LEWIS MARSHALL (Nottingham) said that children

suffered from "snuffles" from causes which were unimportant. It would be very rash to arrive hastily at the conclusion that children who suffered from "snuffles" were syphilitic necessarily. He thought that craniotabes was not as common as was supposed, and when it existed he did not attribute it to syphilis; malnutrition might induce such a condition. He did not think Dr. Carpenter had very clearly made out that his case was one of scurvy rickets. He did not notice the mention of subperiosteal hæmorrhages or a purpuric eruption. Hæmaturia was very common in children, and the causes were often quite unimportant; one of the commonest was lithiasis. He had recently seen in the Midland counties three or four cases of scurvy rickets which were the direct products of Mellin's Food.

Mr. GEORGE PERNET considered craniotabes suggestive of syphilis, and with regard to "snuffles" he would not diagnose congenital syphilis on that condition alone. He had noticed how pale the infant was owing to improper feeding with food deficient in iron. He would advise the daily use of thoroughly cooked green vegetables to remedy that deficiency.

Dr. GEORGE CARPENTER, in reply, said that his experience of craniotabes had been drawn from the observation of 238 typical cases of that state, and he did not think the condition an uncommon one. He did not consider subperiosteal hæmorrhages and purpura essential to the diagnosis of scurvy; the case he had shown was in his opinion typical of that condition, although it lacked those manifestations on which Dr. Marshall had laid stress. Spongy gums did occasionally arise in edentulous infants, but it was unusual. In his experience, infants taking mercury did not develop spongy gums and hæmaturia, and his case had not taken that drug.

Dr. LEWIS MARSHALL (Nottingham) read a paper on cases of deformity of the hands and feet reproduced with singular faithfulness in five succeeding generations. Each hand and foot lacked the distal and middle phalanges and the little and ring toes were ill-developed.

SOCIETY OF ANÆSTHETISTS.

MEETING HELD FRIDAY, APRIL 3RD, 1903.

The President, MR. WALTER TYRRELL, in the Chair.

MR. W. FOSTER CROSS read a paper on
SOMNOFORM.

Mr. Cross reminded his hearers that this drug was a mechanical mixture of ethyl chloride, 60 per cent., methyl chloride, 35 per cent., and ethyl bromide, 5 per cent. In his experience the claims made for it by Drs. Rolland and Field Robinson, who introduced it to the notice of the profession about a year ago, could not be entirely maintained, for if their method of administration were adopted patients strongly objected to its odour and the feeling of suffocation to which it gave rise, and that this caused a good deal of struggling and rigidity, so much so that it often embarrassed the operator. Mr. Cross, therefore, substituted for the mask suggested by Dr. Rolland an ordinary celluloid Rendle's mask with the holes lightly plugged with lint. The signs of anæsthesia, if the drug were given without too free a supply of air, are flushing of the face, never cyanosis, deep, regular breathing, fixed position of the eyes, pupils at first widely dilated, but later contracting, with loss of conjunctival and corneal reflexes. Pulse is rapid at first, but soon becomes regular, although increased in frequency. Muscular relaxation he found uncertain, and therefore somnoform cannot be relied upon where this relaxation is essential. Mr. Cross was never able to obtain an anæsthesia of more than about eighty seconds' duration, but thought that somnoform had the following advantages over nitrous oxide gas, viz., that the anæsthesia is longer and there is complete absence of jactitation and cyanosis. The speaker was unable to support the claim that vomiting was uncommon after the administration of somnoform, having found it not at all infrequent. He had happily no experience of dangerous symptoms under the drug, but had seen a certain amount of collapse which might have ended disastrously if the anæsthetic had not been promptly discontinued. Mr. Cross, differing from Dr. Rolland, had not found recovery immediate in all cases.

The speaker laid stress upon the point that somnoform is liable to decomposition, giving off free bromine, with the risk of consequent respiratory trouble. The cost of the preparation is a point against it.

Dr. SWAN said that he also had had to discard the apparatus advocated by Rolland and found a Rendle's mask with a rubber bag fitted over the end more satisfactory. He found the best guide to anæsthesia was to move the fingers backwards and forwards in front of the patient's face, and had found that in from 90 to 100 seconds, and in some cases 35 seconds, the eyes became fixed, and the patient was ready for operation. He had found a good deal of muscular rigidity, but thought that this was less marked than when he was using Rolland's mask. Dr. Swan had found no difficulty from patients objecting to the smell and a sense of suffocation when he used his apparatus, as the bag allowed room for breathing, and if patients were warned that the smell would not be pleasant they did not struggle or object to it. The speaker thought that it deserved further trial, but should be restricted to short operations.

Mr. EDGAR WILLET's experience of the drug was similar to that of Mr. Cross, and had decided him not to give it a further trial, as he found the ordinary anæsthetics in use a good deal better.

Dr. DUDLEY BUXTON said in his opinion the society ought to emphatically record its censure upon the employment of such fancy and misleading names as "somnoform," "narcotile," "kelene," &c., and should encourage a careful physiological research upon the action of any new anæsthetic agent before recommending its adoption. Dr. Dudley Buxton pointed out that no serious attempt had been made to investigate the physiological action of somnoform, and as far as he could see it was merely a proprietary and costly form of chloride of ethyl and inferior to it on account of its disgusting smell.

Dr. MACCARDIE said that he had carefully compared the actions of somnoform and ethyl chloride and found them practically identical, except that the former had bromide of ethyl in it, which was objectionable on account of its unpleasant smell, and he could not see that it served any useful purpose, nor could he see the object of admixing methyl chloride, and he thought it far better to use ethyl chloride alone. Dr. MacCardie found it difficult to get relaxation of muscles unless the drug was pushed. He supported Dr. Dudley Buxton's objection to the name of the preparation.

Mr. HARVEY HILLIARD had found Dr. Rolland's method of administration unreliable and unsatisfactory, owing to the unpleasant sensations of the patient, and the struggling and muscular rigidity, and had soon discarded it in favour of a Braine's modification of Ormsby's inhaler. With this apparatus he had been able to produce exact results in from twenty to thirty seconds, viz., complete muscular flaccidity, with loss of corneal reflex, the anæsthesia lasting from one to two minutes and sometimes as long as four or five, this depending upon the degree of exclusion of air and the time taken during induction. In children he had found 2½ c.c. quite sufficient to produce perfect anæsthesia for the removal of tonsils and adenoids, and he thought that somnoform was of value in operations of this character. He had found vomiting very common, and also intense headache lasting several hours; these were the great objections to the use of somnoform in private practice. He thought it should not be used for long operations owing to the impossibility of maintaining an even depth of anæsthesia.

Dr. BOYLE had experienced collapse, muscular rigidity, and struggling while administering somnoform, while vomiting was not uncommon; he therefore thought that for general use somnoform had no advantages over other anæsthetics.

Drs. Noble, Barton, and the President also spoke.

The meeting then resolved itself into the annual general meeting, when the following gentlemen were elected for office during the ensuing session:—President, Mr. Carter Braine. Vice-President: Dr. F. W. Silk. Hon. Treasurer: Dr. Probyn Williams. Elected Members of Council: Mr. Walter Tyrrell, Dr. George

Flux, Dr. Willett. Hon. Secretaries: Mr. Harvey Hilliard, Dr. MacCardie. Auditors: Dr. Blumfeld, Dr. Ada Browne.

THE SOCIETY FOR THE STUDY OF INEBRIETY.
 QUARTERLY MEETING HELD (in the rooms of the Medical Society of London) TUESDAY, APRIL 21ST, 1903

The PRESIDENT, HARRY CAMPBELL, M.D., F.R.C.P.,
 in the Chair.

THE PRESIDENT delivered the Annual Address, the subject being

THE STUDY OF INEBRIETY: A RETROSPECT AND A FORECAST.

The object of the Society, he said, was the study of inebriety in all its forms—not only the inebriety produced by alcohol, but also the various forms of drug inebriety, such as those produced by opium, cocaine, chloral, sulphonal, as well as by tobacco, tea and coffee. He pointed out that caffeine, the active ingredient of tea and coffee, is a vegetable waste-product, an excrementitious substance allied to the waste-products of animal organism urea and uric acid, that it is excreted as such by the kidneys, and may thus in course of time predispose them to disease. Caffeine had, moreover, a powerful action on the heart and blood-vessels, as well as upon the nervous system, and he raised the question whether it was wise to administer this drug as a matter of routine to children. He attributed much of the nervousness not only among adults, but among children, especially the children of the poor, to the practice of excessive tea-drinking. He asked the question why it was so difficult to get a good cup of coffee in this country. Many of the poor had never tasted the pure article.

Tobacco inebriety was a subject which just now especially claimed attention. He had over and over again seen the nervous system shattered by excessive smoking. The practice of cigarette smoking among boys had reached dangerous proportions and needed legislative interference. He had little sympathy with the superlative fear, prevailing among many, of interfering in the slightest degree with individual liberty; that bogey would vanish with increasing social enlightenment. Let the individual have all the liberty he craved to do good, but do not let him have a free hand, above all before he arrives at years of "discretion," to injure himself, and thus indirectly the state. He pointed out that the ill-effects of alcoholic drinks are largely due, not to the alcohol they contain, but to foreign substances such as arsenic and lead, as well as to deliberate adulterations. If people will drink alcohol, steps should be taken to see that the community is provided with an unadulterated article, especially when that community spends something like £150,000,000 annually on its drink bill. Much inebriety of all sorts was induced by advertised nostrums. One had made thousands of chloral drunkards. All owners of nostrums should be compelled to publish with each sample an analysis of its contents. To allow this trading in secret remedies was unworthy of an enlightened people, and an insult to that large army of scientific workers, all over the world, who were earnestly, patiently, and laboriously seeking to fight disease, content to get their reward, not in financial advancement, but in the knowledge of good work done.

The HONORARY SECRETARY read for Mr. Arthur Sherwell a paper on

INEBRIETY IN SCOTLAND,

in which, as the result of an extensive statistical investigation regarding the returns as to consumption of alcohol, prison records, reports of mental cases and official figures of the mortality from intemperance it was shown that inebriety was on the increase and particularly in female subjects.

A large number of Members and Associates took part in the discussion.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST,
 ON THURSDAY, APRIL 23RD.

The President, DR. JOHN CAMPBELL, in the Chair.

DR. DRYDEN STEAD showed an interesting case of

"injury to the brachial plexus." The patient was a working man, who sustained a fall a year ago, lighting on his back. There was no fracture. There is complete paralysis of all muscles supplied by the three main trunks of the plexus, and there had been anæsthesia in the arm, which, however, had gradually disappeared.

Dr. DARLING described a somewhat similar case, in which there was a fracture of the arm. In his case he cut down on the plexus, but failed to give relief owing to the complete matting of all the tissues, and he finally had to amputate the arm.

Dr. FULLERTON expressed some doubt about the symptoms in the case shown being really due to injury of the brachial plexus, not seeing how such an injury could be caused by a fall on the back. He thought it more probably due to hæmorrhage into the spinal cord.

Dr. FULLERTON showed a case of "coxa vara," on which Mr. Robert Campbell made some remarks.

Dr. ROBERT MCDOWELL read notes of a case of "puerperal eclampsia," and Dr. J. J. Austin read a paper on the same subject. He dwelt particularly on the great importance of treatment in the pre-eclamptic stages. He advocated the use of thyroid extract, blood-letting, and saline injections.

Professor BYERS asked to be allowed before discussing these papers to refer to a personal matter. This was his first opportunity of thanking the Fellows and members of the Society personally for their great kindness and sympathy shown to him in his recent trying experiences, and for their resolution formally expressing to him those feelings, which they had passed at their last meeting. He then proceeded to discuss the papers, dwelling specially on the difficulties of explaining all case of puerperal eclampsia by any theory yet suggested. To be at all satisfactory, a theory must account for five facts among others—(1) that eclampsia is more liable to occur in twin pregnancies; (2) that if the fœtus dies the fits stop; (3) that the later after delivery the fits occur, the better is the prognosis; (4) that the majority of cases occur in primiparæ; (5) that there is generally fever with the attack.

The meeting then adjourned.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 25th, 1903.

HARMFULNESS OF BORACIC ACID.

THE *Therapie d. Gegenwart* relates that Professor C. v. Noorden, Frankfurt-on-Main, had introduced a 3½ per cent. solution of boracic acid into his wards as a mouth wash. A short time afterwards several cases of pronounced diffuse stomatitis occurred, with swelling of the mucous membranes of the lips and gums, swelling of the edges of the tongue, salivation, and ulceration. Under the use of a weak solution of potassium chlorate, the inflammation passed off in the course of two or three days; but on the use of the boracic being resumed severe recurrences of the stomatitis took place. As soon as the use of the boracic acid was stopped all the symptoms of inflammation of the mouth disappeared.

In another case, nine to ten grammes of boracic acid in a glass of water taken internally set up severe pain in the stomach and diarrhoea, with intestinal catarrh characterised by diarrhoea, which lasted about six weeks, and which reduced the patient very much.

At the Society für Innere Medizin, Hr. Joachimsthal related a case of

SPONDYLITIS WITH RECOVERY.

The patient shown was a boy, æt. 9, who, when æt. 1, had whooping-cough, measles, and influenza. In connection with the latter affection right-sided middle-ear disease developed, for which the mastoid was opened, after which a facial paralysis that had already appeared remained behind. Shortly after the spondylitic symptoms appeared, pains in the body and

back, stiffness of the back, and the diagnosis was soon after rendered certain by a gibbous in the upper part of the back. Extension and corset treatment were now applied. A year after these symptoms developed paralysis of the lower extremities and of the bladder appeared. These symptoms became worse, and when the speaker first saw the patient in 1899 there were complete spastic paralysis of the lower extremities and absolute incontinence of urine. There was a prominence in the upper part of the dorsal vertebræ, and exaggerated reflexes. The boy was put permanently on a horizontal plaster bed after Lorenz's method, and extension applied. When he had lain about six months in this position a swelling appeared on the right side of the neck, an abscess which in all probability was connected with disease in the spine lower down. It was opened by an incision inside the sternocleidomastoid, and examination showed that it reached to the vertebral column; but the deeper-lying centre could not be reached. A surprisingly rapid subsidence of the paralytic symptoms followed the opening of the abscess. The cramps ceased even on the same afternoon, and from day to day the symptoms improved, those of the bladder also, so that three weeks later the patient could walk without support and could pass urine voluntarily. The fistula in the neck, which persisted a long time, was now after three years closed, and the patient could be considered as recovered. Two points in the case were of special interest—first, the development of the spondylitic abscess upwards, in opposition to the general rule of downwards. The reason for this was probably the horizontal position in which the boy was maintained. Then there was the rapid and complete disappearance of the paralysis after the opening of the abscess.

At an earlier meeting of the society, Hr. H. Citron showed a case of

GASTRO-ENTEROSTOMY WITH RETENTION OF MURPHY'S BUTTON.

The patient was a female who had been suffering for about two years when she came under his care. There was then very considerable dilation of the stomach following stenosis of the pylorus. Gastro-enterostomy was performed by Adler, a Murphy's button being used. The results were good, the patient had gained two kilogrammes in weight; but the fate of the Murphy's button was uncertain. The patient believed it had not passed away. Röntgen illumination in September last showed that this belief was well founded, and a fortnight ago the button, which up to then had changed its position several times, could be felt near the umbilicus. It could still be felt in the same situation. No symptoms had been caused by its retention.

Hr. Adler remarked that he had operated and used the Murphy's button on account of the extremely reduced condition of the patient. The retention of the button could not be avoided and in general was well borne. The retention was, however, not desirable, although it frequently happened, and he was of opinion that although operation was accelerated by the use of the button it was better to effect union by suture. Moreover, some sutures were necessary even with the button.

THE TREATMENT OF WHOOPING COUGH WITH QUININE.

Paul Heim, of Pesth (*D. Med. Zeitung*, No. 2), writes that he has treated eighteen cases of whooping cough with quinine with good results. In the case of children under a year old he gave, at three times, as many centigrammes as they were months old. Children from one to four received as many decigrammes as they were years old. Children over four received $1\frac{1}{2}$ grammes once daily; then, for three days together, twice a day,

after this the dose was diminished. The whole treatment lasted from ten to twenty days. The quinine shortened the disease and mitigated the attacks. Improvement was often observed from the second day. Antipyrin had no favourable effect. He was of opinion that quinine was borne better by children than by adults. The treatment was the more successful the earlier begun.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 25th, 1903.

ANÆMIA AND ATOXYL.

At the "Gesellschaft," Zeissl showed two patients whom he had treated with atoxyl, or, in other words the metarsenate of aniline, for anæmia. The cause of the disease had been *acne vulgaris* in the one case, and syphilis in the second. The first had taken one and a half kilogrammes, or 3.3 lbs. of the salt in a fortnight; the second case took three kilogrammes in sixteen days. Zeissl said he had now treated sixteen cases with this drug and was perfectly satisfied with the result. The diseases treated were psoriasis vulgaris, lichen ruber acuminatus, anæmia from syphilis and acne as the cases shown, and seborrhœa anæmicorum. In every example the general appearance rapidly changed, while the body weight increased in a surprisingly short time—a result which he has never experienced under the influence of other arsenical or iron salts. In the anæmia of females, atoxyl regulated the menstrual flow and speedily increased strength. Zeissl administers the drug subcutaneously in the form of a 20 per cent. solution, aseptically injected well into the gluteal muscles, commencing with two injections and increasing the dose till one cubic centimetre is given every fifth day. In two of the cases he commenced with full quantities without the least bad effect. He never sterilises the fluid, as it always remains aseptic nor has he ever seen any abscess or injurious local effects from the injections, which are, moreover, painless.

Teley asked if Zeissl considered the increase of body weight to be due to any inherent property of the atoxyl or simply due to the increase of appetite and rapid assimilation, or did he think the increase due to any influence the drug had on pathological change produced by its administration.

Zeissl thought it was simply due to the increase of appetite in the patient.

THE IODIDES IN PRIMARY SYPHILIS.

Zeissl also showed two patients who had suffered from primary syphilis. The first was treated at first in the orthodox fashion with inunctions, &c., but the ulcers and papules on the tongue, lips, and buccal surface of the mouth did not improve, and the mercury had caused gingivitis. The treatment was altered from the proto-iodide of mercury to the iodide of sodium with immediate relief. Two grammes of the salt were given daily.

The second case had been treated with the sodium iodide salt by rectal injection with equal success. No matter how mercury was administered to the neurasthenic, whether by inunction or *per os*, it is likely to cause colic pain or sickness, while the iodide of sodium per rectum is well borne. Each contained two to three grammes of iodide of sodium in 30 grammes of water, to which six or eight drops of laudanum may be added. Zeissl injects this solution high up in the bowel by means of a Jake's catheter and syringe. Absorption of the drug takes place within a quarter of

an hour, as a piece of lunar caustic applied to the tongue will give the yellow colour of the iodide of silver.

CHLOROMA.

Weinberger showed microscopic preparations of blood and tissues from a case of general lymphoma with the characteristic green colour.

The patient was a boy, *æt.* 15, who had been perfectly healthy all his life until July last, when he had scarlet fever from which he never seems to have recovered, although he was discharged as convalescent.

The history of the fatal disease is that he began to grow pale and complained of stiffness in the legs, swelling of the glands around the neck, and in the groin, accompanied by persistent bleeding from the mucous membranes of the nose and mouth, and from the skin. The heart was enlarged with a systolic murmur; the spleen could be felt one inch and a half below the lower margin of the ribs, and the temperature was 38° to 39° C. (100.4° F.). The examination of the blood confirmed the diagnosis of acute leucocythæmia. The blood rapidly coagulated; hæmoglobin, 45 per cent.; erythrocytes, 4,500,000; leucocytes, 13,000, giving a proportion of 1 to 346 red corpuscles. According to Ehrlich's colour test, 86 per cent. were large lymphocytes; 8 per cent. were small lymphocytes; and the rest polynuclear, with a few neutrophile and eosinophile cells. There were no giant-cells or any changes in the red corpuscles. In the urine primary albumosis (Bence-Jones) was noted, which led to the belief of osseous lymphatic hyperplasia. As the disease advanced the symptoms became more serious. Vertigo, stiffness of the spine, involuntary micturition and defæcation, pain in all the bones, hæmorrhage in right ear, with marked deafness in both ears from labyrinth disease; hæmorrhage of the retina, emesis, black stools and blood in the urine. At this time the number of leucocytes began to increase to 20,000, and between February 5th and 7th, they rose to 72,000; erythrocytes, 3,200,000; Flesichl, 25 per cent., the proportion of white to red being 1 to 44. The large lymphocytes still predominated. The diagnosis of acute lymphatic leucocythæmia was indisputable, but the youth of the patient was against chloroma, as the mental dulness, exophthalmos, and the swelling of the occipital and temporal regions were absent. Respirations normal, urine reduced, urea increased, and the specific gravity of the blood 1047.

The post-mortem was conducted by Professor Weichselbaum, whose report runs: Lymphatic leucæmia numerous, leukæmic lymphome (chloroma) of the dura mater, outer surface of the pericardium, stomach, bladder, periosteum of the spine and canal, with compression of the dorsal part of the cord. There was also the same leukæmic infiltration of the hilus of the spleen, kidneys, and base of the lungs, as well as Glisson's capsule. There were numerous hæmorrhages of the dura mater, serous covering of the brain, pleura, lungs, and endocardia. Extensive hyperplasia of the lymphatic apparatus in the form of small green growths or nodules corresponding to Kundrat's lympho-sarcoma. These growths were limited to the external surfaces and did not arise from the deeper tissues. From the infiltration of the liver, spleen, and marrow of the bones associated with the green colouring matter no doubt exists that the case was one of chloroma. Zeissl remarked that the green colouring was in favour of chloroma, but the pathological anatomy and clinical history was indicative of a lympho-sarcomatous leucæmia. Türk thought the diagnosis of active leucæmia and lympho-sarcoma to be a delicate matter. The chloroma or colouring matter may have been

accidental in this case, but it was usually associated with malignant lympho-sarcoma and lympho-hyperplasia with or without lymphæmia. The case recorded is certainly unique and happily rare. It is generally agreed that it is lympho-sarcomatous with colouring matter and presenting acute lymphatic symptoms which may be more probably defined as lymphæmic, or sublymphæmic. Sternberg could not agree with Zeissl as to the diagnosis of this case as chloroma from lymphatic leucæmia in contradistinction to lympho-sarcoma. The differentiation would be too delicate.

The Operating Theatres.

CANCER HOSPITAL.

VAGINAL HYSTERECTOMY FOR CARCINOMA OF THE FUNDUS OF THE UTERUS.—Mr. BOWREMAN JESSETT operated on an unmarried woman, *æt.* 40, who had been admitted for carcinoma of the fundus of the uterus. She had been quite regular until about two years ago, and then became very irregular and had occasional sharp hæmorrhage; there was very little discharge, and what there was of watery consistency and rather badly smelling. She complained of bearing down and weight at the bottom of the abdomen. On examination of the abdomen no tumour could be felt; there was some tenderness just above the pubes on deep pressure. *Per vaginam*, the uterus was found to be somewhat enlarged, the os was apparently healthy and felt smooth, the whole organ was mobile, there was no thickening in either fornix. With the speculum a slightly sanguineous discharge was seen escaping from the os. The sound passed in some three and a half inches, causing some bleeding. Bimanually, the uterus was found to be mobile, enlarged, and tender. The diagnosis arrived at was carcinoma of the fundus of the uterus, and operation was recommended. Hysterectomy was performed, and in dividing up the mucous membrane of the roof of the vagina and pulling the uterus down, the anterior wall was found to be quite rotten, and it was with some difficulty that the organ was delivered. Ligatures were used on both sides, and the vagina packed with iodoform gauze after pulling down the anterior and posterior flaps of peritoneum. Mr. Jessett said that the interest of this case lay in the diagnosis; no disease, he pointed out, came on more insidiously than cancer of the fundus of the uterus, and in the early stages it was almost impossible to say if the patient was suffering from carcinoma or not without dilating the uterus and curetting some of the endometrium, and having the *débris* examined by a pathologist; even then the pathologist's report was often at fault, as it was more than likely that the scrapings given to him for examination might not have been from the small diseased surface, which often only existed in the early stages. In the case upon which he had just operated the patient, he remarked, had evidently suffered from the disease for some months prior to applying to her medical man for advice, and even on ordinary examination she might have been passed as suffering from some inflammatory condition of the endometrium which was not malignant; but in his experience, when a patient suffering from sanguineous discharge and occasional sharp hæmorrhages at the age of this woman, especially when on examination the passage of the sound caused bleeding, the surgeon may safely anticipate that the cause of the hæmorrhage is malignant disease of the fundus.

The patient made an excellent recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 29, 1903.

THE MEDICO-LEGAL ASPECT OF CHLOROFORM ADMINISTRATION.

THE employment of such a powerful, and under certain circumstances lethal, agent as chloroform places a very great responsibility upon the shoulders of the medical man who undertakes the task of inducing anæsthesia. So great is this responsibility that the necessity of entrusting the induction of anæsthesia to a qualified man specially delegated thereto is generally recognised, and no one will gainsay the inexpediency of cumulating the functions of chloroformist and operator in the same individual. Admitting that in country practice it is not always practicable to secure the assistance of a fellow-practitioner, the onus of establishing that point naturally rests with the operator. A mishap which occurred under these circumstances in the North recently formed the subject of an action for damages, it being alleged by the plaintiff—the widow of the unfortunate victim—that death was due to the inobservance of certain precautions by the surgeon, amounting to negligence. The alleged negligence consisted in the chloroform having been administered soon after a hearty meal, in the absence of skilled assistance, and the lack of appliances and drugs for resuscitation. The jury returned a verdict in favour of the defendant, having, no doubt, been influenced by the consideration that in the event of negligence being established, patients in districts remote from the centres of civilisation would in future be deprived of relief even if they were willing to incur the extra risks. Any other decision, indeed, would have had far-reaching and very serious consequences for the public, since no practitioner would henceforth have been willing to render himself liable to an action for damages for doing his best to perform what he conceived to be his duty. Looking at the question from a broader point of view, it may be laid down that a practitioner who does not take all the usual

precautions before administering an anæsthetic, and who more particularly does not make use of the best available means which the ingenuity of inventors has placed at his disposal to minimise the risks of anæsthetisation, fails in his duty to his patient. We are impelled to this remark by the fact that practically all the deaths under chloroform occur when the drug is administered by what is commonly and erroneously described as the "open" method, that is to say, on a towel or ordinary mask. Present methods of teaching in the medical schools are largely responsible for this faulty procedure being so popular. It is quite the exception for a practitioner to have been trained to use a scientific inhaler which alone will enable him to measure the exact quantity of the drug that is being inhaled. One of these days the public will awaken to the unnecessary risk to which they are exposed by the neglect to employ such inhalers, against which nothing can be urged except their expense and the moderate amount of experience which their use requires. The aggregate death-rate from chloroform narcosis is still lamentably high, and it shows no signs of a tendency to diminish—rather the contrary. Circumstances may justify a relaxation of these precautions, but such relaxation should be the exception and not the rule, as we fear it is at present. The result of the action just referred to must not blind us to the fact that a great moral responsibility, which the whim of a jury may at any time convert into a legal responsibility, falls upon those who lightly manipulate an agent with such disastrous potentialities.

THE JUVENESCENCE OF MIDDLE LIFE.

It used to be said that "forty was the old age of youth, and the youth of old age," but such can hardly now be considered an accurate summary of the supposed point of fullest maturity. A writer in the current number of the *Spectator*, in a suggestive essay on "The Apotheosis of Middle-Age," clearly indicates the change in the manner and methods of the middle-aged men and women of to-day. The parent is now the companion, partner and fellow-competitor of his sons, the middle-aged woman is oftentimes considered more eligible for marriage and far more attractive than her daughters; the middle-age period of life is, in fact, being dropped out of the count. Even the manifestly aged are coming to retain a youthfulness of manner and strenuously cling to the habits of full maturity. Viewed from the social standpoint, this is in great measure most excellent. But, considered in its physical bearings, it offers matter for serious consideration. Of this there can be but little doubt that, generally speaking, the middle-aged man and woman of to-day lives a fuller, healthier, and in every way richer and more useful life than did their grandparents. Is this apparent progress likely to be maintained in the coming generation? Can this early blossoming of the young and long-retained virility of the comparatively aged be considered desirable for the race? In short, must we consider the present condition of things as the direct

outcome of the working of natural law, a phase in the true evolution of the human, or merely the outcome of a transitory condition circumstanced mainly by fancy and fashion? The old régime has changed, but there is but little evidence that the innate vitality of human tissues have appreciably altered. It may be, therefore, that while the retention of a youthful bearing and a juvenility of action by those whose physical textures are at least middle-aged is in many ways delightful and desirable, both for their own pleasure and the profit of the actually young, yet it is very necessary to consider whether permanent deterioration may not be wrought on the coming race. It is particularly difficult to estimate what the effects of stress and strain in the one generation may have on that which is to follow. And it must be remembered the question is not one purely for organic estimation and expression in physical terms. The association of the middle-aged with the youthful is having a far-reaching effect on the psychology of the latter, and moral, social and economic problems of the greatest importance arise out of this modern re-arrangement in the mileage of life. In spite, however, of manifest disadvantages for the many, and not forgetting the threatening danger of mental derangement and physical disaster for the few, we are firmly of opinion that the juvenescence of middle-age marks a stage in man's upward climb.

THE RURAL MEDICAL OFFICER OF HEALTH.

THE lot of the progressive medical officer of health who places duty above merely personal interests is little to be envied. To a certain extent that proposition applies generally to both urban and rural medical officers, but the resulting inconvenience and loss, as a rule, are incomparably greater in the case of the country cousin. In large and medium-sized towns the medical officer of health nowadays in ninety-nine cases out of a hundred devotes his whole time to the work. Under those conditions he is entitled to the support of the Local Government Board, without whose sanction he cannot be dismissed by his sanitary authority. It is true that he rarely obtains any active support from the central authority should he endeavour to introduce even absolutely and obligatory sanitary measures, which may be distasteful to his board for any reason. Should he be attacked specifically, it is always in his power to appeal to the Local Government Board for a formal inquiry into the facts of the case. In this way the "whole time" medical officer, to call him by a familiar phrase, is not fighting his battle altogether without support if he find himself unhappily opposed by the ignorance and prejudices of a section of members of his sanitary authority. It is far otherwise, however, with the "half-timer," as he is called, in the smallest towns and in the rural districts. The members of his board are often his private patients, and he is indeed a brave man who would run the risk of offending by his over-zeal the whole

of his *clientèle*, ranging from the titled landowner down to farmers, tradesmen, and cottagers. Every advance in sanitation, as, for instance, the institution of drainage, the provision of a pure and ample water supply, or the prevention of infectious disease, means an immediate addition to the rates, a point which always looms large on the rural horizon. The whole subject was recently brought before the notice of the Society of Medical Officers of Health by their president elect, Dr. Joseph Groves, Medical Officer of Health for the combined sanitary districts of the Isle of Wight, and himself one of the oldest and most energetic "half-timers" in the kingdom. His remarks deserve the closest attention of all who are interested in the progress of national health. He pointed out with emphatic bluntness that it was not uncommon for an officer who had done his duty conscientiously to find himself at the end of the year not dismissed, but superseded, and there were few who, as the time for re-election drew near, had not had threats or hints—perhaps of a friendly nature—as to excess of zeal. The Local Government Board, however, defends the short term system, apparently under the impression that fixity of tenure would lead to indolence, and the fear of not being re-elected would urge the officer to the energetic performance of his duties. The central body has objected to give security to conscientious men on the ground that it would be given at the same time to the inefficient and unconscientious; whereas the latter enjoy for that very reason certainty of re-election, while the former are in constant fear of losing their appointments. Sooner or later this dilemma must be faced by the legislature. For our own part, we should be inclined to favour the appointment of county medical officers of health with security of tenure. These officers would take over all but large urban districts, and would devote their whole time to their duties. A plan of that kind was brought forward some years ago before the Section of Hygiene of the British Medical Association. It is time that some decisive steps were taken to remove the reproach of rural insanitation from our midst. There is much in the contention of Dr. Groves that "medical officers of health of counties and towns should be appointed for life, and those of small rural districts should not be allowed to suffer for doing their duty and carrying out the instructions of the Local Government Board, which they were bound to obey."

Notes on Current Topics.

Adrenal Tumours.

THE study of the pathology of the suprarenal capsules may be said to date from February, 1850, when Thomas Addison commenced the study of the disease which is now known by his name. His study stimulated Virchow, who added to our knowledge by describing what he considered suprarenal gliomata and suprarenal goitre. Up to 1873 pathologists were satisfied with the progress already made, when Grawitz who had been inves-

tingating the small capsular tumours from the size of a pea to that of a cherry, and of a white marrow-like appearance, which had been described as lipomatous, came to the conclusion that they were simply aberrant and proliferous portions of the suprarenal body. Grawitz named them *struma lipomatodes aberratus veins*, the adrenal "rests" of modern pathologists. From a study of some so-called renal lipomata in the Berlin collection, Grawitz, in 1883, came to the conclusion that the tumours were of suprarenal origin, the hypernephroma of modern nomenclature. Since then many cases of adrenal tumours have been placed on record by British, American, and Continental surgeons, and much painstaking study has gone to show the correctness of the adrenal theory. Clinically, the tumours may be divided into benign and malignant forms; the former are generally unrecognised during life, unless, as sometimes happens, they attain to an unusually large size. But the malignant germs quickly make themselves felt; pain, night sweats, vomiting, a dragging sensation in the loins, and in many but not all cases a periodic hæmaturia. The disease is one of adult life, though in Mr. Walsham's case the patient was but nine months old. Incursion of the renal viscus is not uncommon and once entering the venous channels the tumour sprouts may extend rapidly and produce widespread venous thrombosis. Secondary growths have been found in the liver, lungs, and bone tissue. In Le Count's case spontaneous fracture of the bones took place. The American surgeons have collected quite a number of interesting specimens of such tumours, notably in Chicago, where Le Count, Ohlmacher, Van Hook, and others have presented specimens to the medical museums of the city.

The Finances of Sir P. Dun's Hospital.

WE regret to learn from the recently published report of Sir P. Dun's Hospital that the Governors are again confronted with the unpleasant problem of having a balance on the wrong side of about £2,000, of which £1,047 comes under the head of working expenses. A considerable part of this sum must be paid within the next six months, and to do so investments must be sold out. Further, unless the Hospital receives a largely increased support, the Governors will have to reduce the number of beds. It is not in any way detracting from the other Dublin hospitals to say that the place which Sir P. Dun's Hospital has held in the past, and still holds among them, is in the forefront of the first rank. The work which it has done and is doing, its associations, and its past history all have united to place it there, and if it has now to slip back from it from no fault of its own, but from lack of funds, it will be nothing short of a calamity as far as the medical and philanthropic worlds are concerned. Such an event as the regression of a hospital of the reputation and position of Sir P. Dun's for want of funds could not occur in any other capital city in the world, and we trust that it is equally impossible in Dublin. In London,

the success which has attended the Hospital Fund inaugurated by his Majesty when Prince of Wales shows that it could not occur there. In Vienna, the Government grants render such an occurrence impossible. In America, in the case of even a small hospital in a relatively insignificant town, private munificence and often the munificence of a single individual places the institution on a sound financial basis. The wealthy inhabitants of Dublin and of all Ireland are noted for their generosity, and there must be many who, if the present condition of the hospital finances was brought to their notice, would assist in placing Sir P. Dun's in a similar position. Their Majesties' long-expected visit to Ireland could not be celebrated in a more fitting manner than by such an act. The hospital authorities cannot wait, however, for the advent of such a benefactor. Money must be obtained immediately, and for that purpose an appeal has been issued for contributions of all sizes. To that appeal we desire to add our own to all members of the medical profession who are connected with or interested in Sir Patrick Dun's Hospital, and we are confident that the appeal will be responded to.

The Marriage of the Mentally Unstable.

OF all the morbid states capable of congenital inheritance mental instability is perhaps the most constant and the most to be dreaded. When the choice of a partner comes to be arranged less upon purely sentimental considerations the awfulness of such an inheritance as insanity, even in its milder manifestations, will exert a deterrent influence, so that with prudence on the one hand, and voluntary abnegation on the other, the procreation of offspring predestined to mental instability will be curtailed. This conception has not as yet obtained legal recognition, otherwise pronounced mental instability would *per se* be accepted as a justification for the denial of marital rights. A striking instance of the kind was not long since before the courts, in which a lady who had been sequestered consequent upon a severe attack of puerperal mania, and whose husband declined to resume conjugal relations, sought and obtained a decree affirming her right thereto. The law to the contrary notwithstanding, we venture to assert that the moral right is all on the side of the husband, to whom doubtless the idea of begetting children to inherit the maternal taint was repugnant. If a medical jury had been asked to adjudicate upon the question, it is highly improbable that the lady's request would have been acceded to. Fortunately, in the circumstances, these suits for restitution of conjugal rights are not, as a rule, intended to compel such restitution, even were such a thing possible by judicial decree.

"Incense-Breathing Morn."

"THE breezy call of incense-breathing morn" is unheeded by the vast majority of city dwellers whose evenings are so well filled that they lack the energy to enjoy the invigorating qualities of the early morning air. Chemists are unable to afford

any plausible explanation of the peculiarly refreshing properties of the air of which the privileged few have the virtual monopoly. In cities the superior purity of the early morning air is sufficient to account for its beneficent properties, for later the atmosphere becomes loaded with the products of combustion from the myriad chimneys. In the country, however, the difference is no less marked, and as some other theory is required in the explanation, it may be that as early rising implies early going to bed, the fact that a short evening necessitates comparative freedom from tobacco and noxious liquid beverages may explain the buoyancy of the early riser. As a matter of fact, however, it has not been given to us to remark any particular buoyancy of spirits on the part of the minority of early risers. The strong character which alone can drag a man out of his bed soon after sunrise without being compelled thereto is apt to render his company distasteful to the common mortals during the remainder of the day, especially as he never fails to make a virtue of what after all is merely a matter of taste and habit.

Polluted Oysters.

THE contamination of oysters, as proved by modern sanitary science, is a serious matter for the oyster trade. The owners of polluted beds are now being called upon to remove to purer quarters, a proceeding that means in many instances an absolutely ruinous expenditure of money. Indeed, it is impossible not to feel the utmost sympathy with their contention that the rivers ought to be purified by local authorities, in which case there would be no danger of pollution of estuaries and neighbouring foreshores. However that dispute may be settled, the public have practically resolved to eat no more oysters, at any rate for the present. As matters stand, the medical profession cannot advise their patients to take any other course, notwithstanding the dietetic value of oysters for the sick. It is curious that none of the wealthy English oyster companies have had the enterprise to adopt the metallic ear-mark which has been devised to guarantee that oysters thus marked on the shell have been derived from absolutely pure sources. We see no other way in which the confidence of the public can be restored. A few days ago a newspaper paragraph was widely circulated to the effect that a well-known medical officer of health had discovered that by keeping a polluted oyster in fresh water for a day or two it might be rendered free of dangerous bacteria. It is hardly needful to remark that such a theory is absolutely false and misleading.

Anti-Vaccinationist Tactics.

ANTI-VACCINATIONISTS are as a body notoriously lacking in logic, an intellectual defect which doubtless accounts for the pathetic way in which they cling to their exploded fallacies. It is not often, however, that they commit themselves to definite concrete charges in support of their peculiar views. In Chatham, however, a member

of this noisy little band of schismatics recently brought a number of detailed complaints against Dr. H. J. Bryan, one of the public vaccinators of the Medway Union. The complaining anti-vaccinator, Mr. F. C. Hills, sent to the Board of Guardians a list of five definite accusations, which were investigated and reported upon by a special sub-committee. The first allegation, namely, that children were induced to be vaccinated without consent of parents, was found to be "not true." The second, that the vaccination of certain children had been illegally charged for, was "unproved." The third, that a child died as the result of vaccination, was untrue, inasmuch as the child died of erysipelas contracted from other causes fourteen days after the date of vaccination. As to the fourth, that a child was vaccinated when suffering from dysentery, Dr. Bryan had no knowledge that the child was suffering from any disease, and the vaccination was performed with the consent of the mother. The fifth charge was that a certain child was vaccinated on or about October 22, but the doctor had not called for subsequent inspection. It was found that the child was vaccinated on the 8th and inspected on the 15th. The committee exonerated Dr. Bryan from the whole of the charges, and expressed an opinion that they should never have been brought. A more disgraceful chapter in the history of anti-vaccinationist tactics, bitter, foolish, and unscrupulous as they often are, has probably never been before the public.

Pawnshops and Infection.

IN an admirable letter to the daily papers Dr. A. Roche, Professor of Medical Jurisprudence at the Catholic University School of Medicine in Dublin, draws attention to the risks of infection being spread by pawnshops. It frequently happens that the period of sickness is the time that necessitates the pledging of some of the clothes or household goods of the very poor, and if the patient is suffering from an infectious disease the probability is that his pledged clothes will contaminate those among which they are placed. The risk is a very serious one. Some forty years ago an alarming story was spread in one of the American cities that the clothes of small-pox patients had been introduced into the city and disposed of by pawning and it was only by the pawnbrokers accused of taking the pledges showing that they had no pledges from new customers that they preserved their premises and their lives. We are not alarmists, and the last thing we would wish to see is a groundless alarm; but we think the time has come when some regulations should be formulated for the more practical prevention of the pawning of infected clothes. It is illegal to pawn the clothes or bed coverings of a person suffering from an infectious disease, but the law is not enforced, and has practically become a dead letter. A pawnbroker's assistant asks no questions, and the infected pledge is packed away among the others. If the shops were owned by the State, disinfecting chambers could be attached

to each office, and the pledge disinfected before being put into the store-room, but this expense could not be borne by the majority of pawn-brokers. During an epidemic, it might be possible to insist on all pledges being sent on the day they were received to a public disinfecting chamber.

The Rôle of Atmospheric Pressure in the Hip Joint.

A SERIES of interesting experiments were lately made by Dr. Allan, Assistant in Anatomy in the Harvard Medical School, with the object of disproving the statement contained in all anatomical text-books that atmospheric pressure played an important part in retaining the head of the femur in the acetabulum. He obtained seven cadavers in the dissecting room, in which the hip-joint had not been interfered with, and marked in each the relative position of the anterior superior spine, the iliac crest directly over the line of the thigh, and the great trochanter, and then suspended the cadavers in a vertical position. The distances between the spines and the crests in each case, and the corresponding trochanter were then carefully measured and an average arrived at. Next, a hole was drilled into the acetabula from behind, in order to allow air to enter the joint, and the measurements again made. Then, successively, Dr. Allan cut through, first, the muscles between the trunk and lower extremity; secondly, the posterior half of the capsular ligament; thirdly, the anterior half of the capsular ligament; and, lastly, the cotyloid ligament, in each case repeating his measurements before resorting to the next step. In this way, he obtained the following results:—after trephining, no change in position of trochanter; after cutting the muscles, no change; after cutting the posterior half of capsule, trochanter displaced 0.23 c.m.; after cutting anterior half, trochanter displaced 0.94 c.m.; after cutting cotyloid ligament the femur fell out of its socket, the leg being held to the trunk by the ligamentum teres only. It would thus seem that, primarily, the cotyloid, and, secondarily, the capsular ligaments, are responsible for the maintenance of the bone in its place, and that air pressure has little or nothing to do with it.

The Danger of Corrosive Sublimate Solution as a Vaginal Douche.

It is strange that at the present time many medical men are found who continue to use corrosive solution for purposes of post-partum douching in spite of the clear demonstrations that have been made of its unsuitability and of its dangers, and in spite of the introduction of many safe and efficient substitutes. The use of this dangerous poison for post-partum douching is not alone confined to general practitioners, but it is used and recommended by many competent specialists. A case is recorded in an American contemporary in which a patient, aged 33, who had miscarried at the fourth month, was given a single vaginal douche consisting of a quart of 1 in 1,000 corrosive sublimate solution. The next day she exhibited all the characteristic symptoms of sublimate poisoning—

gingivitis, salivation, and diarrhoea, the symptoms became rapidly worse, and she died a fortnight later. Of course, an antiseptic cannot be condemned because it is carelessly used with fatal consequences in a single case, and, if corrosive sublimate had anything to very strongly recommend it, it would be foolish to do so, but what are its recommendations? It destroys metal instruments; it is a most dangerous lotion to leave about a house; it is decomposed and rendered useless in the presence of much albumen; it roughens the hands of the operator, and constricts the mucous membrane of the vagina and vulva, and so tends to encourage the occurrence of lacerations of these parts; and, as the case to which we have called attention shows, and as many other reported cases show, its use is by no means free from danger. The obstetrician who uses it himself is courageous, but the obstetrician who recommends it for general use to others—nurses or students—is foolhardy.

Poisoned by Arsenical Physic.

At a recent inquest held by a coroner's court in London, the cause of death was found to be acute arsenical poisoning. Deceased, a young man, was attending the skin department of a large general hospital, where he was ordered physic containing arsenic in medicinal doses. He died with symptoms akin to ptomaine poisoning, but death was attributed to the arsenic, which, it was assumed, had been taken in larger doses than had been prescribed. The danger of administering arsenic even in minute doses, however, was emphatically shown in the arsenical beer epidemics of a year or two ago. It is not at all improbable that a great amount of unsuspected damage is done by the large amount of arsenical physic dispensed daily to hospital patients all over the United Kingdom. Some of the younger dermatologists have practically abandoned the use of arsenic, which rarely alleviates, and very seldom cures, abnormal conditions of the skin. Under these circumstances it is almost a wonder that scientific men should continue the empirical use of this drug, which is a survival of the bad old days of darkness, when syphilis, itch, eczema, and psoriasis were the chief known skin diseases, and mercury, sulphur, and arsenic the sheet anchors of the physician in treating them. Arsenic is an irritant of all excretory organs of the body, including the kidneys, and it is woeful to think upon the chronic mischief to renal, skin, bowel, and other excretory outlets that generations of arsenic-prescribing must have caused.

The Workmen's Compensation Act and Medical Men.

AN opinion of much importance to medical referees under the Workmen's Compensation Act was announced in the House of Commons a few days before the Easter recess. It was delivered in answer to a question put to the Home Secretary as to whether he was aware that Mr. H. Langley-Browne, the medical man appointed by the Home Office as referee for the West Bromwich district,

was also acting as adviser to the Great Western Company in the case of one of their employes, who was making a claim under the Act. Mr. Akers-Douglas replied that he had pointed out to Mr. Langley Browne that the position of medical adviser to a railway company was not compatible with that of official medical referee under the Act. Clearly it is against the simplest rules of fair play that a single person should be acting in the interests of opposing parties. Medical men who hold the refereeships in question will do well to note this incident, although we should imagine few of their number have been so indiscreet as to attempt to combine duties that it would be practically impossible to administer with absolute justice to both parties concerned.

A Fictitious Monster.

AN odd story is related of a medical student at Texas University, who brought with him and presented to one of his teachers, Dr. Allen Smith, for preservation in the school museum, a specimen stated to be a human monstrosity. It was guaranteed by the local practitioner as having been delivered by a negress at full term. On examination of the specimen the professor was astonished to recognise the body of a good-sized kitten, skinned and partially mutilated. The story of the country physician was that when he arrived to attend the negress in confinement he was told labour was just over, and that the offspring, the alleged monster, was dead. In the bed amid blood clots and what looked like placental debris he found the specimen. Dr. Smith was unable to gather any further information, and the question remained whether any child had been born. If so, what was the purpose of the substitution? Or, perhaps, Dr. Smith was the victim of a practical joke. However this may be, it is obvious that a similar hoax might very easily deceive a busy medical man who would not take the trouble to carefully examine an alleged monster presented to him.

Hospital Diagnosis at Fault.

PUBLIC attention was last week called to an instance of failure to diagnose a case of small-pox at Guy's Hospital, and the aggrieved parent of the patient displayed a strong desire to "have the law" of the hospital official whose powers of observation had not been equal to the occasion. We find on inquiry that when first seen the patient had no rise of temperature and no rash, but when, on the following day, he presented himself with a papular eruption the possibility of its being small-pox was entertained, and dismissed after careful consideration. A day or two later, the eruption having progressed, the probability of the case being one of small-pox imposed itself, although even then the medical officer of health was unable at once to formulate a definite opinion. Of course the error is one to be regretted, but, as many practitioners know to their cost, atypical cases of this disease are often extremely difficult, not to say impossible, of immediate diagnosis,

and the last-comer gets the credit of the discovery. To talk of claiming damages under the circumstances is, of course, simple nonsense, for no jury would regard a simple error of diagnosis as sufficient ground for action. We can recall a very similar case in which a patient was sent to a London hospital with the history of having injured her spine as the result of a fall. She had a high temperature and complained of severe backache. Examination of the spine revealed no trace of injury, so she was placed under observation, and the following morning she developed the characteristic eruption. Sometimes it is the history which puts the unwary official off the scent, at others it is the absence of any characteristic history which leads him astray. In either case the error is one which calls for sympathy rather than blame.

The Dissemination of Infectious Diseases by Domestic Animals.

THE extent to which infectious diseases are spread by means of domestic animals is a subject as to which very little is known. Apart from the mere question of contact, we are really very ignorant in respect of the receptivity of domestic animals towards diseases such as scarlet fever, measles and the like. Obviously the transmission of disease by such means would constitute an etiological factor of the greatest importance, and it is one to which attention might well be directed. There is reason to believe that the liability is in great measure restricted to very young animals, just as in human beings advancing years bring with them a qualified immunity in respect of most infectious diseases. The part played by rats in the dissemination of bubonic plague demonstrates the importance of more accurate and complete knowledge concerning the pathological proclivities of the animals with which human beings are brought into more or less intimate contact, and close observation would probably throw more light thereon than laboratory experiments, which may not fulfil the conditions under which the liability to infection occurs.

Pharmacopœial Preparations Exempt from Stamp Duty.

SOME time since the right to exact payment of stamp duty on pharmacopœial preparations of drugs was formally raised in the police court. It was claimed on behalf of the Crown that the use of a label setting forth that the remedy in question—ammoniated tincture of quinine—was good for influenza and colds rendered the medicine liable to duty irrespective of its nature. The magistrate refused to convict, and the case came up in the King's Bench Division last week on an appeal. The Judges dismissed the appeal, on the ground that the exemption in question came under the head of "special exemptions," so that it may be taken as settled that medicines prepared in accordance with the directions contained in the British Pharmacopœia can be advertised without contributing to the revenue.

Epilepsy and Micro-Organisms.

INQUIRERS into the microbic origin of diseases used to limit their field of inquiry to those diseases which were known to be infectious, and which therefore might reasonably be supposed to be due to a *contagium vivum*. Perhaps no disease would have been considered less promising to such research than epilepsy, yet of all others it is the one which it is now sought to bring into the domain of micro-parasites. Its investigation has been taken in hand by M. Bra, who has recently described an organism he found in the blood of no less than seventy epileptics. In appearance the parasite is a small sphere capable of appearing in the relation of diplococcus or streptococcus. It was found in large numbers immediately preceding an epileptic seizure; it was often absent after the attack, and nearly always so in the intervals. In no case did M. Bra find it in the blood of healthy persons. He succeeded in making cultures of the organism, which on injection into the veins of rabbits produced convulsions, ending in death, or, as a milder result, rigidity of the muscles, contractions, and a transient state of torpor.

A Step in the Right Direction.

WE learn with considerable satisfaction that the Board of Trade, under the powers conferred by the London County Tramways Act, has promulgated a regulation forbidding spitting in tramcars under a penalty. Unfortunately, the regulation for the time being only applies to tramcars belonging to the London County Council, but steps will no doubt be taken to check this disgusting and dangerous habit on all public conveyances, including railway carriages. The regulation came into force yesterday, the 28th instant, and will probably, for a time, add considerably to the duties of certain Metropolitan police magistrates.

Small-pox in the Provinces.

SMALL-POX continues to spread in the provinces, and no less than fourteen fresh cases occurred last week at Leicester. Fresh cases have occurred at Nottingham, Mansfield, Burnley and Leeds, and quite an epidemic has broken out at Bugsworth, near Chapel-en-le-Frith. Further cases have also occurred in Cardiff and the neighbouring districts.

PERSONAL.

SIR RAMBIR SINGH has handed over his residence at Kasauli to the Pasteur Institute in that district.

DR. ROBERT JARDINE has been appointed Professor of Midwifery in St. Mungo's College, Glasgow.

DR. J. W. H. JELLET has been elected to the medical staff of the Waterford County and City Infirmary.

SIR WILLIAM BROADBENT has been elected an honorary member of the Berlin Verein für Innere Medizin.

THE Princess Louise will formally open the Army Medical Board Hospital at Elton on Friday, May 1st.

DR. D. MACALISTER, of the University of Cambridge, has been elected a corresponding member of the Paris Société de Pharmacie.

WE understand that Dr. O'Doherty, a well-known Manchester practitioner, has been selected for the important post of Coroner in that city.

THE engagement is announced of Mr. Thomas Wakley, jun., co-editor of the *Lancet*, to Miss Gladys Muriel Barron, eldest daughter of the late Mr. Norman Barron.

SIR HENRY NORBURY'S tenure of office as Director-General of the Royal Navy Medical Service has been officially extended, a decision which will give general satisfaction.

THE Right Hon. Walter Long, M.P., President of the Local Government Board, will open the new laboratory buildings of University College, Liverpool, on the 9th prox.

A BANQUET of welcome is being arranged in honour of Sir John Williams on his leaving London to take up his residence in Wales. The dinner will take place at Cardiff as soon as possible after June 12th.

PROFESSOR T. CLIFFORD ALLBUTT, Regius Professor of Medicine at Cambridge, will lecture on "The Causes of Tuberculosis," on May 14th, at 4 o'clock, at 7, Fitzroy Square, W., in connection with the course of Post-Graduate lectures and demonstrations given by the staff of the Mount Vernon Hospital for Consumption.

DR. J. R. O'BRIEN, of Lowestoft, was presented last week with a handsome gold watch with chain and gold matchbox attached as "a small token of affection and esteem" on the part of sundry of his patients. Dr. O'Brien has only been two years in the town, so he has evidently made a good impression.

THE Council of the Royal Institute of Public Health has nominated Professor Anthony Roche, Professor of Public Health in the Catholic University Medical School Dublin, and examiner in sanitary science in the Royal University, as delegate to attend the International Health Congress, to be held at Brussels in September.

AMONG the "missing" officers in the late disaster to our troops in Somaliland we regret to see the name of Captain F. W. Sime. His service has been short, for he became qualified only so recently as 1900. There is little or no hope for those officers whose names appear on this casualty list.

DR. HUTCHINSON, M.P., the recently elected Liberal member for Rye, made an amusing slip in the House of Commons last week. He commenced a speech on the Licensing Compensation Bill by addressing his audience as "Gentlemen." Without being disconcerted, however, he proceeded to explain, amid much laughter, that he had for the moment forgotten that "gentlemen" was the last term that should be used in addressing the honourable members of that assembly.

Special Correspondence.

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

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

TYPHOID FEVER AND THE BELFAST WATER SUPPLY.

THE question of the pollution of the streams in the catchment area of the Stoneyford Waterworks came up for discussion at a meeting of the Lisburn Rural Council on Wednesday, 22nd. The Local Government Board wrote, enclosing a copy of the recommendations which had been made to the Public Health Committee of the Belfast Corporation by Drs. Lorrain Smith, Robb, and Whitaker and Mr. Conway Scott, C.E. The report suggested that cases at present under treatment in their own houses, which are unsuitable, and any others which may occur in similar houses should be immediately removed to hospital, by justice's order if necessary, that the Lisburn District Council be requested to take prompt measures, in accordance with their powers, to have the sanitary defects of the houses in this catchment area remedied; that until the present outbreak of typhoid fever has been completely controlled, and typhoid pollution of the streams feeding the reservoirs ceases, Stoneyford water should not be supplied for domestic purposes. Dr. Clibborn, the Local Government Board Inspector, appeared to urge the great desirability of adopting the Notification Act. In answer to a question, he said there were seven cases in one house, and eleven others elsewhere. After considerable discussion, a member gave notice that at the next monthly meeting he would propose the adoption of the Act. But the discussion showed a very regrettable tendency to throw all blame for the existing state of affairs on the Belfast Water Commissioners, and some reluctance to help them in their difficulties. Evidently their recently obtained powers for the compulsory purchase of land in the catchment area are not popular in the district.

Royal Victoria Hospital.—A "monster meeting," under the presidency of Mrs. Pirrie, was held in the Ulster Hall, Belfast, on Monday evening, April 20, when a number of speeches were made advocating the formation of a really satisfactory endowment fund for the new hospital. Dr. Walton Browne and Professor Byers spoke on behalf of the medical staff. The meeting resulted in the promise of a number of large subscriptions.

Correspondence.

SANATORIA TREATMENT OF CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was glad to observe in your issue of the 22nd inst. that Dr. T. N. Kelynack had drawn attention to the deplorable lack of sanatoria and hospital accommodation for consumptive persons in England and Wales. When one considers the extent to which pulmonary consumption exists, and the unsatisfactory surroundings of a large proportion of sufferers from the disease, the apathy of the general public in regard to the question seems incomprehensible. That this is partly due to ignorance can hardly be doubted, and probably to some extent to the fact that consumption is, by the general public at any rate, regarded as an incurable disease, hopeless from its earliest external manifestations. But whether incurable or not, some further provision should be made for the non-paying consumptive, and for those whose means are limited.

From the Registrar-General's return for 1900 it appears that more than 42,000 persons succumbed to phthisis in that year, and if we assume that for every one such there remain three others, we have a total of about 150,000 consumptive persons in England and Wales, for whom there are provided about 1,700 beds in sanatoria and consumptive hospitals, including

the accommodation in high-class sanatoria, which, of course, is only within reach of the well-to-do. As far as I can ascertain the total number of such beds in England and Wales is as follows.

| | |
|---|------|
| Free beds in hospitals in London .. | 670 |
| In the provinces | 165 |
| Beds for persons able to pay 10s. 6d. per week in the provinces | 411 |
| In high-class sanatoria | 460 |
| | 1706 |

It may be interesting to note, although the two cases are not strictly comparable, that in the Metropolitan area in 1900 there were 43,595 cases of diphtheria and fever, for which there were 6,261 beds available in the hospitals controlled by the Metropolitan Asylums Board, while there were less than 800 beds available for more than 29,000 consumptives in that area, assuming as before that the death rate represents one fourth of the number affected per annum. These figures are very striking and illustrate the importance of the need for more accommodation in a remarkable manner. What, then, is to be done? Are we to continue to rely on voluntary effort, which, valuable as it is, has as yet scarcely touched the fringe of this great question, or are we to seek the assistance of the State? The good work accomplished by the Metropolitan Asylums Board in its management of infectious diseases, leads one to hope that before long its usefulness may be extended by empowering it to provide sanatoria for Metropolitan consumptives.

In the country the County Councils might be charged with the same duty, and by these means the prevention and arrest of tuberculosis might be more effectually accomplished.

I am, Sir, yours truly,

W. J. MORTON.

7, Fitzroy Square, W., April 24th, 1903.

THE INTERNATIONAL CONGRESS OF MEDICINE AT MADRID.

[FROM OUR SPECIAL CORRESPONDENT.]

THE arrangements for the Congress are not very satisfactory, as there is throughout a want of organization. The attendance, however, is very large, as more than 6,000 visitors are present, including a large number of ladies. Among the British visitors are Sir W. and Lady Broadbent, Sir Thomas and Lady Barlow, Sir Henry Norbury, Sir John Moore and Lady Moore, Sir John Tyler, Dr. Pavy, Mr. and Mrs. D'Arcy Power, Dr. Swain, Dr. Shingleton Smith, Dr. and Mrs. Neville, Dr. Bruce, Dr. and Mrs. Crombie, Dr. Affleck, Dr. Simpson, Mr. and Mrs. Jessop, and Professor Arthur Thomson.

The Congress was formally opened by His Majesty at the Theatre Royal, on Thursday afternoon, at 3 o'clock. The King was attended by a numerous retinue, and the great theatre was filled from floor to roof with an enthusiastic crowd of congressists. The President of the Congress, Don Julian Calleja, in his opening address, commenced by paying a loyal tribute to the King and to his august mother, who united the love of their country with that of science. He welcomed the members in the name of the profession in Spain, adding that the pursuit of the truth even in its essential abstractions was, in itself, a proof of progress—a beneficent rain which watered the soil and prepared it for subsequent fructification. He pointed out the close liens which united the modest practitioners who exercised and practised their profession with zeal, honesty and intelligence, and the brighter lights whose eagle eye discovered laws and rules of general application, and operated the transformation of facts into methods. He insisted on the debt of gratitude which the present generation owed to their predecessors in the paths of scientific obser-

vation and research, and urged perseverance in the directions which had already yielded such rich results. He cast a retrospective glance on the immense progress accomplished during the century which had just come to an end, a progress which owed its existence to the pure love of truth for truth's sake. He took note of the disappearance of the theory of evolution—*i.e.*, the development of pre-existing parts in the ovum—and the triumph of epigenesis, or the formation of organs by successive differences, giving rise to branches of science previously only hinted at, such as organogenesis, comparative embryology, and teratology. In the same way comparative anatomy and histology had attained their brilliant position in the world of science. Not less real was the progress effected in pathology, in which he hardly knew which most to admire—the number of discoveries, the rapidity with which they had been made, or their transcendental importance. He insisted on the extreme importance of the etiological factor in the production of disease, pointing out that disease was never accidental or, so to speak, fortuitous. He regretted that internal medicine had not accomplished anything like the progress effected in surgery consequent upon the introduction of the principles of asepsis; but even in this department direct observation had thrown light on a multitude of problems hitherto obscure. He qualified hygiene as *la science nouvelle*, in that it aimed at and accomplished prevention, which was necessarily of greater import than mere cure. He concluded with an expression of gratitude for the honour which had been accorded to him in selecting him as president of such a congress, and he invited his listeners to take note of the picturesque, scientific and artistic achievements of the country in which they had met.

DR. A. J. GREGORY, Medical Officer of Health of the Cape Colony, has arrived in England, and will proceed to Spain next month to represent his Colony at the International Health Congress, which opens at Madrid on May 23rd.

MR. G. W. DUNCAN, of Lamb's Buildings, Temple, has been appointed Secretary of the Central Midwives Board.

MISS K. CHAMBERLAIN, a niece of the Colonial Secretary, has been appointed Resident Physician at the Royal Free Hospital, Gray's Inn Road. She was a student at the School of Medicine for Women, and took degrees with high honours.

PROFESSOR COUNCILMAN, Professor of Pathological Anatomy in Harvard Medical School, claims to have discovered the specific organism of small-pox.

MR. HERBERT ROWE, M.R.C.S., of Leeds, was the victim of an accident on the 23rd instant when riding in his motor car. The chain broke and the car overturned, throwing him and his coachman on to the ground and inflicting severe bruises.

Laboratory Notes.

THROGMORTON ALL-MALT SCOTCH WHISKY.

This whisky is guaranteed by Messrs. Lyons and Company to be the product of English-grown barley, and to be at least eight years old, before it is offered for sale to the public. It is an exceedingly palatable spirit of a fine mellow flavour, and contains scarcely any traces of sugar, which is often an advantage from a therapeutical point of view. The traces of tannin present are such as are to be expected in a whisky fully matured. In the sample submitted for analysis we found an amount of alcohol equal to 82 per cent. of proof spirit, or 47.16 per cent. of absolute alcohol.

The total solid residue was .108 and the mineral matter .024 grammes per 100 c.c. In view of the fact that the so-called "blending" of whisky is a very common practice, and really consists in adding a cheap spirit, often derived from potatoes, to the malt spirit, we are pleased to enable our readers to distinguish the genuine article, with the assurance that their patients will get a true whisky prepared from sound

home-grown materials instead of a "doctored" compound flavoured with essences of unknown composition and physiological action.

"MARMITE."

THIS substance, to which a gold medal was awarded at the Food Exhibition last week, closely resembles meat extract both in colour and physical consistence, and dissolves in the same way as the latter in hot water. Thus prepared the product has a flavour and taste very similar to extracts prepared from meat.

We have analysed it with the following results:—

| | | | |
|---------------------------|---------|----|-----------|
| Moisture | | 25 | per cent. |
| Mineral matter | | 22 | " " |
| Nitrogenous matter | | 39 | " " |
| Extractives by difference | | 14 | " " |

100

Neither gelatine nor fat was discovered, and though it must always be remembered that chemical analysis does not enable us to establish the physiological valuation of a food, it nevertheless affords evidence of the presence or absence of injurious substances, as well as those which are merely diluents.

The mineral matter in the present sample consisted principally of the chlorides and phosphates of sodium and potassium. The high proportion of nitrogenous matter justifies our placing this food in the class of really nutritious preparations of great concentration and portability.

Obituary.

DR. THOMAS BLANEY, C.I.E.

THE death is announced of Dr. Thomas Blaney, C.I.E., of Bombay, in his eightieth year. He was born in Ireland, of an old and honourable family, that for centuries owned property in the County Monaghan. In 1836 he went out to India as an apprentice in the subordinate medical department of the Hon. East India Company, two years prior to the abolition of slavery in the Indian Empire. He became a student of the Grant College, Madras, and remained in the service of the Government until 1860, doing good service during the dreadful days of the Mutiny. He commenced private practice as a physician in Bombay, where for twenty years he commanded the respect and confidence of both natives and Europeans.

Medical News.

French Hospital and Dispensary.

THE annual dinner in aid of the funds of this institution took place on Saturday evening last, at the Hotel Cecil, the French Ambassador, M. Paul Cambon, in the chair, supported by the Lord Mayor and the Sheriffs of the City of London and many members of the diplomatic corps. After the usual loyal toasts, the chairman proposed the toast of the evening, "The Founders and Benefactors of the Hospital," and mentioned incidentally that, while the hospital had treated 400 more patients, its income had fallen to the extent of £300. Mr. Ernest Ruffer, the honorary secretary, announced, later in the evening, that contributions had been promised to the amount of £3,150.

A Foreign Graduate in Trouble.

AN inquest was held last week on the body of Lieutenant-Colonel Garsia, Inspector General of Military Prisons, who died suddenly while undergoing treatment at the hands of Mr. H. M. Dakhyl, M.D., of Paris, but possessing no English qualifications, who carries on medical practice in Holland Park, W. The medical evidence showed that death was not in any way due to the "compound resolute syrup" of Mr. Dakhyl's composition, which the deceased had been taking, and a verdict of death from natural causes was returned, the jury adding a rider to the effect that foreign doctors

should not be allowed to practise in this country without examination.

The Matrons' Council of Great Britain and Ireland.

A CONJOINT conference convened by the Matrons' Council and the Society for the State Registration of Nurses will be held at 20, Hanover Square, W., on Friday, May 8th, at 3 p.m., when addresses will be delivered by Miss Louisa Stevenson, Miss I. Stewart, Miss Barton, and other ladies on various points bearing on the subject of the registration of nurses, and certain resolutions will be proposed. The attendance of all interested in the subject is invited.

A Medical Detective.

A young man called on Dr. Paterson, of the Brompton Hospital for Consumption, representing that he was Dr. Nesfield, of Huddersfield, and requesting financial assistance. Dr. Paterson, being diffident as to the truth of his representations, asked him to write a prescription in Latin, and, on the applicant's failing to do so, gave him into custody. The young gentleman has been remanded for further inquiry, it being stated that this is not his first appearance in the capacity of a begging impostor.

Contract Medical Practice in Germany.

It is stated that the medical officers of the sick funds in Germany contemplate a strike *en masse* on July 1st, unless their demands for more adequate remuneration be conceded. As they only receive something like twopence a visit there is obviously room for improvement.

A Medical Libel Action.

The action brought by Mr. Thomas Godley, formerly of Bolton, against Mr. Albert Harry Rains, claiming damages for libel in a circular reflecting upon the conduct of the plaintiff in connection with the sale of his practice terminated after a three days' trial by a verdict for £50.

Death of a House Surgeon.

THE death is announced, after a short illness, of Mr. James Charles Galloway, L.R.C.P., L.R.C.S.Ed., the house surgeon at the Northern Infirmary, Inverness. Mr. Galloway entered upon his duties as house surgeon about six months ago. He was a native of Carlisle, and served as a civil surgeon with the Army Medical Corps in the South African campaign, and his services were highly appreciated by the Army Medical authorities. The remains of the deceased will be conveyed to Carlisle for interment.

Death under Chloroform.

A MAN aged 37, succumbed to chloroform narcosis at the Sussex County Hospital last week, while being anaesthetised for the purpose of an operation. No cause was assigned for the catastrophe save that the heart was "a little fatty" and no details are given of the amount administered or the method of administration. The usual verdict was returned.

The Meath Hospital.

THE annual meeting of the Meath Hospital, Dublin, at which Mr. L. H. Ormsby, President of the Royal College of Surgeons in Ireland, presided, did not reveal a satisfactory state of affairs so far as the financial condition of the hospital was concerned. The report showed a deficiency on the year of £740 6s. 5d., leaving a balance against the hospital of £2,361 2s. 8d. The contribution from the Sunday Hospital Fund was £376 19s. 9d. One thousand three hundred and forty-seven patients were admitted, of whom eighty died, giving a mortality of 5.99. During the year 17,915 persons received treatment. On the motion of Dr. James Craig, seconded by Dr. Keys, the report was adopted. Mr. Taylor, F.R.C.S.I., Dr. Scott, Mr. Andrews, and Mr. Jacob were among the speakers. The attention of the meeting was drawn to the urgent necessity of increased financial support, and the proceedings terminated with a vote of thanks to the chairman.

PASS LISTS.

Royal Colleges of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

At the April sittings of the Scottish Conjoint Medical

Board, held in Glasgow, the following candidates passed the respective examinations:—

First Examination, five years' course:—Laura Gertrude Powell (with distinction), Walter Ernest Barrett, Jeremiah Joseph O'Callaghan, Joseph Hume-Patterson, George Lindsay Irwin, John Arthur Smith, James Aitken Scott, Thomas Forrest M. Leishman.

First Examination, four years' course:—James Ringland Lawther.

Second Examination, five years' course:—William Nicholas Alexander, Alfred Edwin M'Dougal (with distinction), Alexander Brown, James Alfred Ashurst (with distinction), John Macnamara, Percival Henderson, George Henry Waugh (with distinction), William Watkin Neilson Knox, Frederic James Breakell, Edward Francis Nyhan.

Second Examination, four years' course:—John Stothard Farries.

Third Examination:—Alexander Robb M. MacIlraith, Maud Varley Everett, Archibald Frank Greene Spinks, John Watson, John Hutchison Fyfe, L.D.S.

Final Examination (and admitted Licentiate of the three Co-operating Authorities):—Lizzie Denny, Reginald Norman Macdonald, William George Macdonald, William Charles Massey Burnside, Dinkar Dhondopant Sathage, Bernard Mainwairing Dunstan, William John Baty, Robert David Hirsch, Kennedy Joseph O'Brien.

University of Durham Faculty of Medicine.

THE following candidates passed the First Examination for the Degree of Bachelor in Medicine during the April meetings of the Examiners:—

1.—Elementary Anatomy and Biology, Chemistry and Physics. Honours.—Second Class:—Charles Gordon Kemp, Cuthbert Rex Wilkins.

Pass List:—Harold H. Blake, Gilbert I. Cumberlege, Sampson G. V. Harris, M.R.C.S., L.R.C.P., D.P.H.; Frederic Jeune Williams.

2. Elementary Anatomy and Biology:—Herbert R. Crisp, Donald M. Davies, William H. Edgar, George R. Ellis, John Everidge, Alfred L. Forster, Herbert M. Levinson, Stanley D. Metcalfe, Thomas D. Miller, Edward D. Smith, Howard B. Stephenson, George Walker, Frank W. White.

3. Chemistry and Physics:—Harold Ernest Bloxsome, Lewis Augustus Clutterbuck, L.R.C.P. E. and I., Edward Percival Hearne Joynet, Herbert Fletcher Joynet, Arthur Cecil Hays McCullagh, Jessie Jean Martin Morton, Bertha Mary Mules, Elizabeth Patterson, William Rollin, Norman Spedding, Eric Frushard Waddington.

4. Elementary Anatomy:—Sydney Havelock, B.Sc. Second Examination for the Degree of Bachelor of Medicine:—

Anatomy, Physiology, and Materia Medica.—Honours.—Second Class:—Wilfrid Fairclough, John Cuthbert Pearce, A.Sc.

Dublin University.

At a meeting of the Senate of Dublin University last week, the following degrees were conferred:—*Doctores in Medicina*.—Ball, Carolus Preston; Carolin, Arturus Molloy; Hopkins, Franciscus Gethin; Jones, Kingsmill Williams. In Absentia.—*Doctor in Medicina*.—Roberts, Arturus Hamilton Stewart.

Conjoint Board of the Royal Colleges of Physicians and Surgeons, Ireland.

THE following candidates have passed the First Professional Examination:—

Honours—M. R. J. Hayes.

Pass (a) all Subjects—Paul Blake, R. W. Bronte, T. A. O. Buchanan, B. Foley, J. J. Murphy, T. T. O'Farrell, H. J. J. Raverty, T. Sheedy.

(b) Completed Examination—C. M. Donovan, C. J. Kean, G. M. Loughnan, H. S. Moorhead, D. O'Dwyer, W. H. Soady, J. R. Talbot.

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.

THE HANSOM CAB.

Our contemporary the *Lancet*, having recently been running a tilt against the hansom cab, the *World* has seen fit to supply the following "fare" reminder:—

"Ungrateful *Lancet*, which the hansom scolds
As fruitful source of accidents and colds,
Have you forgotten that from ills like these
The doctor captures many 'hansom' fees?"

DR. SEES.—Your letter is unavoidably crowded out.

SEMPER EADEM.—The matter in dispute appears to us to be one which should be adjusted, not by recourse to legal proceedings, but by the tactful interference of a mutual friend.

J. P.—If our correspondent has reason to believe that his practice suffers by the discharge of his duty on the Bench, he has the remedy in his own hands.

MEDICAL PRACTICE IN SOUTH AFRICA.

RECENTLY QUALIFIED WRITER.—"I should be obliged if any of your readers could give me information as to the prospects of medical practice in any of the South African towns, now that the people are settling down after the war."

DR. PARRY.—Your corrected proof received too late for present issue, and the paper is held over to our next.

LAYMAN.—There is no real objection, based on scientific grounds, against cremation. The late Sir B. W. Richardson used to oppose it, as he believed that were it generally adopted the earth would lose one of its main sources of nitrogen. The theory, however, was not one which commended itself to chemists.

BRISTOLIAN.—We know of no monograph upon the subject except that by Dr. J. O. Symes, entitled "The Bacteriology of Everyday Life," which we can strongly recommend.

DR. J. (Liverpool).—We find it impossible to insert a letter of four columns in our present crowded state. If our correspondent will reduce his communication to moderate dimensions we shall be pleased to accord space for it.

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, APRIL 29TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. C. Ryall: Clinique. (Surgical.) 5.15 p.m. Dr. R. Jones: Mental Unsoundness amounting to Certifiable Insanity.

THURSDAY, APRIL 30TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. W. H. Dickinson: The Tongue in Disease.

FRIDAY, MAY 1ST.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. E. Clarke: Clinique. (Eye.) 5.15 p.m. Dr. L. Sambon: Insects of Medical Interest.

SOCIETY OF ANAESTHETISTS (20, Hanover Square, W.).—8.30 p.m. Mr. Crouch: Three Cases of Vagus Inhibition from Chloroform.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich).—8.45 p.m. Election of Auditors for the ensuing year. Address: Dr. G. Herschell (President): The Diagnosis of Cancer of the Stomach in its Earliest Stage. Smoking Concert.

ROBSON SOCIETY (20, Hanover Square, W.).—8.30 p.m. Exhibition Evening.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital).—8 p.m. Special General Meeting. 8.30 p.m. Mr. Lunn: An Obscure Case of Intestinal Obstruction due to an Obturator Hernia. Continuation of Discussion on Dr. Squire's paper on the Modes of Cure in Tuberculosis of the Lung.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases, Specimens, and Instruments will be shown by Dr. W. H. Kelson, Dr. H. Tilley, Mr. A. Thorne, and others.

Appointments.

Brander William, M.B., Ch.B. Aberd., Resident Medical Officer to the Ecclesall Bierlow Union Infirmary, Sheffield.
Brown, Josephine, M.B. Lond., Junior Assistant Medical Officer to the County Asylum, Bracebridge.
Evans, D. R., Powell, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., Clinical Assistant to the Samaritan Free Hospital for Women.
Johnson, James, L.R.C.S. and P. Edin., L.F.P.S. Glasg., Medical Officer of Health for Bispham and Norbreck, Poulton-le-Fylde.

Kerr, Harold, M.B., Ch.B. Edin., Junior House Surgeon to Rotherham Hospital and Dispensary.
Knapton, George, L.R.C.P. Edin., Physician to the Edinburgh Life Assurance Company for Manchester, Bowdon, and District.
Mackay, James, M.B. Aberd., Physician to the Edinburgh Life Assurance Company for Manchester and District.
MacLennan, Alex., M.B., C.M. Glasg., J.M., Visiting Surgeon to the Glasgow Training Home for Nurses.
Ormerod, Henry Lawrence, M.D., B.Ch., B.A.O.R.U.I., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Westbury District by the Barton Regis Board of Guardians.
Tobin, J. J., M.D. R.U.I., Medical Officer of Health to the Ilkeston Town Council.
Toovey, Fraser T. E., F.R.C.S., L.R.C.P. Edin., House Surgeon to the Royal Eye Hospital, Southwark, S.E.
Wardale, J. D., M.B. Durh., Lecturer on Ophthalmology in the University of Durham College of Medicine, Newcastle-on-Tyne.
Whipham, T. R. C., M.B., B.Ch. Oxon., M.R.C.P. Lond., Physician to Out-patients to the Evelina Hospital for Sick Children.
White, J. B., M.D., M.S.R.U.I., Medical Officer of Homerton Workhouse.

Vacancies.

Barra Parish.—Medical Officer and Public Vaccinator. Salary £110. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clerk.
Cancer Hospital, Fulham.—House Surgeon. Salary £70 per annum, with board and residence. Applications to Fred. W. Howell, Secretary [see advt.].
Canterbury Borough Asylum.—Assistant Medical Officer. Salary £140 per annum, with rations, furnished apartments, and washing. Applications to Medical Superintendent, Borough Asylum, Canterbury.
Children's Hospital, Dublin.—House Surgeon. Salary 50 guineas a year, with apartments, fire, light, and attendance. Immediate application to H. C. Mooney, Hon. Sec., Medical Board [see advt.].
Ebbw Vale Workmen's Doctors' Fund.—Medical gentleman to take charge of one of the seven districts under the Fund. Salary £500 per annum. Applications to Thomas Evans, Secretary, Ebbw Vale, Mon.
Hertford General Infirmary.—House Surgeon. Salary £100, with board, residence, and allowance for washing. Applications to the Secretary.
Jenner Institute of Preventive Medicine.—Director. Salary £1,000 per annum. Applications to the Secretary of the Institute, Chelsea Bridge Road, London, S.W.
Leeds Union.—Assistant Medical Officer. Salary £130 per annum, with board, washing, apartments and attendance. Applications to James H. Ford, Clerk, Poor-law Offices, South Parade, Leeds.
London Homoeopathic Hospital.—Resident Medical Officer. Salary at the rate of £80 per annum, with board and apartments. Applications to the Secretary-superintendent, G. A. Cross [see advt.].
Norfolk and Norwich Hospital.—Lady Superintendent. Salary £100 per annum, with apartments, board, and laundry. Applications to the Secretary.
Parish of Birmingham. Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £100 per annum, with furnished apartments, rations coal, gas, laundry and attendance. Applications to Walter Bowen, Clerk to the Guardians, Parish Offices, Edmund Street.
West Riding Asylum, Wakefield.—Assistant Medical Officer. Salary £140, with apartments, board, washing and attendance. Applications to the Medical Director.
York County Hospital.—House Physician. Salary £100 per annum, with board, residence and washing. Applications to Frederick Neden, Secretary and Manager.
York Dispensary.—Resident Medical Officer. Salary £110 a year, with board, lodging, and attendance. Applications immediately to W. Draper, Esq., De Grey House, York.

Births.

THOMAS.—On April 23rd, at 28, Adamson Road, Hampstead, London, the wife of J. Jewell Thomas, F.R.C.S. Eng., of Colombo, of a daughter.
DURRANT.—On April 24th, at The Brook House, Billesdon, Leicestershire, the wife of Charles Durrant, L.R.C.P. Lond., M.R.C.S., of a son.

Marriages.

BEALE—MORTIBOY.—On April 21st, at St. Leonard's, Streatham, by the Rev. W. B. Lindsey, LL.D., assisted by Rev. W. H. Tasker and Rev. J. C. Wilson, Hanway Richard Beale, M.B., M.R.C.S. Eng., of Leeds, to Blanche Mortiboy, eldest daughter of Mrs. Mortiboy-Allen.
FAWSETT—BOUCHER.—On April 23rd, at St. Mary's Church, Walton, Somerset, Leonard Alston, elder son of Frederick Fawcett, M.D., J.P., of Louth, Lincolnshire, to Elsie, second daughter of Thomas Boucher, of Hemingstone, Walton-by-Clevedon, Somerset.

MUMMERY—HOPE.—On April 21st, at All Saints, Knightsbridge, by Rev. Canon Teignmouth Shore, John Percy Lookhart Mummery, B.A., F.R.C.S., eldest son of T. Howard Mummery, to Ethel, third daughter of Adrian Hope, of 55, Prince's Gate.

Deaths.

HOGGAN.—On April 25th, at his residence, Denmark Villas, Hove, Sussex, in his 83rd year, William Hoggan, B.N., Deputy Inspector General of Hospitals and Fleets (retired).

The Medical Press and Circular.

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Original Communications.

THE TREATMENT OF HALLUX VALGUS, OR HAMMER TOE. (a)

By WILLIAM THOMAS, F.R.C.S.Eng.,

Senior Surgeon to the Royal Orthopædic and Spinal Hospital, Birmingham; Delegate of the British Orthopædic Society.

FOR some time past there has been a movement in this country (England) in favour of allowing the human foot to develop its normal shape. Children are allowed to go barefooted or to wear sandals, and adults, who have arrived at years of discretion, prefer comfort in walking to the most pointed fashionable shape of foot-covering.

Comfort in walking largely depends upon the perfectly normal condition of the foot—every part of which ought to perform its allotted function.

The deformities to which I have to call attention are due almost always to interference with the special function of each toe by ill-fitting boots. My paper does not discuss the question of ill-fitting boots, but it is intended to describe the methods of correcting the deformities produced by them.

The most important of these are hallux valgus and hallux flexus.

These two deformities have mutual relations, and most frequently the two are present in the same foot.

In elderly adults it is not desirable to interfere by means of operative surgery to correct such deformities, unless they are producing pain or other inconvenience. It is only necessary for the patient to wear the most comfortable boots he can obtain, and to treat any gouty condition which may be, and frequently is, present by suitable medical remedies.

When operative interference is required for hallux valgus, the best proceeding is to take a wedge of bone from the metatarsal bone of the hallux. An elliptical piece of skin is removed, which must be made to include the bunion usually present in these cases, and then a wedge is without difficulty removed from just above the articulation of the metatarsal with the phalanx. When the cut surfaces of the bone are applied to one another the inner margin of the foot should be in the same line with that of the toe. All bleeding being arrested, the skin margins are brought together and the foot is fixed in an immobile apparatus. It usually heals completely before the apparatus need be removed.

Hammer toe, or flexus digitus pedis, is a painful affection, and so unsuccessful has treatment been

that some surgeons prefer amputation to any less severe method.

Although I have amputated in many cases, further experience has convinced me that it is very rarely necessary. There are many slight operations, as the removal of an elliptical piece of skin, including the painful corn generally present—division of ligaments, tendons or contracted fibrous bands—excision more or less complete of the proximal phalangeal joint, any of these measures may be best adapted to the particular case.

The second digit is most frequently affected where there is only one deformed hammer toe. Next in frequency the fourth, but sometimes the whole of the toes are bent, and so severely that the patient walks on the nails. In such cases no one would dream of amputating all the toes, and treatment by other means is usually successful. If, then, we can treat multiple hammer toe without amputation we certainly ought not to require such a severe measure for one. Hammer toe, when confined to the second digit, is nearly always associated with hallux valgus, and many ingenious appliances have been devised for the correction of both.

They may be found described and illustrated in surgical text-books and instrument makers' catalogues, so I do not intend to mention any of those which have hitherto been brought forward. But I wish to bring before you a simple appliance for the combined treatment of hallux valgus and hammer toe, and which has proved of great value in my hands, not only in these conditions, but also in correcting deformities of the toes generally.

I call it the "tomato splint." It is constructed of dentist's vulcanite, aluminium, wood, brass, celluloid, or any other non-irritating material, in sizes which readily adapt themselves to the individual foot. Formed of one of the above materials it serves as a splint, fitting to the under surface of the toes, and affording a groove in which each toe lies in the normal position. The posterior border is concave, and rests against the heads of the metatarsal bones. The upper surface has three grooves, one for each of the three middle toes, and two half grooves for the great and little toes. Between the grooves are raised septa, the one between the great toe and the next being higher than the others, and the septa are pierced so as to allow the strapping, tape or elastic, by which the splint is fixed to the toes, to pass through.

In using the splint, it is only necessary to apply it to the under surface of the toes, and to fix it not too tightly with strapping, an elastic ring or piece of narrow bandage. It may be worn at night inside a stocking; in a slipper, or loose shoe during the day, or even in a boot if the boot has room enough to contain it with comfort to the foot

(a) Abstract of paper read before the International Congress of Medicine at Madrid, April, 1903.

With this splint much may be done to correct deformities of the toes—no severe or painful measures are required; properly applied and regularly worn it gradually brings some of the most distorted toes to the normal condition. I ought to add that Down Brothers, St. Thomas Street, London, are the makers of the "tomato splint."

PROLAPSE OF THE UTERUS. (a)

By FREDERICK EDGE, M.D. LOND., F.R.C.S.,

Surgeon to the Wolverhampton Hospital for Women, &c.

THE following notes are based upon the report of Mr. Bishop's paper in the MEDICAL PRESS AND CIRCULAR, March 25th, 1903.

There are certain anatomical conditions that it is indispensable to consider as a preliminary to what I have to say upon prolapse. In the first place, the pelvic fascia, from which all the pelvic viscera depend, is attached, above, to the promontory of the sacrum, the ileo-pectineal line, and to the back of the symphysis pubis; and, below, to the coccyx, the great sacro-sciatic ligaments, the tubers of the ischia, and the base of the triangular ligament. The visceral pelvic fascia and its divisions are the immediate suspenders of the pelvic organs. The anterior true ligaments of the bladder, the bases of the broad ligaments, and the utero-sacral ligaments are specially strong and dense portions of this fascia, and, in the utero-sacral and broad ligaments, there is muscular as well as fibrous tissue.

In prolapsus uteri, the visceral pelvic fascia is stretched, thinned and wasted, as Mr. Berry Hart pointed out very distinctly at the last meeting of the British Medical Association. Some of Mr. Bishop's ideas seem to invite criticism. (1) He says: "A return to the normal is practicable in the majority of instances, that the parts are affected by injury or traumatism and not by disease," and that "their relations are changed, but, in most cases, they are intrinsically but little altered." If we allow the second statement to pass, the first cannot be objected to, but it is usually granted that the fascia and muscles are very much altered intrinsically; as a rule, the supporting tissues are attenuated, atrophied and degenerated; a return to the normal can only take place by these tissues regaining their normal condition, which they are hardly more likely to do than a worn-out piece of rubber or steel is to recover its characters. Possibly, being living tissues, if put under favourable conditions, they may grow normal, but this means long rest and increased nutrition, and would not be an immediate return to the normal. (2) The idea that the round and the utero-sacral ligaments are the only true ligaments of the uterus does not express the whole truth. The uterus is supported mainly by the visceral layer of the pelvic fascia and the round and utero-sacral ligaments, containing muscular tissue, rather adjust the position than support the weight of the womb. The horizontal direction of the utero-sacral ligaments found on examination by the rectum or vagina shows that they support no great weight. (3) The vesico-cervical ligaments are strong portions of the fascia; the reason they yield at an early stage is because they are carrying great weight at a time before any strain is put upon the utero-sacral ligaments. (4) The

bases of the broad ligaments with the thick cellular tissue about the vessels form very strong supports to the uterus, and the perfect suspension of the organ, even by one side only, is practically seen in cases of pelvic cellulitis. I have at present under my care a charwoman, a multipara, with extreme cystocele, rectocele and vaginal descent, whose uterus, nevertheless, is prevented from prolapsing by cellulitis on the right side. Dr. Inglis Parsons utilises this effect in his treatment by injection of quinine. (5) The case of Mrs. M., given by Mr. Bishop, showed the effect of complete laceration of the perineum, first pointed out by Professor Taylor; owing to the bowel evacuating itself without difficulty there is no straining as in ordinary rectocele, straining which, by causing retroflexion, would further obstruct the bowel and call for increased expulsive effort. Complete laceration is seldom followed by prolapse. (6) As regards the action of Hodge's pessary, I do not agree with Mr. Bishop; the best effects of this pessary are seen in retroflexion, in which, though the utero-sacral ligaments may be relaxed, the main fascial support keeps the uterus about its normal level. (7) As regards technique, Mr. Bishop draws the uterus forward with sutures. I do not see any real objection to the use of vulsella.

I cannot think that Mr. Bishop's operation will effect permanent cure in ordinary cases of prolapse; it may cure retroflexion, and perhaps be as efficient as ventrofixation in acute primary prolapse, such as is met with in virgins and multiparæ. But when the whole visceral layer of the pelvic fascia is elongated and thinned out, a condition exists which cannot be remedied by merely suturing that portion of it which forms the sacro-uterine ligaments.

What, then, ought to be done in cases of prolapse? Theoretically, we may say (1) ventrofixation, or shortening of the (2) round, (3) sacro-uterine, (4) pubo-cervical, or (5) broad ligaments; but, practically, a supravaginal amputation with removal of the appendages and careful suture of the parts will give complete relief when we have to operate by the abdomen, and in cases that can be dealt with by the vaginal way, amputation of the cervix with vaginal fixation and double lateral colporrhaphy will prove quite satisfactory.

In the very worst cases, as in cases of separation of the recti and thinning of the abdominal walls, the patient is perhaps better off with complete rest and a carefully applied support. But where it is necessary, or allowable, to remove the uterus and appendages, the ideal procedure is to suture the visceral pelvic fascia so as to form a complete floor. In order to expose the fascia for such complete suture, it is necessary to remove the upper portion of the vaginal mucous membrane.

INTESTINAL OBSTRUCTION:

AN UNCOMMON COMPLICATION OF
A RUPTURED ECTOPIC GESTATION. (a)

By FREDERICK BOWREMAN JESSETT, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton.

ON January 8th I was asked by my friend, Dr. Webster, to whom I am indebted for the following notes, to see a patient with him at St. George's Infirmary. She was a married woman, æt. 37, who had been admitted on January 5th, 1903, complaining of

(a) Read at the meeting of the British Gynæcological Society, April 23rd, 1903.

(a) Read at the Meeting of the British Gynæcological Society, on Thursday, April 23rd 1903.

severe pain above the umbilicus and inability to "pass anything." Her bowels, indeed, had not been relieved for three days. The day before her admission she had been seized with violent and acute pain in the region of the umbilicus. Her only labour, about nine years ago, had been difficult, and the child had been delivered, stillborn, under chloroform. Since then her periods had been quite regular, lasting two or three days; but the last, a month ago, came on after an interval of nine weeks, continuing as usual, without clots or pieces of membrane. She had enjoyed her usual health until two or three days before her present illness began, and until then her bowels had been regular. She suffered from occasional attacks of indigestion and flatulence. She was always anæmic and of pale complexion, so much so that she went by the name of the "pale-faced" girl. On January 4th, whilst sitting reading a newspaper, she was suddenly seized with a severe pain in the abdomen around the umbilicus, followed by vomiting, and she felt faint and ill, and became rapidly worse. A medical man, who was called in to see her, diagnosed diaphragmatic pleurisy and pleuritis, and had her removed to the union infirmary on the following day. On January 5th the following note was made:—

Present condition.—Lying on her back with her legs drawn up; an anxious expression of face; temperature 97° F.; pulse very feeble. She complains of severe pain across the abdomen. Nothing abnormal to be detected about the chest; incessant retching, and, after drinking anything, immediate vomiting. No stercoraceous matter. Abdomen much distended and tympanitic, especially over the region of the colon; no marked tenderness or rigidity; below the umbilicus on the left side a sense of greater resistance, but nothing definite to be made out. *Per vaginam*: The os somewhat patulous, admitting the tip of the finger, its margins fissured. Tilting the cervix caused no increase of pain; fornices apparently clear; a very slight yellowish-white discharge. *Per rectum*: Bowel empty; No motion or flatus had passed.

Small doses of opium were administered and hot fomentations applied over the abdomen. Castor oil and turpentine enemata brought away some small pieces of feculent matter, but no flatus passed and no improvement followed. Nutritive enemata were given, but not retained. When I saw her on January 8th, in consultation with Dr. Webster and Dr. Coulson, she was in a very collapsed condition, the abdomen was distended and tympanitic, but without any marked tenderness, the chief pain being referred to the umbilical region and cæcum. There was nothing to guide one either by the vagina or rectum. A rectal tube was passed, but coiled up in the rectum. There was no fulness or bulging of either fornix. No motion or flatus had passed for four days, while the retching had been incessant.

I came to the conclusion that she was suffering from intestinal obstruction, probably situated in the colon, and recommended immediate operation. On the afternoon of the same day, with the assistance of Dr. Coulson, Dr. Webster being present, I operated with the intention of doing a preliminary iliac colotomy to relieve the bowels and give the patient time to pick up a little strength, before a more radical operation, if thought necessary and desirable, should be attempted.

As soon as the patient was under the anæsthetic I had her transfused by means of passing two long needles, one under each mammary gland. These were attached to an ordinary douche apparatus. By this means about two quarts of saline fluid was introduced during the operation.

On making my incision through the abdominal walls, about two inches above and internal to the left superior spinous process of the ilium, I was, on getting down to the peritoneum, at once struck by the dark colour appearing beneath it, and on opening this membrane a large quantity of dark blood and blood-clot at once escaped. Passing my hand into the cavity I evacuated a huge quantity of blood-clot, I should think fully two quarts. I then passed my hand rapidly into the pelvis and drew up the uterus and a mass adherent to it in

the left side. On getting this up and wiping away the blood-clot it at once became evident that I had to deal with a tubal gestation which had ruptured.

The intestines, which were enormously distended and protruding from the wound, much impeded my view, so I asked Dr. Webster to pass a long O'Byrne's tube into the rectum as high as he could, and by this means the colon was rapidly emptied of a quantity of stinking liquid fæces and a large amount of flatus, so that I was enabled to return the emptied colon into the abdominal cavity. I then ligatured the tube and removed it, with the foetal gestation and ovary. A difficulty then arose with the small intestines, especially the jejunum, which was distended and protruding; in fact, large coils of intestine were lying on the abdominal parietes wrapped in warm, moist towels. I found it impossible to reduce these without using considerable force, so I made an incision, about one inch long, parallel to the axis of the intestine on the side opposite to its mesenteric attachment, and, having protected the peritoneum as well as possible, evacuated its contents. I then stitched up the opening, first the mucous membrane, and then the muscular and peritoneal coats, by means of five silk blanket sutures, and finally a continuous suture taking the peritoneal and muscular coats, washed the parts, and returned it into the abdomen.

I then found that a quantity of blood-clot had become located in the different pockets of peritoneum; this was carefully removed, and the whole cavity washed out with saline fluid and the abdominal wound closed. The patient was returned to bed in a very collapsed condition, and had nutritive enemata with brandy administered and subcutaneous injections given of strychnine, but with no good result, and she gradually sank and died during the night.

This case is, I think, of considerable interest from several points of view, viz., diagnosis, cause of intestinal obstruction, and the treatment of the distended intestine. Diagnosis was obscure from the outset. The patient had no suspicion of being pregnant, as she had her periods naturally only four weeks before admission. It is true there had been a lapse of nine weeks before this, but as she had not been pregnant for nine years previous to that time she did not take any particular notice of the interruption. Then, while in her usual health, sitting quite still reading a paper, the first symptom she experienced was acute pain in the region of, and above, the umbilicus, followed immediately by violent vomiting and a feeling of faintness. On the doctor seeing her the pain evidently was referred to the upper part of the abdomen, as he diagnosed diaphragmatic pleuritis. The pain being referred to a point above the umbilicus, instead of being, as is most usually the case, more in the pelvis and lower abdomen, suggested some mischief in the upper part of the abdominal cavity. The faintness and vomiting equally pointed to some intestinal trouble, which opinion was strengthened by the fact that from the initial symptoms of pain, faintness, and vomiting there was complete cessation of any action of the bowels, or, indeed, any passage of flatus. The abdomen became distended, and the vomiting and inability to retain anything on her stomach increased, so that when I saw her I had no doubt that she was suffering from intestinal obstruction, and the symptoms all pointed to the obstruction being situated in the colon. What the cause of the obstruction was it was impossible to say. Immediate operation was the only means of saving her life. She was, however, in such a collapsed condition that we saw that it would be only possible, at the best, to perform a colotomy with a view of relieving the bowels, and, if the patient rallied from this operation, to deal with the case according to future exigencies.

When on opening the peritoneum I was met by a gush of dark black blood and blood-clot, I was at a loss for a minute to account for it; the idea of perforating ulcer presented itself, and then that of ruptured tubal pregnancy. Having cleared the clot away as quickly as possible, I brought the seat of the hæmorrhage quickly into view, and controlled it. But to do this I had, of course, to enlarge considerably the incision I

had made for the inguinal colotomy, with the result that the enormously distended intestines escaped from the abdomen and had to be wrapped in towels wrung out of hot water, while the O'Byrne tube was passed into the rectum, by means of which the flatus escaped and the colon was at once reduced. This enabled me to get a good view of the tube and the bleeding point. A ligature was quickly applied, and the tube and ovary excised. The intestines were then found to be coated in many places with blood-clot, which it was very difficult to remove. I then had to deal with the distended jejunum, which it was quite impossible, without using such force as to risk injuring the intestine, to return into the abdominal cavity. I decided to make a clean incision into the bowel on the side opposite the mesenteric attachment. This was quite effectual, and the flatus and contents were evacuated, and the opening closed as described and the bowel returned.

The questions naturally arise: What was the cause of the obstruction? and, secondly, Was the correct operative treatment adopted?

Was the inability to pass anything by the bowel due to the pressure of the blood-clot on the colon and sigmoid flexure, or was it due to a paresis of the bowel? It is difficult to understand how a soft blood-clot could so compress the bowel as to prevent the passage of its contents or even the escape of flatus. No; I think we must look for some other cause. There appear to be two solutions. The contractile power of the circular fibres of the bowel was lost, either from the sudden shock and loss of blood in a woman already somewhat bloodless; or the pressure upon the splanchnic and sympathetic nerves was such as to cause paresis of the bowel. In any case the possibility of hæmorrhage must be remembered and taken into account when one is called to a case in which intestinal obstruction appears to be the predominant symptom in women. That such a condition in ruptured tubal gestation is very rare is certain, and I can find only two or three instances recorded—one a case of a woman, æt. 35, reported by Dr. J. Rutherford Morison. The woman was sitting quietly at tea when she suddenly jumped up and called out, "Good God! What a pain!" and fell on the floor unconscious. She recovered consciousness the next day, and her pulse could be felt. Three days later, when Dr. Rutherford Morison saw her, the abdomen was much distended and tense, and although her general condition was bad it had improved. Operation showed an enormous quantity of blood in the peritoneal cavity and a ruptured pregnant Fallopian tube. The small intestines were enormously distended, all efforts to get the bowels to act by medicine and enemata failed, and the patient died three days after the operation. Post-mortem examination showed only enormously distended and anæmic intestines.

Every surgeon who has had much experience in abdominal surgery must, not infrequently, have met with cases in which the intestines are so distended that they are with difficulty returned into the cavity. In ordinary cases no doubt the passage of O'Byrne's tube is of great service in emptying the colon, but in cases where there has been complete obstruction and the small intestines are much distended it is often impossible to reduce them. In such cases it is desirable to have some definite rule to guide one as to the best method to adopt. That the contents of the distended bowel must be evacuated there can be no doubt, and various methods for doing this have been recommended. Some surgeons have advised the introduction in different spots of a fine aspirating needle, others use a large-sized cannula, while the majority of those practising intestinal surgery adopt the method I employed of making an incision parallel to the axis of the intestine on the side opposite to its mesenteric attachment.

After a somewhat extensive experience of intestinal surgery I am convinced that puncturing the intestine by a fine aspirating needle or a larger cannula is bad practice. At the most you can only allow a certain quantity of flatus to escape, and the danger of sepsis is considerably greater than if a free clean incision is made. Moreover, it will be necessary to puncture the intestine in a number of different places. By means of

an incision, one place is usually sufficient, though occasionally, in very severe cases, it may be necessary to make an opening in two, or possibly three, different places; it is astonishing, however, how long a tract of bowel can be emptied through one opening, by careful manipulation and gravitation.

In opening the bowel in this way great care will have to be exercised in drawing the loop to be opened well away from the rest, and packing, carefully and thoroughly all around it, with gauze and towels soaked in some weak antiseptic fluid. When the bowel is sufficiently emptied the parts around the opening should be carefully washed and thoroughly cleansed before closing the wound. In closing the wound the mucous coat should be carefully stitched first with a continuous catgut suture; another row of catgut sutures should then be introduced, catching the peritoneum and muscular coats of the intestine; and, finally, a row of fine silk or linen sutures should be passed by Halsted's method or blanket stitch, these burying in the two first rows. By this means the opening into the intestine is made quite secure and all fear of leakage avoided.

THE CAUSATION OF CANCER AND ITS TREATMENT WITHOUT OPERATION. (a)

By ROBERT BELL, M.D., F.F.P.S., &c.,
Consulting Physician to the Glasgow Hospital for Women

BEFORE we can possibly hope to accomplish anything towards the elucidation of cancer, we must be able to differentiate between the pathogenesis, the pathology, and the premonitory and initial symptoms in each individual form that it assumes. I insist upon this being a necessity before any correct conclusion can be arrived at. No one will, I venture to affirm, deny the fact that with the exception of scirrhus and encephaloid—the latter I am inclined to look upon as a modification of scirrhus—each type of the disease differs from its fellow in individuality, source, structural composition, progressive growth, and consequent invasion of the surrounding tissues.

Many theories (not one of which has ever been substantiated) have been adduced to explain the causation of cancer. Among these may be mentioned the eating of tomatoes; the consumption of too much animal food; the preponderance of salt in the dietary; living on a clayey soil which at times is flooded; and many others; but it would be waste of time to attempt anything but merely mention them in a short paper like this. There may exist a modicum of truth in such theories, but its importance only exists in the fact that in certain circumstances the influence exerted by the various conditions of life mentioned produces an effect upon certain idiosyncrasies which tends to act prejudicially upon the general health. Thus we are rendered prone to any disease, cancer among the number, but the latter only when more important forces are at work.

As everyone here is doubtless aware, the presence of the various forms of cancer has been attributed by many theorists to parasitic and microbic influences; by others it has been viewed as a disease of degeneracy; indeed, so many statements have been hazarded on the question, each one pointing to different conclusions, that it becomes quite impossible to reconcile one with the other, and from my point of view not one of them is reconcilable with the truth.

Were cancer due either to a parasite or a microbe, would we find it unilateral, as it almost invariably is in the first instance? and would it not be invariably accompanied by a rise of temperature, which the presence of a microbe or a parasite embedded in the tissues would naturally produce in consequence of the amount of irritation they would excite?

It may be considered a bold and sweeping assertion

(a) Paper read before the International Congress of Medicine at Madrid, April, 1903.

when I state that I am convinced that cancer, or rather the elements of cancer, are present in every individual, whether it manifests its presence or not. My reason for making this statement is that I believe the cancer entity is in its original state a normal cell which, from a combination of circumstances, has become altered in character, and assumed a new *mode* of existence. It thus loses its benign attributes, and ceases to perform its functions in harmony with its surroundings, becomes aggressive and cannibal in its proclivities, prostrating and then preying upon its neighbours. In doing so it procreates its species at an alarming rate of rapidity, and, by its contact with the neighbouring tissues, saps their vitality, and then destroys them when their power of resistance is thus reduced. The physiological condition of these normal cells is displaced by a pathological activity terrible in its results. Speedily the disease process is conveyed by means of the lymphatics to distant organs, each of which becomes a new centre from which the mischief radiates.

Let us consider certain conditions which, by their combined influences, conspire in an indirect yet tangible manner to cause a temporarily weakened but otherwise healthy tissue to be supplanted by a structure still bearing a strong resemblance to its parent, but which becomes endowed with a power entirely foreign to that which it originally possessed.

The causes of this pathological metamorphosis are apparently so trivial in themselves, and therefore liable to be overlooked; yet if they are present in force, they are sufficient to exert a pernicious influence upon the general health, and more especially upon an organ which has had its vital vigour previously prostrated. If an organ has been the seat of prolonged irritation in addition to having had its vital energy reduced, a disease process is most liable to become established.

Let us constantly bear in mind that whatever acts prejudicially on the general health is liable to become a factor in the production of cancer. It is in this way marriage of blood relations, bad ventilation, constipation, excess in eating or drinking, worry, sedentary habits, and the neglect of important hygienic precautions act so perniciously, and react upon an organ which, in more favourable circumstances, would assuredly, by its inherent vitality, be quite able to resist the onset of malignant disease. We must never lose sight of the fact that intrinsically a morbid cell possesses a potentiality very much inferior to that of its healthy and physiologically active neighbour; and it is only when the latter is prostrated by one cause or another that the former is enabled to exert its pernicious potency, which almost invariably becomes progressive. In other words, every circumstance which tends to impoverish or militate against the general health predisposes to cancer. If, therefore, a particular organ is simultaneously the seat of a lesion, or whose physiological activity has been in abeyance *pari passu*, this organ will become further weakened by injury, and a superadded enfeeblement will thus be conveyed to it. This will render it prone to that kind of cell metamorphosis which results in malignant disease.

It is a most important fact to bear in mind that cancer is essentially a disease of civilisation. It is practically unknown among savages, and amongst those who lead a simple and what I would designate a natural life. Travellers who were quite able to recognise it, and who had penetrated to regions hitherto unvisited by the white man, have never recorded a case, so that there is no reason to doubt for a moment that it is a preventible disease.

To revert for a moment to the statement I made that the elements of cancer are present in every individual, I would like to draw your attention to the palpable fact that epithelioma invariably retains its epithelial character, proving, I think conclusively, that it derives its origin from an epithelial cell. In scirrhus it is different, for in this case we have a cell or cells which have migrated from a distant organ—most probably the ovary—and have taken up their situation in the mamma, there to assume a new

and morbid development if the opportunity arise, but this opportunity must be present before any morbid action is liable to follow. We have a palpable example of what is essentially epithelioma existing in a harmless, or at least a passive condition in a wart. If this excrescence is not interfered with, the probability is it will remain as a disagreeable disfigurement and nothing more; but if, on the other hand, it is subjected to rough usage, we know by experience very serious consequences may follow, and instead of a passive nodule we may have arising an active epithelioma. Now, in epithelioma of the cervix uteri, there invariably has existed for a lengthened period, prior to its manifestation as such, an enfeebled condition, not only of the uterus itself, but of the general health of the individual. The latter has been contingent upon, if not in a great measure due to, a prolonged existence of endometritis, with its train of concomitant symptoms of neurasthenia, and consequent prostration of functional activity of all the organs of the body, the one acting perniciously upon the other, and possibly distant organs, until the whole gear of the economy is thrown out of healthy working order. No one will, I presume, gainsay that the integrity of the epithelium depends largely upon the unimpaired integrity of the thyroid body. Not only are the mucous membranes and skin dependent upon this organ to a large extent for the continuance of their health, but, according to Charcot, Bonilly, Tuffier, Guinan, and others, there is a direct physiological relationship between the thyroid and uterus which fact was well known to the ancients. If we consider for a few moments what the functions of the thyroid gland are, we cannot, I think, but be convinced of the important part it plays in maintaining the healthy standard of the blood. Dr. F. Blumm maintains that the function of the thyroid gland is to seize upon and render innocuous certain toxic substances, which are constantly produced in the intestine and absorbed into the blood. It is in this relation, I am convinced, that the administration of thyroid extract produces such a beneficial effect in the treatment of cancer. It must be borne in mind that toxic substances most certainly are continually being absorbed in large quantity when constipation is persistent, and this will be accentuated when there has been over-indulgence in certain articles of diet which contain a large proportion of nitrogenous material. The enterotoxæmia which results tells in two ways. First, there is a contaminated blood-stream, which acts perniciously upon the nervous system and, through it, upon every organ of the body. The functions of the thyroid as a consequence are prejudicially affected, and its power of neutralising the toxic material referred to is reduced. This, therefore, accumulates in the blood, giving rise to pathological changes of serious import. In the second place, if saccharomycetes also be present in the blood, which we know is not at all an uncommon incident, they, by their power of producing fermentative changes, seize upon this toxic material, transforming it into uric acid, and we have uric acidæmia resulting. This condition of the blood, we know, interferes seriously with cell metabolism, and in this, I maintain, we have one of the principal predisposing causes of cancer. The continuance of the enterotoxins also accounts for the cachexia which is generally coincident.

From the fact that certain animals fed on a milk diet remained in good health after thyroidectomy, but die when a meat diet is substituted, one is naturally led to the conclusion that in cases of cancer it is advisable to abstain from food containing a large proportion of albuminous material, and substitute a dietary containing a preponderance of milk. From the evidence we have to hand I am led to the conclusion that a diet which is composed largely of flesh meat tends to the production of definite toxins in the intestinal canal which the bacteria of milk would seem to inhibit. It is these toxins of intestinal origin, or enterotoxins, for which the thyroid gland in a normal condition seems to have an affinity, and which it seizes, fixes, and finally neutralises. Probably the toxins which arise in the course of a milk diet and a

meat diet respectively differ in quantity rather than quality. The possibility, therefore, of neutralising the effects of the enterotoxins by the administration of thyroid extract is of great importance.

We must not, however, rest satisfied by depending solely upon the beneficial effects obtained by the administration of thyroid gland in the treatment of this disease, but simultaneously endeavour to destroy the saccharomycetes which we know are almost invariably present in cancerous subjects, for if their presence is permitted to continue their effects upon the enterotoxins will inevitably be perpetuated. Now, we know that the most potent destructive agent upon these bodies with which we are at present acquainted is the salicylates. It follows, therefore, that in conjunction with thyroid extract it is desirable to administer a salicylate in one form or another, and by this means remove what I believe to be the chief factor in the production of uric acid. At the same time, constipation, which permits of the absorption of the enterotoxins, must receive our most serious attention. To put the matter in a nutshell, our first duty is to ascertain that the bowels are completely evacuated once in twenty-four hours, that the dietary be so modified as to be composed largely of milk food, that thyroid extract be administered in five-grain doses three times a day, that along with this ten to fifteen grains of salicylate of soda, or aspirin, be given three times daily, and that the local affections be treated with a view to removing all sources of irritation, when, if the disease has not advanced too far, I am convinced it will yield to this treatment, which has frequently been the case in my hands.

In conclusion, I would venture to sum up the predisposing causes to cancer as follows:—

1. Persistent and prolonged retention of fæces containing an undue proportion of decomposing albuminous material, from which enterotoxins are derived, and by absorption conveyed to the blood.
2. The blood thus contaminated produces a depraved condition of the nervous apparatus, thereby handicapping the functional activity of the various organs, interfering with cell metabolism, and eventually culminating in anæmia in young persons, or cachexia in the elder.
3. If the functions of the thyroid gland are at fault, these toxins, which otherwise would be neutralised, remain in a position capable of producing serious mischief.
4. If saccharomycetes be present in the blood this toxic material is liable to undergo chemical changes, resulting in the formation of uric acid, when uricæmia will result.
5. The presence of these toxins in the blood, alone or combined with uric acid, exert a pernicious influence upon cellular structures, and confer upon them a predisposition to take on a malignant metamorphosis.
6. Prolonged or repeated irritation of a part is liable to rouse into malignant activity cells which otherwise would have remained dormant.
7. The vitiated condition of the blood, by prostrating the physiological vitality of the various organs and cellular structures, and paralysing the *vis medicatrix nature*, affords every facility for the new growth to establish its identity, and increase its area at the expense of its environment.

Clinical Records.

TWO CASES OF MITRAL STENOSIS COMPLICATED BY PULMONARY REGURGITATION. (a)

By WILFRED J. HARRIS, M.D.CAMB., M.R.C.S.,
Assistant Physician to the City of London Hospital for Diseases of the Chest.

NEITHER patient has suffered from rheumatism. One patient, a man, æt. 28, previously quite healthy, began to suffer from dyspnoea four years ago. Last Christmas he became worse. Failure of the right side

of the heart developed, and he lost his voice. There is a long, rough presystolic murmur at the apex, with a marked thrill. The pulmonary second sound is followed by a loud blowing diastolic murmur, loudest at the third left space, and intensified on expiration. The pulse is small and thready, not collapsing. There is no carotid throbbing. The husky voice is due to paralysis of the left vocal cord, probably caused by pressure of the dilated auricle on the recurrent laryngeal nerve. The patient has improved considerably. The venous pulsation in the neck has ceased, and the heart action is much slower, and of the diastolic bruit.

The second case, very similar, though not so severe as the first, is that of a single woman, æt. 34, who has never had rheumatism. She first noticed dyspnoea thirteen years ago. Two years ago she had a typical presystolic murmur with accentuated pulmonary second sound, but no bruit was audible at the base. In March last year, in addition to the presystolic murmur at the apex, there was a typical blowing diastolic murmur at the third left space, conducted down the left side of the sternum, with a heaving impulse in the epigastrium. The pulse is small, there is no carotid throbbing, and no dilatation of the left ventricle. The mechanism of the pulmonary incompetence in these cases is apparently simple dilatation of the root of the pulmonary artery, produced by the chronic high pressure in the pulmonary system, as no lesion of the valves has been recorded in cases which have come to an autopsy.

A CASE OF COXA VARA IN A YOUTH. (a)

By E. LAMING EVANS, M.D.CAMB., F.R.C.S.,

Assistant Medical Officer at Essex County Asylum.

MY patient, a youth, æt. 17, was treated for rickets during infancy, and is said to have had an attack of "paralysis" at the age of eight. Up to the age of twelve he was able to play football without any inconvenience. He then began to limp. For the last year he has noticed a tired feeling in the legs after exercise. The patient is of stunted growth, but of fair intelligence. The head is small. There is lordosis of the spine, but no scoliosis. In the left hip the top of the great trochanter is $2\frac{1}{2}$ ins. above Nélaton's line, and 4 ins. behind the anterior superior spine. Bryant's triangle is thus obliterated. The joint is kept in a position of slight flexion, and movement in all directions is too slight to be measured, although there is no ankylosis. In the right hip the great trochanter is 2 ins. above Nélaton's line, 1 in. below the circumferential line, 4 ins. from the anterior superior spine. The joint is kept flexed for a few degrees, and it can be flexed further to a right angle. Some abduction can also take place. The deformity is limited to the upper part of the femora. The crutch is obviously increased in width. There is no curvature of the tibia.

Cases of coxa vara are divided by Hofmeister and Kocher into three varieties, (1) bending of the femoral neck directly downwards; (2) downwards and backwards; (3) downwards and forwards. Whitman, in describing thirty-nine cases, mentions three which had abduction associated with flexion and internal rotation. He describes this type of deformity as almost always bilateral, and accompanied by slight permanent flexion of the thighs; thus the lumbar lordosis is exaggerated, whereas in the ordinary form it is diminished. He ascribes the condition to depression of the neck of the femur downwards and forwards. This description tallies with the case shown, with the exception that there is no inversion of the legs and feet. It appears difficult to reconcile the condition of the left hip in the patient with an anterior curvature of the neck of the femur. I think that the deformity may be produced in part, at any rate, by torsion of the upper third of the femur. If so, the case would not be one of true coxa vara, but rather intermediate between this disease and the forms of multiple rachitic deformities so common in children. The treatment I suggest would be by subtrochanteric cuneiform osteotomy of the femur.

(a) Shown before the Harveian Society of London, Thursday, April 23rd, 1903.

(a) Read before the Harveian Society of London, April 23rd, 1903.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.
MEETING HELD THURSDAY, APRIL 23RD, 1903.

HEYWOOD SMITH, M.D., President, in the Chair.

SPECIMEN.

DR. J. INGLIS PARSONS exhibited a
PEDUNCULATED UTERINE FIBRO-MYOMA
removed from a single woman, æt. 23.

The patient, sent to him by Dr. Keightley, complained of severe pain in the pelvis, especially on taking much exercise. Her menstruation was regular and normal in amount, with some, but not excessive, pain. She had a slight white discharge, no constipation. Examination under an anæsthetic revealed a tumour the size of an orange somewhat to the right of the fundus which was diagnosed as a fibroma, and on January 21st I opened the abdomen and found a pedunculated fibro-myoma attached to the posterior wall of the uterus. The lower segment was shelled out of the capsule and the tumour removed; the remainder of the capsule, which made a good pedicle, was tied with silk in the ordinary way. The ovaries and tubes were normal. To avoid leaving a large scar, the incision, which was not more than two and a half inches long, was made so low down that only an inch of it projected above the pubic hair. The wound was closed in three layers, and the patient made a rapid recovery with a normal temperature. It is unusual to find fibro-myoma so early in life, and still more so to find the tumour pedunculated.

The PRESIDENT said that to him the chief interest of the case seemed to be the cause for which the operation was performed, namely, the pain. Pedunculated fibroids of small size were, when free from the fundus, generally able to move about, and it seemed that when they gave rise to pain it was from their becoming incarcerated and pressing upon the pelvic nerves. It was an interesting point as to what amount of pain and suffering would justify operation in a young patient with so small a tumour.

DR. MANSELL MOULLIN had met with two or three instances of fibroids at the age of 23, pedunculated tumours like the one shown. One of the largest growths of the kind he had ever removed was from a patient, æt. 24, and it was rather remarkable that she had been, in spite of the tumour, a skirt dancer. The differential diagnosis of such a tumour as the specimen from an ovarian dermoid was sometimes difficult.

DR. HERBERT SNOW asked what had been the length of the pedicle. A long pedicle generally implied that the tumour had been some time in existence. The age of the patient was a point of great interest. Fibromyomata appeared, as a rule, during menstrual life and were comparatively seldom seen in women under 30. The age of a woman, like the existence of pregnancy, was a matter which was not to be accepted merely upon her own statement, the physician must rely upon his own observation and corroborative evidence, and he wished to know whether in this case Dr. Parsons had had any corroboration of the patient's statement as to her age.

DR. C. H. F. ROUTH said that though the idea that these tumours were more prevalent among civilised people was generally accepted, there was no material for forming a conclusion on the point. When a tumour of the kind was found in a young woman of 23, as in the present case, if it was not removed it would increase; and the fact that Dr. Inglis Parsons' patient did not have a bad symptom after the operation was encouraging. He had himself once removed a tumour weighing 22 lbs. from a young lady, æt. 25. It had been growing for five years, and could not be left to get still larger. But if a tumour was small when it was discovered he thought it should be treated with strong biniodide of mercury, which would in many cases cause a small growth to disappear. When a woman was pregnant he did not think she should be operated upon for a fibroid tumour.

DR. MACNAUGHTON-JONES believed that it had been

laid down that 20 per cent. of all women suffered from myomata before they were thirty—that is to say, seven years only older than the patient under discussion. At least one instance of congenital myoma had been recorded, and, in a girl, æt. 9, a myoma of considerable size had been found associated with a number of smaller tumours. Myomata are certainly rare under the age of 20, but Roger Williams has recorded several cases of such, at 14, 19, and 20 years, and the present case is very interesting as the patient's age was but little more.

DR. HODGSON pointed out that there was more likelihood of pain arising from a tumour of the intermediate size of the specimen than from a pedunculated growth of a larger size, which might rise above the brim of the pelvis and not press upon the sacral nerves.

DR. G. O. HUGHES asked at what stage tumours such as the present one were detected. Was it when menstruation was established, or not until they reached the size now seen?

DR. INGLIS PARSONS, in reply, said the tumour had a short thick pedicle and was almost sessile. He was induced to operate because the patient had been in bad health for some years; Apostoli's treatment was not suitable in a case of this kind; thirdly, pedunculated myomata sometimes became adherent to other structures and caused intestinal obstruction; fourthly, the tumour might have been found to be dermoid, as Dr. Mansell Moullin suggested.

DISCUSSION ON PROLAPSUS UTERI.

The PRESIDENT said that Mr. Bishop had asked him to allow Dr. Edge, who had come up from Wolverhampton for the purpose, to be heard. Any Fellow present who had not had an opportunity of joining in the discussion of Mr. Bishop's paper might speak after Dr. Edge, before Mr. Bishop replied.

DR. FREDERICK EDGE read notes on the subject which will be found on page 450.

DR. INGLIS PARSONS thought eleven cases, of which the first was done only one year ago and the last one month ago, were not sufficient to prove the benefits of Mr. Stanmore Bishop's operation. The principle appeared to him to be quite sound. According to Dr. Savage, in forcible depression of the uterus in the cadaver, the utero-sacral were the first ligaments put on the stretch, the broad ligaments next resisted, and finally the round ligaments. He, however, preferred his own operation, which had more proof to support it, in numbers, having been done in over seventy cases, and also in point of time, the first case having been operated on six years ago. Moreover, it is a much simpler operation and the risk is much less. For simple retroflexion which could not be put right with a pessary he preferred ventro-suspension. But this operation was no good for procidentia unless the abdominal wall was firm and in good condition, and even then it often failed. Nor did repair of the pelvic floor ever cure a bad case of prolapse; it only helped to take the strain off the ligaments. It was for this reason that he had introduced injection of the broad ligaments with quinine. The solution set up an effusion of lymph in the cellular tissue, similar to that which appeared in other parts of the body where reparative action was required. There was no rise of temperature after the operation, and it only took five minutes to do. The patient must be kept at rest for a few weeks until the lymph developed into fibrous tissue. In many cases the cystocele and rectocele disappeared after the uterus was held up, but if it did not he found that a colpoperineorrhaphy was the best operation. When the needle was run into the broad ligament it passed to the outside of the uterine artery, and below the ureter.

DR. G. O. HUGHES said that he had noticed, when assistant to Dr. Emmett, of New York, that as long as the pelvic floor was intact the uterus remained in position, unless there was some tumour present. Retroflexion, the first stage of complete prolapse, was brought about by overweight or by deficient support; if any tumour were present it should be removed, but if the pelvic floor were injured it had to be repaired. Sus-

pension of the uterus did not remove the primary cause of the displacement.

Mr. STANMORE BISHOP, in reply, said that the discussion had that evening turned less upon his operation than upon Dr. Inglis Parsons' ingenious method of treating prolapse. Of that method he would not venture to speak until he had had some personal experience of it, and, after what he had heard of its success in Dr. Parsons' hands, he certainly would try it. He suggested that even those who consider his operation dangerous or unnecessary may come to a different conclusion after a personal experience of it. He pointed out that Amussat, Nicoletis mentioned by De Bayle, and Herrick simply denude the posterior fornix, and close it by uniting the cervix to the posterior vaginal wall. As in all these cases of prolapse both cervix and vaginal wall descend, it would seem to be immaterial whether they come down separately or united the one to the other. If a man is on a ladder and the ladder falls, it makes but little difference to the ultimate position of the man whether he is tied to the ladder or not. His own operation was intended for cases in which these utero-sacral ligaments are *torn through*, or so attenuated as to be incapable of being felt, and have therefore practically ceased to exist: not for merely weakened ligaments. In the latter cases he believed that no such operation was required at all, the support of a properly fitting pessary for a sufficient length of time, assisted in some cases by perineorrhaphy, being all that was necessary in order to obtain a return to the normal, by permitting these ligaments to regain their temporarily lost tone. Now, Byford, Saenger, Gottschalk, Godinho, and Frommel expressly state that they define the *existing* utero-sacral ligaments before commencing their operation, whilst Bovée actually dissects them out before proceeding to shorten them. Such operations do not affect the point in question at all. Even if they did he might well insist that they were most of them far more risky than his own, since the point of the needle, being out of sight, may easily wound some other structure—a coil of intestine, for instance, which may lie above and immediately in its line of passage in Douglas' pouch, and undiscoverable until later fatal results revealed the mischief done. It cannot be an argument against any fresh step that previous ones have been made already. Dr. Macnaughton-Jones considers the procedure itself unduly severe, and the risk attending it greater than that of hysterectomy; whilst Dr. Macan speaks of hysterectomy combined with resection of the vulvo-vaginal orifice extending into the broad ligaments, as recommended by Dr. Edge, or Mr. Christopher Martin's extirpation of the vagina, or even Dr. Edebohls' complete extirpation, as though these were all less dangerous to life than his own method. He could not agree with them in this, nor did he think that, when they had done this operation they would continue to hold the same opinion. Moreover, after the operation he had brought before them, the woman is as fit to exercise her sexual functions as ever she was. There is practically no danger of wounding the ureters, &c., so that it is not necessary to spend time over identification. Their position is perfectly well known, and he had never had any difficulty in tracing their course. Infiltration of the parts with paraffin might possibly in some cases be useful. Dr. Edge had objected to his using the phrase "return to the normal," admitting that the tissues might grow normal, but denying that they could be made so by operation; but the objection was not of much force, for if the patient's condition were so improved by the operation that it could return to the normal, that such return was not immediate did not annul the advantages of the operation. Dr. Edge thought the sacro-uterine ligaments were horizontal, and spoke of the yielding of the vesico-cervical attachment, but, as Professors Birmingham and Dixon had shown, the direction of the utero-sacral ligaments in the erect posture was not horizontal but mid-way between that and the perpendicular: they were therefore of much greater importance in the support of the uterus than Dr. Edge supposed, and in his (Mr. Bishop's) experience the pubo-cervical attachment was the last to give way. In conclusion, he felt sure that the general tendency of operations for the relief

of intractable prolapse would be towards those which attempt to restore the normal condition, and less and less towards those which merely substitute one deformity for another, even if the last state is an improvement upon the earlier.

The PRESIDENT, after thanking Mr. Bishop for coming up to London to complete the discussion, said that, as Mr. Bowreman Jesset, had sent a paper "On Intestinal Obstruction, an Uncommon Complication of a Ruptured Ectopic Gestation," and, to their great regret, was accidentally prevented from being present, he would ask the Secretary, Dr. Swanton, to read it.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, APRIL 24TH, 1903.

DR. SMYLY exhibited the following card specimens. (a) Two myomatous uteri. No. 1. Weighing 9 lbs., removed because of its size and continued growth. No. 2. For pain and pressure on the rectum. (b) Uterus removed for cancer of cervix. (c) Tubes removed for tuberculous disease. Dr. Smyly also showed the following specimens: (a) Ovarian papillomata. Patient was first seen on October 18th, 1902. The tumours, which were confounded with the uterus, on bimanual examination were supposed to be myomata. Sent for again on the 28th, the abdomen was then very much distended with ascitic fluid and patient suffering intense pain. Abdominal celiotomy October 31st, 1902. The abdominal peritoneum was studded with secondary growths, and the omentum was a mass of disease. The two cystic ovaries, which were universally adherent, were removed with much difficulty, and also the omentum. The patient recovered and is now in the South of France. (b) The patient from whom the specimen was removed was first seen in February, 1901. Though she had long passed the menopause, a sanguineous discharge from the uterus had been going on more or less for two months. Curetting was advised, but declined, and she was not seen again until six weeks ago, when a fungous growth was observed protruding from the os uteri. Vaginal hysterectomy was performed. The operation was a difficult one, owing to the friability of the uterus, but was successfully carried out, and the patient made a good recovery. It is remarkable that an operation was still possible two years after the probable commencement of the disease. (c) This patient suffered intense distress from pelvic pressure, and, the uterus being found enlarged and retroverted, the symptoms were attributed to the displacement. Abdominal suspension of the uterus by Kelly's method was performed, but owing to obstruction of the bowel the abdomen had to be re-opened, and the cause of the obstruction was found to be an adhesion of the rectum to the cervix, which it had been found impossible to separate at the original operation; the uterus was therefore allowed to return to its former position, and the abdomen closed. Her sufferings continued to be so great that she was obliged to relinquish her employment, and when the removal of the uterus was suggested she readily consented to have the operation performed. About a fortnight ago I performed a supravaginal amputation, and she has made a good convalescence.

Dr. LANE showed a large dermoid cyst removed two months after confinement.

Dr. PUREFOY showed a specimen of (a) General follicular enlargement of ovary; (b) Rokitanski's tumour of ovary.

Dr. PUREFOY read the gynaecological report of the Rotunda Hospital for the year 1901-2.

The discussion was postponed until the next meeting of the Section.

HARVEIAN SOCIETY OF LONDON. CLINICAL EVENING.

MEETING HELD THURSDAY, APRIL 23RD, 1903.

DR. T. WINSLOW HALL, President, in the Chair.

MR. FRANCIS JAFFREY showed a girl, æt. 25, with

multiple swellings situated chiefly in the parotid regions, but with a few similar tumours in both upper eyelids, and on the arms and legs. The swellings appeared quite suddenly in October of last year, and have increased in size. There is no pain or discomfort, and no history is to be found of tubercle or syphilis.

Dr. WILFRED HARRIS suggested the possibility of the tumours being neuro-fibromata.

Dr. EDMUND CAUTLEY considered the swellings to be tuberculous in nature.

Dr. WILFRED HARRIS showed two cases of Mitral Stenosis, complicated by pulmonary regurgitation. (See "Clinical Records.")

Dr. COLBECK commented on the rare occurrence of lesions of the pulmonic valve. In the cases shown, the leakage was slight, inasmuch as the pulmonic second sound is clearly audible, and the murmur follows the sound. Further, the respiratory sounds are unaffected. The explanation of the leakage, as due to chronic forcing of the valve, is far from satisfactory, since high blood-pressure in the pulmonary circuit is of common occurrence without any forcing of the valve. Dr. Colbeck was inclined to ascribe the occurrence of pulmonary lesion in cases of mitral stenosis to an accidental cause, such as distension of the auricular appendix, or thrombosis in this situation, with pressure on the pulmonary artery and disturbance of the valvular mechanism.

Mr. LAMING EVANS read notes of A Case of Coxa Vara. (See "Clinical Records.")

Mr. CAMPBELL WILLIAMS thought the case was an unusual form of coxa vara. The limb was not typically adducted nor was the foot inverted. Though limitation of flexion and extension was apparently due to contraction of the tendons and possibly of the capsule of the joint, he thought that a large portion would be found to be due to locking of the great trochanter against the acetabulum. Section of the bone below the trochanter was mainly useful to straighten and lengthen the limb in cases of marked adduction. Such was not manifest in this case, so that too much ought not to be expected from osteotomy. He thought that section of tense tendons, and, perhaps, the anterior limb of the Y-shaped ligament, should be tried first. Cases starting late in life, such as this, are with difficulty attributed to "classical rickets." They seem rather to be due to a want of stability in the femoral neck owing to faulty cancellous trabeculae.

Mr. ATWOOD THORNE showed a man, æt. 37, who complained of discomfort in the mouth, and of occasional difficulty in breathing through the nose. The soft palate was found to be closely adherent to the posterior pharyngeal wall. The mucous membrane in the neighbourhood was thickened, and covered with small nodules of a reddish colour; the appearance, especially of the uvula, suggesting lupus. The man however, had been under treatment for four years, and in consequence of the benefit received from potassium iodide and mercury, with relapses on giving up treatment, the condition had been diagnosed as specific leucoplakia. There was a history of primary infection sixteen years ago, and the man had no lupus on the face. To the suggestion of tubercle, Mr. Thorne replied that the amelioration under specific treatment, and the marked adhesion to the soft palate, rather put it out of court. As to operation, he thought that the small opening between the naso-pharynx and the pharynx might be enlarged, and that subsequently a hollow bougie fixed to a tooth-plate, should be worn continuously.

Mr. FRANCIS JAFFREY showed a man with a cystic swelling in front of the trachea, in the situation of a thyro-lingual cyst, but probably of the nature of a bursa due to friction by a collar stud.

Mr. JAFFREY also showed a case of fissured tongue in a man who had been a great smoker and heavy drinker. Though the tongue is moist, the patient complains of a sense of dryness and soreness. No treatment seemed to do any permanent good in these cases.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

Dr. LLOYD ROBERTS, President, in the Chair.

Dr. JOHN SCOTT read a paper on

THE VACCINATION ACT,

of which the following is a *résumé* :—

The main question to be answered is : Does the present Act promote efficient vaccination? If efficient vaccination and re-vaccination of the population are carried out, then the country gets rid of small-pox. A saving both in life and in money will be effected. Small-pox hospitals and all the apparatus required in times of epidemic will disappear. The trump card in the hands of the anti-vaccinator is the existence of cases of post-vaccinal small-pox. Therefore it is essential that a uniform standard of vaccination should be aimed at by every operator. The best vaccination of the country is done by the public vaccinators. The Act provides for the payment of public vaccinators, and keeps up the efficiency of the standard required by a system of bonuses. But the Act exercises practically no supervision over the work of private vaccinators, and therefore the country finds itself in the unbusiness-like position of contracting for a certain article, taking vigorous measures in certain cases to see that it is up to standard, but in the majority of cases accepting almost anything without examination. The reasons why the work of the private vaccinator is as a rule beneath that of the public vaccinator, and why in our large towns we have a class of men willing to put on one mark for sixpence, are well known; but there is nothing in the Act or in its administration to encourage the private vaccinator. Whatever objections may be offered on the ground of expense or supervision, there will be no efficient vaccination until every vaccinator is put on the same level and paid for by the same funds. There is considerable friction between members of the profession in the working of the present Act, but this is a minor matter, and the legislature will only interest itself in the broad question of general efficiency. Scientifically we have outgrown the era in which boards of guardians should control vaccination, which should, at least, be put under the control of the sanitary authorities, or (counsel of perfection) be constituted a separate department of State. Lord Salisbury described the Act as provisional, and trusted that the experience of its working would show animosities deadened. And so it has been; the use of the glycerinated calf lymph has got rid of the bogey of syphilis, and we could now as a safe measure of practical politics amend the so-called "conscience clause" which reduces the presiding magistrate to the grade of an automaton.

Dr. GARSTANG said that as a public vaccinator he does what the Act compels him to do solely, and agrees in the main with Dr. Scott in his criticism of the Act and not the public vaccinator personally. He deprecated handing over the administration of the Act to smaller bodies than boards of guardians; it ought to be a larger body if a change is to be made. Short of a Government department the County Council should be the authority to carry out the administration of this or any future Act. He sees no prospect of any new Vaccination Act for a number of years, because of the length of the debate in Parliament likely to arise out of it. Medical men ought to educate the public and the House of Commons in this matter. His experience of M.P.'s on medical questions was that medical men received little consideration at their hands. They will not entertain inter-professional discussions at all. If any alteration be made, Dr. Garstang thought the Government supervision will prove a stumbling-block to general practitioners vaccinating. The alteration that probably will be made will be creating vaccination specialists, debarred from private practice.

Dr. MARTIN said : The proper authority to administer the Vaccination Act is the large body, County Council, or county boroughs, or central vaccination authority. He would add that if a child contracted small-pox under the conscience clause the parents should undergo a term of imprisonment; if of age the parents should be absolved, but the person himself should be liable if

not vaccinated, inefficiently vaccinated, or refusing to be vaccinated or re-vaccinated, owing to the expense the local authority is put to on his account, and his danger to the community.

Dr. RITCHIE thought a good deal of harm that is done by inefficient vaccination would be prevented if a definition of efficient vaccination were laid down and a penalty were incurred if a general practitioner gave a certificate that a case had been efficiently vaccinated, and this were false. He thought that a negligent person who put the authority to any expense should be made to pay first, before imprisonment.

Dr. RAYNER said: When vaccination came in the only body available for administration of the Act was the board of guardians. They were not the proper authority, because they have no particular object in getting the people vaccinated; the cost of small-pox patients in their union did not fall on the board of guardians, but on the sanitary authority. The people responsible for supplying the money, and whose interest it is to keep down the cost, and the spread of small-pox, is the sanitary authority.

Dr. WATKINS thought that if certificates were altered a little and the words "successfully and protectively vaccinated" were introduced it would increase efficiency. He always covered a total of a square inch whether he put on three or two marks.

Dr. DAVID OWEN thought that the proposal to debar the public vaccinator from private practice a good one, so far as it would prevent friction in the profession, but it would very often not be practicable. In large towns, certainly, it might work, but in country districts with a scattered population, it would not succeed very well; as the time of the public vaccinator would be largely occupied in travelling from place to place, the system would be unnecessarily costly. The lot of the public vaccinator would be very wearisome; if he had nothing to do but vaccinate, it would satisfy few men. A serious objection to the plan was that it would only aggravate opposition to vaccination. Lord Salisbury had pointed out the importance of leading, rather than forcing, public opinion with regard to vaccination, and the forcing of a strange vaccination officer upon the public would only do harm in this respect.

Dr. A. W. W. LEA would like to know if a list of conscientious objectors were kept by vaccination officers in the district, whether the new educational authorities have any power to ascertain if children were officially vaccinated, or were in a position to insist on this.

Dr. VIPONT BROWN thought that bitter experience was a better educator of the public than the medical profession. He believed further legislation would soon be forced on the public owing to the recent epidemic, and we should be prepared with a definite scheme in view of this legislation. The only scheme desirable to his mind is that the State should pay for efficient vaccination performed by any medical man. The question of expense offered as an excuse could not be anything equal to the expense of an epidemic.

Professor W. J. SINCLAIR said that he was in the House of Commons at the end of the debate on the Bill in 1897. During the debate Mr. Balfour intervened and said a compromise must be made, and a decision on this *conscience clause* arrived at. In Scotland there is no "*conscience clause*." If the medical profession would unite and insist on every candidate for Parliament promising to do what he could to insert in the Act what they wished to be done then vaccination would succeed. They would then discover that the anti-vaccinators and conscientious objectors are very few indeed, and these should be made responsible for any expense incurred on their account.

Dr. LESLIE JONES said that forty years ago vaccination was much more thought of than at present, and the *conscience clause* would never have been accepted for a single moment.

Dr. WILLIAMS proposed a vote of thanks to Dr. Scott, and congratulated him on the fair manner in which he had treated controversial points in the administration of the Act.

Dr. SCOTT, in reply, said: The vaccination officer

does not keep a record of "conscientious objectors" in his district. In answer to Dr. Lea: The educational authority has no such power, but it could easily be given in a new Act.

THE INTERNATIONAL MEDICAL CONGRESS AT MADRID.

[FROM OUR SPECIAL CORRESPONDENT.]

(Continued from page 446, April 29th.)

THE fourteenth session of the International Medical Congress opened with a considerable amount of unpreparedness on the part of the officials at Madrid, but this was soon rectified, and the sections are working with all the smoothness that can be expected of their cosmopolitan character. The various sections meet in the Palace of the National Library and Museum at Madrid, in many cases in the galleries which contain the pictures representing the modern school of Spanish art. The sections are fairly well attended, but although many members of the British and Irish Committees are present in Madrid, very few take the trouble to go to the meetings, and fewer still take part in the discussions.

There have already been three brilliant functions in connection with the Congress. The first, the opening ceremony in the presence of the King, the Queen Mother and other members of the Royal Family; the second, the reception of the official delegates to the Congress; and the third, the reception by the Alcalde, or Mayor, of Madrid. The official reception was held in the Palace, and, although it was intended chiefly for the delegates appointed by the various Governments, cards of admission were granted to all members of the Congress, who attended in very large numbers. The King visited the various sections in turn, and in the English section the British Ambassador presented to him Sir Henry Norbury, K.C.B., the Inspector-General of the Navy, Lieut.-Colonel Crombie, C.S.I., representative of the Indian Medical Service, and Major McCulloch, R.A.M.C., delegate from the War Office. Sir Henry Norbury was then called upon to present Mr. Great Rex, delegate from the Metropolitan Asylums Board, Dr. Pavy, F.R.S., President of the National Committee for Great Britain and Ireland, Sir W. H. Broadbent, Bart., Sir Thos. Barlow, Bart., Sir Dyce Duckworth, M.D., Sir John Moore, President of the Royal College of Physicians of Dublin, Dr. Pye-Smith, F.R.S., Dr. Ogilvy Will, of the University of Aberdeen, Dr. Murdoch Cameron, of the University of Glasgow, ex-president of the British Medical Association, Dr. Ferrier, F.R.S., Mr. W. H. H. Jessop, Dr. Wiglesworth, Dr. Radcliffe Crocker, Dr. Tyson, Dr. Shuttleworth, Dr. Pope, Dr. Shingleton Smith, and Dr. Swain. The King said a few words of welcome or of question to each member as he was presented, speaking sometimes in English and occasionally in French, and on his proceeding to the next room he was heartily cheered. The Queen Mother, with her daughter, afterwards gave a similar audience, and showed great interest in all the members present.

The municipal entertainment given by the Alcalde was rather spoilt by the insufficient size of the rooms. Some selection might well have been made in the issue of invitations, and this is a feature which must be seriously considered if future meetings of the International Congress are to be at all enduring. The numbers who now attend these gatherings are very great, and it would be advisable to invite *all* the members only on occasions when there is a reasonable prospect of comfortable accommodation. This is only practicable for outdoor entertainments, and for indoor functions only delegates should be invited. The great feature of the Alcalde's entertainment was the double row of sedate men-at-arms who lined the staircases, and called to mind some of the ancient grandeur of Spain. The music was good and some of the uniforms were magnificent.

The work of the Congress was continued at Madrid without intermission on Saturday and

Sunday; but as most of the papers in the sections have been read in Spanish, the English members have only shown a languid interest in them. One large party, indeed, left Madrid on Saturday morning for a long day's excursion to Toledo, which is situated on the Tagus river about fifty miles from Madrid. The members were well repaid for their exertion. The city is built upon a rock surrounded on three sides by the river, and must formerly have been a fortress of great strength. Everywhere in the town are traces of the Moors, Jews, and Spaniards who have been its chief inhabitants. The chapel royal is still adorned with the fetters which the Moors gave as votive offerings after the capture of Granada in 1492, whilst it is difficult to realise the age of the building, so clean is the stonework and so sharp the carving. The cathedral has a solidity and absence of tawdriness which appeal especially to the northern races, and it is so full of detail that weeks could be spent in a careful study of all its chapels and ornamentation. The arsenal, too, is worthy of a visit, because it recalls the industry which has made Toledo a name of world renown in connection with swords and daggers.

On Saturday evening the official delegates of the Congress were received by the President of the Council of Ministers, and the members had an opportunity of inspecting the various rooms and pictures in the Ministry. The scene was very brilliant, for the military and medical officers of the different nations appeared in full-dress uniform with all their decorations. They formed the majority of the guests, the remainder being civilians in evening dress, a few priests in scarlet robes decorated with orders, and one or two English clergymen.

Monday, April 27th, 1903.—It is extremely difficult to obtain any information about the honorary appointments which have been made in connection with the various sections, but it seems that the following gentlemen have been appointed "President d'Honneur" in their respective sections:—Sir John Moore, Sir Dyce Duckworth, M.D., and Dr. Affleck in Medicine; Dr. W. A. Mackey, corresponding member of the Medico-Chirurgical Society of Spain, and Mr. D'Arcy Power, honorary secretary of the National Committee for Great Britain and Ireland, in Surgery; Dr. Bruce and Dr. Sutherland in Neuro-Pathology; Sir Henry Norbury, K.C.B., in Military and Naval Hygiene; Mr. W. H. H. Jessop, in Ophthalmology; Dr. Stewart in Physiology; and Dr. Bruce Young in Anatomy. Dr. Macdonald, of Huelva, has been made an honorary secretary in the Section of General Pathology.

In the Section of Surgery, Dr. W. A. Mackey had an exhibit of urinary calculi showing Harrison's instrument and the method of crushing large stones.

In the Section of General Pathology, Dr. IAN MACDONALD, of Huelva, read a paper on "Malaria in the Province of Huelva and Its Relation to Mosquitoes." He presented specimens of five varieties of culex and anopheles with micro-photographs of experimentally infected stomachs. He indicated methods of prophylaxis for the particular district, and they have already given marked results. He also showed an embryo filaria found for the first time in a sparrow.

In the Section of Mental Disease, Dr. J. F. SUTHERLAND, Deputy Commissioner in Lunacy for Scotland, read a paper on "The Geographical Distribution of Lunacy in Scotland and Ireland" (*urbes et rus*). The significance of migration and mortality under five years of age was clearly brought out. The paper was well received, and favourable comment was made on the maps and illustrated diagrams. The view put forward that so many imbeciles under five were swept off by neglect, injudicious dietary, and zymotic diseases, in urban and city areas accounted for the vastly different ratios of lunacy prevailing in rural and urban areas. The ratio was 30 per 10,000 in the urban districts, and it was as high as 90 in 10,000 in rural districts. The reverse is the case with the mortality under five years of age, which is thrice greater in urban than in rural areas. The shaded maps

exhibited were framed on the 1901 census for England, Scotland, and Ireland.

Tuesday, April 28th, 1903.—There was a special performance of "Carmen" at the Lyric Theatre last night (April 27th). It was designed for the entertainment of the members of the Congress, but only a few of the British nation succeeded in obtaining tickets. The work of the Sections proceeded as usual this morning, the English members being especially well represented in the Section of Medicine, which was presided over by Sir Dyce Duckworth and Sir John Moore during the discussion on the causation of rheumatic fever, with a demonstration of rheumatic lesions by Messrs. Poynton and Paine, which was followed by Dr. Singer's contribution on "Syphilitic Pseudo-Rheumatism." Sir Henry Norbury, K.C.B., the Inspector-General of the Naval Medical Service, occupied the presidential chair in the Section of Naval and Military Hygiene; and Mr. W. H. H. Jessop filled a similar position in the Section of Ophthalmology.

Several members of the Congress took the opportunity of visiting some of the hospitals in Madrid. They went first to the Instituto Rubio, a surgical hospital situated on the outskirts of the city. It is beautifully placed, commanding a wide view of the surrounding country, and consists of separate blocks of buildings, which contain forty-eight patients. It was founded by Dr. Rubio, the great surgeon, and was opened in 1895. Nearly all the beds are endowed, and the hospital is in every way a model building. It is not nursed by a sisterhood. From the Instituto Rubio the members went to the hospital founded in 1852 by Queen Isabella II. in commemoration of the birth of the Princess of the Asturias. The hospital is built to receive 225 patients, and is nursed by sisters of charity. They had the opportunity of seeing Dr. Kelly, of Baltimore, pass a catheter into the female ureter, and afterwards went round the hospital. The wards are clean, and the patients are well nursed and well cared for. There is a plentiful supply of good water, but the wards are deficient in ventilation according to English ideas, for the windows of the wards and those of the spacious corridors into which they open are all kept shut. The day ended with a *matinée* in the gardens of the "Buen-Retiro," which was organised by the municipality in honour of the Congress. A previous shower of rain and the threatening weather somewhat spoilt the pleasure of this entertainment and limited the number of attendances.

Thursday, April 30th, 1903.—The Sections finished their work yesterday, and the formal ceremony of closing took place this morning in the great hall of the Central University, in the presence of a very large audience. It has not yet been decided when the next Congress will be held, as no official invitations were offered at the meeting yesterday. The question of a meeting place has therefore been put into commission, and will be decided at a later date. The great event of the meeting has undoubtedly been the garden-party given by the King in the Gardens del Campo del Noro, attached to the Royal Palace. The day was one of the finest of the week, and the hospitality was great, for the King made it a matter of personal interest that the *fête* should be brought to a successful issue. He traversed the extensive gardens repeatedly, and spoke to a very large number of the guests, many of whom he recognised as having been introduced to him at the audience held the previous week. The setting of brilliant uniforms and elegant dresses in a background of many-hued greens, owing to the late advent of spring, offered an imposing spectacle, whilst the babel of languages was partly drowned by the numerous military bands which played in different parts of the grounds. The number of persons present was difficult to estimate, but it is probable that from 5,000 to 6,000 persons were present, the Spanish ladies wearing in many cases the becoming mantilla or national headgear, whilst the men wore morning dress with top hats.

The entire Congress owes a deep debt of gratitude to the King, the Queen Mother, and other members

of the Royal Family for the care they have taken to further the best interests of the assembly and for their great hospitality and the personal interest they have evinced; whilst the British and Irish members are more particularly grateful to his Excellency the Right Honourable Sir Mortimer Durand, G.C.M.G., his Majesty's Ambassador in Madrid, for many acts of kindness shown to his countrymen.

The general impression left by the Congress is that such international gatherings have now attained an unwieldy size unless they are controlled by a central agency of unusual organising power. Few towns, even amongst the capitals of Europe, are able to make provision for the multitude of members who flock to these gatherings, and the housing resources of most towns are seriously taxed to provide accommodation for the various classes of members. It must become a question in the future whether it will not be better to allow the different sections to meet at different times and in various places.

Sir DYCE DUCKWORTH brought before the International Medical Congress a case of Infective Endocarditis treated successfully by rectal injections of anti-streptococcic serum. The patient was a boy, *æt.* 15, who was admitted into St. Bartholomew's Hospital on April 9th, 1902, with pain and a rash resembling erythema multiforme of wide distribution. The illness began with daily rigors and pyæmia, two days before admission. He had a systolic bruit at the apex of the heart, but there was no manifest visceral disease. The rigors occurred at irregular intervals, and fresh crops of eruption appeared on the trunk and limbs. Cultivations of fluid from a synovial effusion of the knee, and of the blood, were negative. The boy remained ill for many weeks, and derived no benefit from salicylate of sodium, quinine, fresh brewer's yeast, or oil of gualtheria. Hypodermic injections of anti-streptococcic serum were equally useless. It was determined, therefore, to administer the serum in doses of 10 c.c. *per rectum* daily. The appetite quickly improved, and within a fortnight the pyrexia had passed off. The cardiac systolic murmur remained, but no further rash appeared, and the boy was sent into the country at the end of July. When he was seen at the end of September he appeared to be in perfect health and the cardiac sounds were normal. The rectal injections were continued for about five weeks, and for some time after the subsidence of the pyrexia. The diagnosis of pyæmia was made, the cause being either in the endocardium or in a small septic wound on the arm. The success of the anti-streptococcic serum was so great that Sir Dyce Duckworth has since employed the method of injecting it into the rectum in another case of infective endocarditis, but unfortunately without benefit.

Dr. BELL, of Glasgow, read a paper on the causation of cancer and its treatment without operation. He maintained that cancer is not due to a parasite or microbe, but is rather a normal cell which, from a combination of circumstances, has become altered in character and has assumed a new rôle of existence, which causes it to become aggressive and cannibal in its proclivities. The causes of this pathological metamorphosis are those which act prejudicially on the general health, *e.g.*, the marriage of blood relations, bad ventilation, constipation, excess in eating and drinking, worry, sedentary habits, and the neglect of important hygienic precautions. He thinks that the thyroid gland is an important organ in connection with the prevention of cancer. So long as it is physiologically active it can seize upon and render harmless certain toxic substances which are constantly produced in the intestines, and whose amount is directly proportional to the degree of constipation in each individual. The poisons from the intestine which accumulate in the blood give rise to secondary changes in the cells, and the changes are intensified if saccharomycetes are also present, for the saccharomycetes, by its power of producing fermentation transforms these toxic substances into uric acid. The uric acidæmia thus produced interferes seriously with cell metabolism, and this is one of the

principal predisposing causes of cancer. The continuation of the enterotoxins also accounts for the cachexia which is generally coincident with cancer. The treatment therefore consists in the administration of thyroid gland, in the administration of salicylate of sodium to destroy the saccharomycetes and so prevent the formation of uric acid, and in the administration of such drugs as will ensure a daily evacuation of the bowels; whilst the local affections are treated with a view to remove any source of irritation.

Mr. JESSOP, of London, made the following communication "On the Prognosis in Cases of Glioma of the Retina after Operation." The writer bases his remarks on eighty-three cases of glioma, dividing them into intra-ocular and extra-ocular. He then deduces the fact that in intra-ocular cases (those in which the disease has not invaded the nerve beyond the lamina cribrosa) the prognosis, if excision be performed, is good. All the intra-ocular cases, except a doubtful one in which the nerve was "apparently not involved," were successful. This is also true for binocular cases, in which the second eye cannot be looked upon as a recurrence, but as a new and separate form of disease. It is also shown in three extra-ocular cases, in which the optic nerve was invaded, that if the nerve be divided at the operation behind the invaded portion, the result is good. This seems to indicate that in all cases of excision of the eye for glioma, the nerve ought to be divided as far back as possible—at least 10 mm., and better 15 mm., must be removed. In the extra-ocular stage it is very seldom, except in early nerve cases as mentioned above, that any operation can save the patient's life.

Dr. ARNOLD LORAND, of Carlsbad, read a paper on the "Relations between Diabetes, Cancer, and Tuberculosis." He stated that diabetes and cancer were not often associated. Cancer sometimes occurred during the course of diabetes, but diabetes hardly ever affected a cancerous patient. Tuberculosis in the same way often followed diabetes, but extremely rarely preceded it. Cancer and chronic tuberculosis exclude diabetes.

Carcinoma of the thyroid is a rare disease, and it is only met with in degenerate strumous thyroid glands. Primary tuberculosis of the thyroid gland is very unusual. Greenfield says that tuberculosis is uncommon in Graves' disease—hyperthyroïdeæ—but is quite common in myxœdema, and Pel often found a history of tuberculosis in the families of myxœdematous patients, myxœdema, as is well known, being a condition of athyroïdeæ. Cancer begins as a rule late in life, when the thyroid has begun to atrophy; whilst tuberculosis is more frequent in young persons with symptoms of thyroid inactivity—retardation of growth, scrofula, hereditary syphilis, &c. Tuberculosis may appear after any condition leading to exhaustion of the thyroid gland—*e.g.*, after pregnancy and lactation in young women, during convalescence after protracted infectious diseases, after rapid growth at puberty, for giants often become tuberculous.

It is interesting to note that diabetes may disappear entirely, or the amount of sugar passed may be greatly reduced, after the onset of tuberculosis. This is analogous with the improvement in the symptoms of Graves' disease as soon as the tuberculous infection becomes manifest. Diabetes also improves as soon as cancer develops, although the improvement is not so marked as in tuberculosis. The hyper-activity of the thyroid gland which exists in diabetes may be followed by exhaustion, by tuberculosis, or, much more seldom, by cancer. Glycosuria exists in the first stage, and may disappear later, as it is seldom found in any state of inactivity of the thyroid gland. Roger and Garnier have always found a sclerosing atrophy of the thyroid gland in chronic tuberculosis, and in only one case did they find a fibrous hypertrophy, and this case was a patient with diabetes. In cancer, too, the authors speak of an atrophy of the thyroid. Chronic tuberculosis and cancer have many symptoms in common with myxœdema, the chief being cachexia, oligo-

hæmia, white (waxy) skin, dislike of meat. The œdema of cancer and tubercle, too, is near akin to that of myxœdema. Dr. Lorand concluded his paper with the following words:—"Tuberculosis and cancer are antagonistic to diabetes. Inactivity of the thyroid gland diminishes the defence of the organism against invasions of micro-organisms or against the toxins formed by them. Deficient action of the thyroid, therefore, favours the development of tubercle and cancer."

Dr. LORAND also read a paper on the "Relations between Diabetes, Acromegaly, and Graves' Disease." He pointed out that these three diseases have many features in common, and can be produced by the same causes, such as infectious diseases, mental emotions, &c. Injury and nervous shock may cause both diabetes and Graves' disease, and some cases of acromegaly have been said to be due to similar causes. Changes in the vascular glands occur in diabetes acromegaly and Graves' disease. There are alterations of the thyroid gland in Graves' disease of the anterior lobe of the pituitary body, in acromegaly and in the pancreas in cases of diabetes. The pancreatic changes are most marked in the islands of Langerhaus, which are glands similar in type to the thyroid and the pituitary body. Pathological changes in one gland produce alterations in the other glands; thus changes in the pancreas lead to modifications of the thyroid, and changes in the thyroid might cause alterations in the pancreas. Glycosuria is a very frequent accompaniment of Graves' disease (hyperthyroidea), and diabetes even may occur. Dr. Lorand believes that diabetes is not uncommon in acromegaly, especially when the symptoms point to excessive activity of the thyroid gland. Glycosuria or diabetes is only present in such conditions, where there is evidence of the increased thyroid action. Roger and Garnier have shown that such a condition occurs very frequently after infectious diseases, where there may be an excessive secretion of colloidal material. There is a similar increased secretion followed by exhaustion of the thyroid gland after severe mental emotions, and after the administration of certain poisons and drugs. The glycosuria of chlorosis, and that which appears at the time of the secondary syphilitic rash (which is observed, as a rule, only in women), depend upon the swelling of the thyroid. Lactosuria and diabetes, which sometimes occur during pregnancy, depend upon the increased secretion of the thyroid, for they disappear at the end of lactation and after pregnancy when the gland is exhausted. The glycosuria which is sometimes associated with biliary calculi depends upon the increased activity of the thyroid, as has been determined by Hürthle, and it appears that the administration of an extract of thyroid gland may produce glycosuria and even diabetes. No glycosuria occurs when the thyroid is inactive. It is never present in myxœdema—athyroidea—and it does not occur in cases of hereditary syphilis where there is retardation of growth due to deficient action of the thyroid gland. Glycosuria is rarely associated with cancer and tuberculosis, for in these conditions there is usually atrophy of the thyroid. The disappearance of glycosuria after the administration of opium and immediately before death is capable of a similar explanation. Diabetes seldom occurs in children; the prognosis of diabetes is better in later than in early life; and the few recorded cases of cure in diabetes are those in which the disease has followed syphilis, influenza, or scarlet fever, for in such diseases the thyroid gland may be completely exhausted after a preceding hyper-secretion. Dr. Lorand arrived at the conclusion that diabetes, acromegaly, and Graves' disease are closely related to each other, and that in each there are pathological changes in the vascular glands, the pancreas and thyroid being chiefly affected in diabetes. He believes that diabetes is produced by excessive activity of the thyroid gland, especially if it be simultaneously associated with pancreatic changes.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 2nd, 1903.

At the Medical Society, Hr. Abel showed two preparations of

LARGE MYOMA ASSOCIATED WITH PREGNANCY.

In the first case abortion took place at the fourth month. As the myoma was too large to descend into the pelvis, manual removal of the placenta was not possible, as the portio was too highly situated. As fever set in, total extirpation was performed after laparotomy. This was performed in the second case also, as the myoma growing behind the cervix prevented the passage of the fœtus.

Hr. Senator described a case of

PERNICIOUS ANÆMIA

in a female child, æt. 10 months. He showed that the case was not one of leukæmia, nor pseudo-leukæmia, nor Jacksch's infantile anæmia.

Hr. Pinkus spoke on

NON-OPERATIVE TREATMENT OF DISEASES OF WOMEN.

He said that absorption of inflammatory remains in the pelvis took place by increased flow of blood to the diseased parts by the action of heat. He made use of the hot vaginal douche. He showed an apparatus by which the vagina and vulva were protected from excessive heat, and by which treatment could be carried out in the patient's home. Fever and inflammation of the external genitals were a contra-indication for the treatment.

At the Verein für Innere Medizin, Hr. Menzer related a case of

CHRONIC ARTICULAR RHEUMATISM TREATED WITH ANTI-STREPTOCOCCIC SERUM.

The patient, a woman, æt. 27 (who was shown), had suffered for several years from pain in the head and neck. In October, 1900, pain came on in the right ankle-joint. The patient was taken into hospital and a plaster dressing applied. After a four weeks' stay she left the hospital without any improvement. The condition remained the same until September, 1901, when it became worse—an insidious swelling of nearly all the joints came on. On October 21st, she was admitted into the Charité. Here she remained for six months, treated by all the usual anti-rheumatic internal remedies, then with light baths, sweating baths, &c., all without avail. She was then discharged as incurable, and admitted into the infirmary. Towards the end of May, 1902, Blumenthal tried injections of anti-streptococcic serum. At first 10 c.cm. of Morison's serum were injected, but without any effect. A fortnight later Menzer's anti-streptococcic serum was injected, when the temperature went up to 37.5° C., with pain in the joints and a feeling of heat alternating with cold—in short, the symptoms of an attack of acute rheumatism. The quantity of the injection was from 30 to 40 c.cm. After four weeks the patient, who kept constantly in bed and was unable to move, could sit up and walk, first with the aid of a stick, and afterwards without. For the purpose of removing the swellings she was removed to the extern department and treated with a liberal diet, hot baths, and exercises. Then another injection of 30 c.cm. was given, under the influence of which improvement took place after inflammatory reaction. As a certain amount of stiffness still remained in the joints, 1 c.cm. of serum was injected directly into them. Violent articular pain followed, but good mobility succeeded the pain. The patient on whose hands, feet, and knees the remains

of swellings were still visible, had now free power of movement in all her joints. Hr. Menzer added that the anti-streptococcic treatment must not be applied without selection to all cases. As an acute process was set up by the injection, great caution must be exercised, and the medical attendant must convince himself that the patient can stand it.

Hr. Milchner reported a case of

BRONCHIECTASIS WITH PSEUDO-TUBERCLE BACILLI. The patient, a man, *æt.* 51, had hæmoptysis for the first time in 1884. Later on there was chronic bronchitis, with repeated hæmoptysis. He came into hospital last year. The condition on admission was the following: On the left lung, below and behind, dulness the size of the palm of the hand, bronchial breathings small and medium râles, and bacilli in the sputum, which were thought to be tubercle bacilli. One thing made the diagnosis of phthisis doubtful, and this was that in the intervals between the hæmorrhages the patient was quite well, and he gained in weight. The explanation proved to be, on examination, that the case was one of pseudo-tubercle bacilli. The patient was seen again at the end of October. The expectoration had altered since June, 1902. It was copious, purulent, and foul-smelling, and was expectorated without difficulty. The patient died of cardiac weakness in December, caused by fatty degeneration of the heart and of the vessels from repeated hæmorrhage. *Autopsy:* In front of the left lung were numerous adhesions, below and behind, a mass of soft, pulpy material, a bronchiectic cavern with smooth walls, across which fine strings were stretched (obliterated vessels). In the cavity was a small calculus, the nucleus of which was lung tissue. No trace of tuberculosis. No caseation in the bronchial glands. Portions hardened in alcohol gave no trace of tubercle. The question was whether it was a case of pseudo-tubercle bacilli or of pseudo-tuberculosis bacilli, and the answer was not forthcoming from simple staining. After the sputum preparations had been treated with alcohol and then stained, no bacilli were coloured, and the like after previous hardening in formalin. This non-staining was a proof that it was a case of pseudo-tubercle bacilli—so-called hay bacilli. Infection in this case was possible from the nearness of the patient's dwelling to large stables.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 2nd, 1903.

PROSTATIC HYPERTROPHY AND OPERATION.

ZUCKERKANDL showed a patient, *æt.* 62, to the "Gesellschaft," on whom he had operated for hypertrophy of the prostate gland. For the last eight years he had been a martyr to retention of urine, which had during this protracted period to be withdrawn by catheter. Ultimately hæmaturia set in, and subsequently became so profuse that Zuckerkandl resolved to operate and remove the whole gland, which weighed 137 grammes, or 4.81 ozs. Catheterisation was continued four weeks after the operation, and then abandoned. After this continence of the urine became established, and the patient is now able to retain the urine a reasonable time and micturate with as much ease and freedom as he had ever done.

Another troublesome point in the case was a laceration of the sphincter, which would not heal prior to the operation owing to the large gland distending the parts so much that union was rendered impossible.

Since the operation the sphincter has healed perfectly.
INTER-HERNIAL TORSION.

Rudolf next showed two cases in which the omentum was found to be twisted 360 degrees. The first patient was a woman, *æt.* 53, who had suffered for four years from hernia, but had been successful in keeping it up. A few days ago she was admitted into hospital after three days' illness, with what was thought to be an irreducible inguinal hernia. The symptoms being urgent, operation was at once undertaken, with the result that no strangulation was to be found in the right groin, although a swelling about the size of a man's fist was found over the right inguinal ring, with pain, redness, vomiting, &c. The tumour had a hard and inelastic feeling, although it gave a loud tympanitic sound on percussion. On opening the sac Rudolf was surprised to find no bowel present, although it was almost filled with omentum, which was twisted at the pedicle 360 degrees and was the whole cause of the serious symptoms, as she recovered speedily after operation, and has since been perfectly well.

The second case was somewhat similar in detail, but the omentum was twisted one and a half times on itself, or 540 degrees from its original position.

SYPHILIS IN MOTHER AND INFANT.

As a consequence of the late discussion on hereditary syphilis, Mracek gave the Gesellschaft a history of his own experience for the last six years, which he had carefully tabulated to see if anything could be deduced from the results to throw light on this abstruse question.

Altogether, during the six years he had had 160 cases to record, in which the children were syphilitic as well as the mothers. In 46 cases the father was also proved to be syphilitic. He next divided the cases as a whole into seven classes:—

1. Post-Conceptional Infection.—In this class are 17 mothers, of whom 4 were infected during the second month of pregnancy, with three macerated fœtuses and one premature birth. The others occurred in the fifth month, with three living children and five born prematurely; those between the sixth and seventh month were two living out of a total of five. His results in this class led him to the conclusion that the later the infection during pregnancy the better was the prognosis of a living child.

2. Infection with Conception.—Twenty-four mothers were in this class, with the consequence that in none did pregnancy run a normal course, in spite of every precaution.

3. A Short Time before Conception.—Twenty-two fell into this class, of whom 50 per cent. were macerated fœtuses and 50 per cent. premature.

4. Two to Six Years After Infection, when the Glands are Hard and Pigmented.—In most of these cases, of which there were 55, the children went to full term, but were macerated.

5. Mothers Six to Twenty-Five Years Infected.—In this class came six cases with psoriasis linguæ, &c., with four macerated children, four live and normal, and seven with distinct organic changes.

6. This class comprises 22 mothers with swollen glands, cicatrices on genitals, &c., but the diagnosis of syphilis could not be made certain. Twelve macerated children were born, nine premature living children, but none went to full term.

7. Eleven mothers fall into this class, where the history is positively syphilitic; but not a single symptom of syphilis can be distinguished in the diagnosis.

Some of the offspring were macerated, while others appear partially so. Nine of the placenta were specific.

His conclusions are that primary syphilis is very different in women from what it is in man; in the former almost indistinguishable in many cases, while the secondary is very slight. He has observed 126 females with gummata with only 77 (61 per cent.) that foreboded syphilis, while the other 39 per cent., when sections are made, will defy classification. It is fair to assume that the infection is through the uterus, revealing itself by hæmorrhagic fever, abortion, or other pernicious changes in involution. Out of the 160 cases there were only four alternating cases of syphilis six years after the infection. The mortality of the premature children was 90 to 99 per cent.

Changes were met with in the placenta in 78 instances, and were distinguishable microscopically. Among them were (1) increase in size and weight, (2) thickened form of the placenta *fœtalis*, (3) disappearance of the vascular spaces with thickening of the vessel-walls, (4) proliferation of the villous part over the outside of the vessel, (5) vascular obliteration, &c. The umbilicus was changed in ten cases. The placenta was most changed in proportion to the time of infection—the more recent the worse the placenta. In the cases of between two and six years' infection, more than half of the placenta are diseased, while most of the *fœtuses* die of hæmorrhage or suppressed nutrition *in utero*.

Lang said that he quite agreed with Mracek that the irritative phenomena of syphilis can be easily overlooked in the female although it may be well marked on the generative organs.

Eienschitz remarked that Mracek's evil prognosis was confined to the recent forms of syphilis, but after a few weeks of the phenomenal exhibition of the disease the prognosis in the hereditary form was not so grave.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR SEPARATION OF THE EPIPHYSIS OF THE LEFT HUMERUS.—MR. ARBUTHNOT LANE operated on a child, *æt.* 12, who had been admitted for what appeared to be separation of the upper extremity of the left humerus. The accident had been sustained more than three weeks before. The upper extremity of the shaft projected upwards and forwards beyond the normal position; the upper extremity of the bone could be felt below and behind it. The radiograph showed that the appearances presented clinically by the portions of the humerus were correct, also that there extended down from the upper extremity a thin partial sheath of bone, an inch and a half long at its greatest measurement. The presence of this process of bone connected with the displaced upper extremity was, Mr. Lane said, very common in cases of this injury. An incision was made along the anterior margin of the deltoid and along the attachment of its anterior half above, and this portion of the muscle was separated from its bony attachment and turned outwards, exposing the seat of fracture thoroughly. The upper extremity of the shaft was seen to project upwards beyond its normal level for an inch and a quarter; its blunt end was soft and smooth where it had been torn away from the epiphysal line. The upper fragment occupied its normal relationship to the glenoid cavity, and a regular sheath of bone, incomplete in front and externally, projected downwards from its margin at one point for a distance of an inch and a half. The fragments were freed from the surrounding parts as completely as possible, and by the exercise of very great traction on the upper extremity, and by the leverage action of elevators,

Mr. Lane attempted to bring down the extremity of the shaft and insert it into the imperfect sheath extending downwards from the upper fragment. The resistance offered by the contracted muscles was so great that it was impossible to do this until the front part of the sheath, above referred to, had been completely removed. The fragments were then placed in accurate apposition and were retained by a wire loop. The deltoid flap was replaced and the wound closed. Mr. Lane said that the operative treatment of these conditions, if undertaken at the time the injury is sustained, is accompanied by little or no difficulty, but if a sufficient interval is allowed to elapse the difficulties which the surgeon will experience in attempting to restore the bone to its normal form are very great; indeed, they are often quite insuperable. The frequent presence of the process of bone which projects downwards from the upper extremity is, he remarked, most advantageous to the surgeon, since he can employ it to retain the shaft in position and avoid damaging the epiphysal line and the soft and friable upper extremity of the bone, which last is liable to hold the wire very insecurely.

ST. JOHN'S HOSPITAL, LEWISHAM.

OPERATION FOR FRACTURE THROUGH THE LOWER END OF THE HUMERUS.—MR. ARBUTHNOT LANE operated upon a boy, *æt.* about 8, who had sustained a fracture of the lower end of the humerus with considerable displacement of the fragments, the lower end of the shaft projecting forwards and inwards beneath the skin, which was cut over it, whilst the lower fragment was displaced a long way backwards and inwards. As there had been a very considerable amount of hæmorrhage and inflammation of the whole arm before the case came under observation an interval of a week was allowed to elapse before the operation was performed; even at this time there was a large amount of swelling of the part. An incision was made along the anterior aspect of the arm over the lower end of the upper fragment, which was seen to project through the brachialis anticus. The extremity was generally blunt and smooth but presented posteriorly a face which looked downwards and backwards. Owing to the swelling of the parts it was impossible to replace the fragments in position in spite of the exercise of very great force. The position of musculo-spiral having been accurately determined, all the muscular tissue which opposed the restoration of the fragments to their normal position was divided. The lower fragment was then exposed and was found to consist of the epiphysis, which presented above the usual smooth, soft face except behind, where there projected upwards and backwards from it a triangular process of bone, and this piece of bone fitted accurately the face described in the upper fragment, and it was made use of to carry the wire, which retained the shaft accurately and securely in its normal relationship to the epiphysis. The incisions in the muscles were brought accurately together, and the wound closed. Mr. Lane said when the case was first seen it was feared that the circulation of the limb had sustained some serious damage, owing to the flail-like condition of the part, the great amount of blood extravasated, the rapidity of the onset and the degree of inflammation. Besides, there was some doubt as to whether the wound in the skin did not communicate with the fracture. As in the case of separation of the upper extremity at Guy's, reported above, the presence of bone projecting upwards from the epiphysis was for precisely the same reasons, he pointed out, a most valuable aid in securing the accurate coaptation of the fragments.

The subsequent progress of the case was most satisfactory.

TOTTENHAM HOSPITAL.

HYSTERECTOMY FOR IMPACTED MYOMA.—Dr. ARTHUR GILES operated on a woman, æt. 47, who came to the hospital with the supposition that she was suffering from an ovarian tumour. She informed the resident medical officer, Dr. Jones, who first saw her, that she had been told by a medical man that she had such a tumour. Dr. Jones, on examining, found a hard mass filling the pelvis and a fluctuating tumour reaching to the umbilicus. Suspecting that the latter might be a distended bladder he passed a catheter and drew off 44 ounces of urine, with the result that the abdominal tumour disappeared. The patient gave a history of having suffered for some time from frequency of micturition with occasional difficulty in emptying the bladder, and further inquiry elicited the fact that menstruation had been increasingly profuse for over twelve months; he (Dr. Jones) therefore diagnosed an impacted myoma, and admitted the patient. The diagnosis was confirmed by Dr. Giles, and operation was advised. When the abdomen was opened the tumour was found fitting fairly tightly into the pelvis; it was lifted out and found to be free from adhesions. A panhysterectomy was performed in the manner first practised by Mr. Bland-Sutton: in accordance with this method the broad ligaments were divided and the uterine arteries seized with forceps in the usual way; the uterus was divided transversely at the level of the internal os, and the central core of the cervix, including the cervical canal, was dissected out, leaving only a shell formed by the vaginal covering of the cervix; by this means a free communication was established between the face of the stump and the vagina. The remaining steps of the operation were completed in the usual way. Dr. Giles remarked that the case presented some interest from the point of view of diagnosis; a full bladder not infrequently proved to be a source of error, and he thought that the profession was not sufficiently alive to the importance of passing a catheter in all cases in which a cystic tumour occupied the lower part of the abdomen. He called attention to a physical sign which often proved useful in forming a diagnosis between a tumour and a distended bladder, namely, that in the case of a tumour an appreciable interval could be made out by palpation between the lower portion of the tumour and the pubes, whilst in the case of a distended bladder the swelling generally appeared to pass almost directly down on to the upper border of the bone. When the pelvis is found occupied by a hard tumour he considered that the presence of a fluctuating swelling in the lower abdomen should invariably excite suspicion of a distended bladder. It was obvious, he said, that only one course was open for the relief of such a condition as was present in this case, namely, the removal of the tumour. In this connection he pointed out that a medium-sized uterine myoma might cause more symptoms and more urgently require operation than a larger tumour, for the latter occupying the roomy abdomen would probably give rise to no pressure symptoms, whilst a tumour small enough to just fit into the pelvis might be impacted therein and give rise to urgent symptoms of pressure, both on the bladder and on the rectum. He considered that in cases in which a panhysterectomy was required the most satisfactory method was Mr. Bland-Sutton's plan, which he had adopted in this case; the free drainage which it afforded was a great safeguard against exudations accumulating in the neighbourhood of the stump. In contradistinction to other forms of panhysterectomy, in which the whole cervix with its vaginal covering was removed by cutting through the vaginal fornices, the plan under consideration had the great advantage of involving no risk to the ureters, the capsule formed by the wall of

cervix that is left constituting a barrier between the ureters and the field of operation. A subsidiary advantage, he pointed out, was that the vagina is left in a more natural condition.

It is satisfactory to state that the patient made an uneventful recovery.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 6, 1903.

NEURASTHENIA.

NEURASTHENIA is asserted by cynics to share with appendicitis the proud distinction of being a malady *à la mode*. The term neurasthenia, as applied to the group of symptoms associated with, and dependent upon, inadequate nutrition or overstrain of the nervous system, is a comparatively modern innovation, and its general use hardly dates further back than the publication of Weir Mitchell's work on its treatment by rest and hyper-alimentation, although it is said to have been first employed by Beard, of New York, in 1879. Some interesting details concerning the history and prevalence of this morbid condition are given in an article published in a recent number of the *British Medical Journal*, by Dr. Guthrie Rankin. Speaking generally, neurasthenia may be regarded as a derangement of function resulting from exhaustion of the source of nervous energy. In this sense a certain and by no means insignificant proportion of the population are, so to speak, congenital neurasthenics. From the beginning they never seem to have enough nervous energy to carry on the business of life. The symptoms which we associate with this condition, though ill-defined and infinitely variable, present a general relationship sufficient to constitute a morbid entity. Apart from the congenital neurasthenics, we meet with a large number of persons whose margin of energy is so narrow that any little extra strain, if long maintained, destroys the equilibrium and renders them for the time being physiologically bankrupt. It can hardly be doubted that the disease has always existed, but with the heightened tension of

modern civilised life, with its commercial emulation and its exhausting round of pleasures and more or less pernicious habits, it has come to the front. Its prevalence is intimately bound up with the national life, and its victims are found in greater numbers among the restless inhabitants of busy communities and large centres of industry than where life passed is under less exciting and wearing conditions. We are still in ignorance of the pathological conditions underlying the disease. As Dr. Guthrie aptly remarks, it is seldom or never a direct cause of death, and therefore such information as might be gleaned from post-mortem examinations is not available. The etiology of the disease in acquired cases is obscure. Some believe it is primarily due to defective nutrition, that is to say, to shortcomings on the part of the digestive apparatus. Others hold that the fundamental cause is to be found in the nervous system itself, the gastric manifestations so frequently met with in this connection being but the local expression of the defect of innervation, a view which clinical experience and the results of treatment by mere rest go far to confirm. It is a disease which affects in preference persons in the heyday of life—i.e., between 20 and 40 years of age, and it attacks men more frequently than women, as one might expect of a disease which is due to over-pressure, in which women do not share to anything like the extent of men. The seeds of the disease are often sown at school, where, under the stimulus of examinations immature brains are incited to assimilate knowledge out of proportion, both in quality and quantity, to their intellectual calibre. It presents a curious analogy in many of its salient features to Graves' disease, so much so as to give colour to the suggestion that retarded assimilation results in the elaboration of toxins which aggravate and vary the original symptomatology. There is a special variety of the disease which possesses peculiar medico-legal interest—viz., that form which supervenes upon injury involving shock to the nervous system. Traumatic neurasthenia is a condition very frequently met with and extremely difficult to treat, and it is more amenable to moral influences such as a favourable verdict than to the ordinary measures employed for the cure of the idiopathic variety.

ETIOLOGY OF CANCER.

It is one of the disadvantages of a little-known language that the writer in it has a small audience, and his ideas and views take a long time to reach the outer public. This is probably the cause of the seeming neglect of the valuable paper and statistics of Dr. Geirsvold on "The Etiology of Cancer," which he contributed to the *Norse Medical Archives*. Norway, with its scattered population, its great variety of climate and conditions of life, is well adapted for a series of observations on the disease. And the present statistics are all the more valuable as they enable us to compare the conditions of the mortality of the people with their condition some thirty years ago, when Kjaer published his well-known article on the subject. Dr. Geirsvold finds that the mortality

from cancer is increasing, and he inclines to the opinion that as the organs most commonly affected by the disease are the stomach and the intestinal canal, with their accessory glands, hence the nature of the food, and especially of the drinking water, is worthy of notice. He calls attention to the frequent association of cancer with hardness of water, although when Civiale visited the General Hospital of Christiania he found that only one case of stone in the bladder had occurred among 3,200 patients during four years, and that none of the practitioners of the city, even the oldest, could recall a single case of operation for stone in private practice. And yet the city of Christiania then, as now, furnished the largest percentage of cancer cases. As a rule, the disease is more common in towns than in the country, and in the colder portions of the country it is very rare, although it is not unknown amongst the Laplanders within the Arctic circle. Some localities have a special tendency to become foci of disease, as certain streets or certain houses. And this is all the more difficult of explanation, for the percentage of disease is higher in the upper classes than in either the middle or the lower classes. Had the lower classes been the more afflicted the reason might be sought in non-observance of cleanliness in the house, which allowed of the walls, furniture, and so forth becoming infected with the cancer germ. It is remarkable that the Greenlander, whose hut is most insanitary, is free of both cancer and tuberculosis. The article is one of great value. If we have learned anything, up to this, it is that segregation predisposes to the disease, and we may infer from Dr. Geirsvold's paper that imperfectly masticated and undigested foods have a tendency to excite it, probably by acting as irritants, as the clay pipe excites epithelioma.

UNSCRUPULOUS ADVERTISERS.

THE need of stringent amendment of the Medical Acts is shown by every-day experience. At no time in the world's history, probably, has there flourished so rank and poisonous a crop of chicanery and fraud in matters medical. Diseases in face of which the most advanced medical science is compelled to stand hopelessly baffled are the vantage ground of quacks and patent nostrum vendors. Take two maladies, for instance, late cancer and kidney disease, both of them incurable, at any rate by internal remedies. A sufferer from either of these complaints would find himself provided with half a dozen so-called "cures" by looking through the advertisement columns of two or three leading London daily papers. There would be no need for him to turn to obscure publications where straitened means would afford an insufficient but an understandable excuse for the insertion of questionable advertisements. No; he will find in the columns of such papers as the *Times*, *Morning Post*, *Standard*, and the *Telegraph* notices of remedies claiming to cure the incurable and professing to heal any one of a multitudinous

list of the ills, medical and surgical, to which human flesh is heir. Even the *Daily News*, whose standard of ethics forbids the insertion of betting news, does not hesitate to admit cruel and lying advertisements of the kind to which we have adverted. The newspapers mentioned, in company with all other respectable journals, have cut out the nefarious notices of persons professing to remove "female irregularities," a device that as a rule simply affords a thin disguise for the field of the abortion-monger and the blackmailer. The dividing line between lying advertisement and criminal practice is readily overstepped. The wonder is how any sensible and self-respecting community could permit the existence of a vast mass of bare-faced and injurious quackery in their midst. Yet the same legislature that has passed the Medical Acts in order to ensure the proper education and control of qualified medical men nevertheless passively sanctions the unqualified practice of a host of quacks of all kinds. This tolerance becomes active and mercenary in the case of nostrums protected by a patent medicine stamp. An extreme instance of modern quack methods may be taken from a recent advertisement which claims to cure the incurable disease of locomotor ataxy by the administration of certain pills. This progressive and hopeless malady, described as "paralysis in its severest form," is said to be thereby cured. The name of "Sir (Dr.) Conan Doyle" is printed in large type near the head of the advertisement with some lines descriptive of the disease taken from a short story written by him. The use of a distinguished name in this way is misleading and scandalous, as it implies that Sir Conan in some way approves the use of the pills in locomotor ataxy. Other and less audacious patent medicine vendors often use the name of some deceased medical man of former eminence in his profession, but this is the only instance we can recall of the name being used in that way during life. Stringent legislation is needed to prevent this insurmountable abuse of the rights of citizens, both before and after death, for the good name of a distinguished member of the profession obviously should not be dragged through the mire at the sweet will of every commercial pill vendor or charlatan. The amendment of the Medical Acts in this and many other points vital to the interests alike of the community and of the medical profession is urgently needed. Possibly some day we may hope to find it embodied in a policy of domestic reform, and meanwhile it will be well for medical men to educate themselves and the laity upon this important subject.

Notes on Current Topics.

Alpine Accidents.

MOUNTAINEERS are unfolding their maps and gathering together ice-axes, ropes, and all the necessities of outfit for the coming joys of sport among the Alps and other mountain ranges, which never lose their magnetic influence over the true lover of the ice and the rock. Yet every season this sport brings sorrow to many a home and disas-

ter to many a life. In many instances such are preventible, and we are strongly of opinion that the lack of sufficient knowledge of the dangers and profound ignorance as to the best means of meeting the sudden perils of the peaks are accountable for much suffering and loss of valuable life. We venture to think that all who propose to undertake the task and enter into the fascinating toils of the true mountaineer should, for their own sake and for that of the sport, equip themselves with adequate information as to the best ways and means of preventing accidents, and when such do arise the most expeditious and desirable methods of treating them. It is true that only by actual experience can full knowledge be obtained, but much can be done in preparation, and a preliminary discipline of mind and body would go far in diminishing the heavy loss which yearly the Alps claim from their invaders. Mr. T. S. Muir, in the May number of the *Badminton Magazine* classifies the causes of Alpine accidents. Some arise from influences altogether beyond the control of the climber, while others are directly dependent on personal elements. Among those belonging to the former, or external, group are influences dependent on weather—lightning, strong wind, mist, snow, extreme cold, and avalanches of ice, snow, or rock, falling "seracs," or ice-towers, and "corniches" and falling stones. Among the latter or personal causes must be included general unfitness of the individual, slip on ice, snow, or rock, fall into a crevasse or bergshlund, or through a "corniche," jerk on the rope, general inattentiveness and bad guides. To be forewarned is to be forearmed. We would urge on all, and especially on the all too confident and self-trustful amateurs, the necessity of seriously studying the science of self-preservation in its practical applications, as well as the art of conquering the high peaks. Medical men in plenty have sufficient experience of the character of mountaineering, and knowledge of the dangers and difficulties of the sport and best ways of preventing and treating the likely accidents; and we would suggest that such might render considerable service could they arrange for suitable demonstrations for such laymen—and laymen includes both sexes—who propose this season to journey to the Alps and other climbing centres.

The Drawbacks of Paraffin Injections for Cosmetic Purposes.

THE restoration of harmonious facial outlines by means of the subcutaneous injection of paraffin, now so much in vogue, is by no means free from drawbacks. If the right kind of paraffin be not employed, the resulting infiltration may be so plastic as to vary its shape when subjected to outside pressure. If the nose be the organ the outline of which has been "corrected," it is apt to assume a different character every time the pocket handkerchief is used, a disconcerting variation being introduced into features which are reasonably expected to be permanent. If the injection be made with too hard, and therefore too hot, a paraffin, the vitality of the tissues may be damaged to

the extent of causing sloughing. Under the most favourable circumstances the violent separation of the integument from the subjacent tissues may lead to a similar catastrophe by interfering with the blood supply. Although paraffin usually excites no inflammatory reaction, this freedom from complications is not invariably observed, for a number of cases are on record in which troublesome inflammation has resulted. Another disconcerting accident is the diffusion of the paraffin to adjacent parts, as, for instance, in the case of a patient of Dr. Lejar's, of Paris, in whom the injection was followed three months later by tumefaction of the nose and eyelids, due to the transference of particles of paraffin, which had to be removed by incision. The presence of the paraffin, moreover, is apt to set up a process of fibrosis in the neighbouring tissues, giving a shrivelled or wrinkled appearance to the skin, which more than overbalances the previous improvement.

The Fertility of the Anglo-Saxon.

MANIFESTLY the Anglo-Saxon is the dominant factor, at present, in the world's progress. Will he persist and prevail, or is the coming of the Mongol destined to sweep him aside? The question is full of interest. It is just a hundred years since Malthus, in 1803, aroused public thought and scientific research into the problems of fertility by his epoch-making "Essay on Population." Recently, English and American thinkers have expressed serious forebodings regarding the self-perpetuating powers of these great peoples. In this country the infant death-rate is as great as it was half a century ago, while the birth-rate is steadily falling; and President Eliot, of Harvard University, has declared that the educated classes, and especially the graduates, both men and women, show evidences of failing fertility. In both England and America marriage among the cultured classes is at a discount, at least during the earlier years of maturity, and the duties of parentage are postponed or altogether shirked by large numbers of potentially suitable procreators. A race suicide, in fact, is in silent progress. Much is now said respecting the means of subsistence, but the Anglo-Saxon might well consider the evidences of his failing powers to subsist. A writer in the current number of the American *Popular Science Monthly* shows that the birth-rate in France, where the population is stationary, is about 22 per thousand; in Great Britain it is 29; in Germany, 35; and in Russia, 52. In Massachusetts the birth-rate was last year 25.07, and the marriage rate 8.67, and even if all illegitimate children are attributed to the married, the average size of a family would be less than three. The foreign born have a much larger fertility than the natives, and it is quite possible that the New England stock has a mean family of only two, as President Eliot finds to be the case with Harvard graduates. Much has recently been said regarding the unrestricted immigration of pauper aliens into this country. We believe it is a fact that amongst the worst of these there is a greater fertility than in the best of our

own stock. We do not wish our readers to imagine that we consider a country's good is dependent entirely on mere numbers, but when, in addition to our failing birth-rate we remember the recent conclusive evidences as to the excessive propagation of the inefficient and mentally and physically unfit, it is worse than folly to close our eyes to the serious fact that the persistence of the Anglo-Saxon as a leader in the world's great purpose is seriously threatened.

Milk, Morbidity, and Mortality.

MILK is an essential for the healthy life of the human infant, but it is also a possible agent in the propagation of morbidity and in raising the mortality. Attention has recently been drawn to the need for an even more careful regulation of the milk supply. Dr. Lister, in his recent excellent address at the Annual Meeting of the Hospital Saturday Fund, clearly demonstrated the manifold dangers to infant life arising from the contamination of the milk as now supplied and distributed in our large towns and cities. The matter is one of national importance. The growing concentration of the population of this country in large and crowded centres threatens the community with many serious consequences, but science is daily indicating means whereby these disadvantages may be lessened or overcome. Increased means for rapid locomotion will help to simplify the milk difficulty, but much more is needed. The example of Battersea in establishing a "municipal cow" is deserving of serious consideration. Dr. McCleary's report shows that at comparatively small cost much infant suffering and death among the offspring of the poor may be prevented by the establishment of municipal milk depôts. The excellent French "drops of milk" societies have also clearly proved the immense advantages which may be achieved by an organised and carefully superintended distribution of milk. It is needless to remind our readers of the many dangers arising from an impure milk supply. Experience and experiment have conclusively proved that milk is a ready medium for the development and distribution of many forms of pathogenic organisms. We know also that a healthy milk is essential for the full vitalising of the rapidly multiplying cells of the infant. Hence, on all counts, the safeguarding of the milk supply becomes a duty of the utmost importance and a hygienic necessity which no economic or other selfish consideration can be allowed to oppose.

A Mercury Vapour Lamp.

THE possibilities opened up by the therapeutic results of treatment by light have stimulated special research into that interesting subject in various parts of the world. One of the most recent developments is that of the mercury vapour lamp, invented by Mr. Hewitt, of New York. The light is obtained by passing an electric current through a tube containing mercury vapour. The result is a pale greenish-blue light, which is characterised by the complete absence of red rays. It is clear

that the absence of heat rays fulfils the conditions necessary to the successful application of light treatment to skin affections. This fact should at once enable investigators to simplify the special apparatus and the methods needed for carrying out this form of treatment. At present it is likely that we have hardly done more than touch the fringe of the matter. If science were properly endowed in the United Kingdom there could hardly be a more promising subject for exhaustive scientific investigation than that of the physical and therapeutic action of light upon living organisms. Unfortunately, the scientific section of the community does not command sufficient votes to unlock the coffers of the State.

The Diagnosis of Inherited Syphilis.

THE diagnosis of inherited syphilis, though in general presenting no great difficulty, on close examination and inquiry is in some cases a matter of exceeding difficulty; indeed, a certain diagnosis may not be possible, and the practitioner is obliged to await events. Much assistance may sometimes be obtained, as is pointed out in a recent number of the *Polyclinic*, by extending the sphere of observation so as to bring in other members of the family. It is usually the case that the older members of the family suffer most, but this gradual weakening of the virus is not constant, for it occasionally happens that while one or more of the elder children show slight traces of syphilis, those born subsequently suffer severely. The manifestations of inherited syphilis are sometimes limited to a single sign—scars at the angle of the mouth, choroiditis, a passive effusion of fluid into a knee-joint, and so on; and a diagnosis based on an isolated sign may be misleading. The fact remains that in a one-symptom or otherwise doubtful case close inspection of the other members of the family may give the missing clue.

A Surgeon's Heroism.

THE *London Gazette* of April 24th contains the despatches relating to the punitive expedition against the Fra Fra tribe of Northern Guinea, commanded by Captain Donald Stewart. Assistant Colonial Surgeon P. J. Garland was attached to the expedition as medical officer. On the approach of the British the Fra Fras took refuge in their stronghold, the Sapiri Hills, in the attack on which Captain Pamplin Green was severely wounded by a poisoned arrow (as the Governor, Sir F. M. Hodgson, wrote in his despatch to Mr. Chamberlain under date of September 25th, 1899), "which, but for the very gallant act performed by Dr. Garland, would in all probability have proved fatal. Dr. Garland, after having removed the arrow-head, sucked the wound at the risk of his own life, and sufficiently extracted the poison to save Captain Green's life." In 1900 Dr. Garland accompanied Major Morris's relief expedition of 250 men who undertook the rescue of Sir F. Hodgson and Lady Hodgson and the garrison of Kumasi, who were besieged by Ashantis. How the fort was held until July 14th following, when the enemy was defeated by Colonel Willcocks' force, has become

a matter of history. Dr. Garland is now stationed at Gambaga, near the river Daka, that forms the boundary line between the British and German territories. Dr. Garland is a son of the late Mr. E. Garland, of Dublin.

Iodised Catgut.

THE great hindrance to the general use of catgut in surgical practice has always been the difficulty of discovering a quite trustworthy method of sterilisation. The ideal method would combine a mild antiseptic result with unimpaired strength, pliability, and absorbability. The fact that there are at present so many methods in vogue sufficiently establishes that none of them is entirely satisfactory. This being the case we are somewhat shy of drawing attention to any new process until it has had a very extensive trial. However, whether it is entirely to be trusted or not, there is no doubt that the method recently described by Claudius of Copenhagen, and adopted by him, is worthy of serious trial, as it is very simple and apparently effective. It consists in soaking ordinary commercial catgut in a 1 per cent. solution of iodine for eight days. At the end of this time it is fit for use, but should still be preserved in the fluid. Immediately before using it should be washed in antiseptic lotion or sterile water to remove the excess of iodine.

The Housing of the Very Poor in Ireland.

HIS Excellency the Lord Lieutenant presided at a meeting held in the Royal College of Surgeons of Ireland on Friday last, for the purpose of considering the question of the better housing of the very poor in Dublin. His Excellency had a few days previously undertaken an unexpected tour round some of the Dublin slums, in the company of the President of the Royal College of Surgeons, for the purpose of seeing their condition for himself, and was thus able to speak at first hand. The meeting, which was well attended, was addressed by, amongst others, Sir Charles Cameron, the Registrar General, Sir Francis Cruise, and the President of the Royal College of Surgeons. The most important of the several resolutions proposed was one directed to encourage the efforts of municipal bodies, companies, and private persons to provide healthy dwellings for the poor. The good work done by the Association for the Housing of the Very Poor was alluded to, and the hope expressed that many more subscribers to its funds would come forward. After a vote of thanks to his Excellency, the meeting came to an end.

A New Diphtheria Anti-Serum.

BEHRING'S serum, which has proved such a boon in the treatment of diphtheria, is, as is well known, strictly an antitoxin, and in no sense an antimicrobial. As a matter of fact, it forms an excellent culture medium for the diphtheria bacillus. Recently, however, some experiments of Wassermann point toward the production of a serum which will have direct bactericidal properties. He injected dead diphtheria cultures, to which he had added sufficient antitoxins to neutralise any

toxins present, into a rabbit, and presently produced a serum which had the power of precipitating living diphtheria bacilli. As the formation of precipitins is associated with that of lysins and other anti-bodies, there is little doubt that by further work on the same lines a serum may be discovered directly destructive of diphtheria bacilli. By combination of this serum with anti-toxin in treatment, we may hope to obtain a quicker cure, and to lessen considerably the period of infectivity.

Hospitals as Educational Centres.

It but too often happens that when a practitioner sends an interesting case to hospital he loses sight of the patient and is dependent upon the subsequent history as related by the more or less uninformed patient to complete his knowledge of the case. With a little good will it ought to be possible to provide for the instruction of the practitioner by placing him in possession of the views taken by the hospital physicians or surgeons as to diagnosis, together with details as to treatment and results. To begin with, the practitioner might reasonably be asked to furnish with each patient sent by him a history in writing of the case so far as he has been enabled to follow it up. He might then be asked to assist at any operation that may be decided upon, or to attend when the patient is examined by the physician. In any case should his time not allow of his going to the hospital, the clinical clerk in charge of the particular patient might very well be instructed to forward a copy of the completed notes. Apart from the instruction which this exchange of views might reasonably be expected to impart, such a plan would serve the useful purpose of maintaining the outside practitioner in closer touch with the hospital staff, an unmixed advantage from more points of view than one.

The Clinical Thermometer.

THE clinical thermometer has become such an indispensable aid to diagnosis that it is difficult to imagine our immediate predecessors deprived of the exact information which we look to this invaluable little instrument to impart. It is with surprise that the present generation of practitioners learn that as a matter of fact it did not come into general use until the "seventies" of last century. It did not spring into existence with the *éclat* and suddenness of the laryngoscope and the ophthalmoscope. No doubt the thermometer was made occasional use of here and there by practitioners of an innovating and inquiring turn of mind, but Wunderlich, in 1858, was one of the first, if not the first, to describe its systematic use. That it had been made use of to ascertain the temperature of the body long before is evident from the writings of Sir Isaac Newton and Benjamin Franklin, and one's surprise is only intensified at the long delay that ensued before its value in clinical medicine became known and appreciated. It was consequent upon the publication of Wunderlich's article in the *Medical Times and Gazette* for 1858 that Sir Samuel Wilks ordered a thermometer

to be procured for use at Guy's Hospital. The clinical thermometer of those days was about a foot long, and the one just referred to was regarded as such a curiosity that it was shown at a meeting of the British Medical Association, where its appearance excited some levity.

The Cocaine Habit.

CONSIDERABLE alarm has repeatedly been expressed by our American contemporaries at the extraordinary and ever-increasing prevalence of the cocaine habit in the United States. There is reason to fear, moreover, that the habit is also gaining ground in Europe, instances of accidental poisoning by the drug being by no means uncommon as the result of self-administration. It is a highly insidious habit in that its effects do not dull the intellect as do morphia and other narcotics. Another reason for its prevalence is doubtless the extreme facility with which the drug can be procured. We should be better able to form an opinion as to the actual condition of things in this country if medical men would make a point of reporting all cases of the kind that come under their notice. A certain fraction of every community seem to live in need of stimulants of some kind, and now that indulgence in alcohol has come to be regarded askance, the members of this group fly to other sources of stimulation. It may be that the popularity of so-called medicated wines containing coca or cocaine is responsible for the spread of the habit, the victims of the habit thus acquired having now learned to take the drug in the form of the alkaloid without troubling about the excipient. It may be stated that neither coca nor its alkaloid, cocaine, has any legitimate application in internal therapeutics, and a grave responsibility is incurred by those who recklessly and unnecessarily counsel their use.

The Chaos of Hospital Control.

How long the common sense of the community will permit the present condition of chaos and competition to exist amongst the medical charities is a matter of interesting speculation. It has long been asserted, and more or less generally admitted, that the existing system wrongs the interests most concerned, whether of the charitable public, of the medical profession, or of the deserving poor. In other words, the modern hospital system is economically unsound, and by the unerring operation of natural laws, must sooner or later be either mended or ended. The radical defect is the fierce struggle for pre-eminence amongst the hospitals themselves. This rivalry is unworthy of the great cause of charity, and leads to disastrous administrative waste. What is wanted is the establishment of sound general principles of administration and control under the general supervision of a central body. The present chaotic system is well illustrated in the case of St. Luke's Hospital, an ancient Metropolitan institution which holds a lease in perpetuity from St. Bartholomew's Hospital, so long as it is maintained as a lunatic asylum. The dispute that has lately arisen with regard to the

retention of St. Bartholomew's Hospital on its present site, or its removal to more spacious suburban quarters, is fresh in the minds of the public. Many cogent reasons have been advanced in support of the removal scheme. Almost precisely similar arguments apply to St. Luke's Hospital. Notwithstanding the decision that St. Bartholomew's is to stay where it is, and to be enlarged at enormous cost, the greatest pressure has been brought to bear upon St. Luke's to retire from its present enormously valuable site. To such a pitch has this pressure been raised that the Lord Mayor of London read the hospital a severe lecture the other day on the occasion of a State visit. His lordship even hinted that the Lunacy Commissioners might at any moment order St. Luke's to be closed as unfit for the reception of insane patients. The asylum authorities, however, not unnaturally, decline to take a step that would entail a loss of nearly half their property, and would entail a proportionate gain, it may be assumed, to St. Bartholomew's. Their view is doubtless that expressed in the homely proverb that "what is sauce for the goose is sauce for the gander."

"Cures" for Cancer.

A MARKED characteristic of mankind nowadays is the absorbing interest it takes in disease and its treatment. The recent popular attitude towards consumption, for instance, will form a remarkable chapter in the world's history for the perusal of future generations. Needless to remark, the layman, even where intelligent and educated, that is, according to twentieth century lights, often goes hopelessly astray in his speculations, convictions, beliefs and practice with regard to medical matters. It is to that fact that we owe the fantastic picture of inconsistent humanity ministered to on the one hand by the most marvellous achievements of scientific medicine, as for instance, antiseptic surgery, the Röntgen rays, and the antitoxin treatment of diphtheria, while, on the other hand, it pours fortunes into the coffers of patent medicine vendors and of quack curers of cancer, consumption, chronic Bright's disease, locomotor ataxy, and a host of other grave disorders, many of them absolutely incurable. As regards cancer, two suggestions have lately been widely circulated in the lay Press, namely, cures by salt and by molasses. On the face of it, neither remedy is likely to exert the beneficial effect claimed for it, but in any case the suggestion and subsequent discussions would be better confined to the medical journals. That some day a remedy will be discovered for "cancer" is possible, and even probable. That it will be unearthed by a layman, however, seems beyond the limits of probability or even of possibility. One of the most promising recent methods of treatment is that by the Röntgen ray focus tube and by the high frequency electrical current. Unfortunately, owing to the apathy of the medical profession, the use of those methods has been permitted to drift largely into the hands of persons who have no medical qualification. Medical science has

not arrived at definite conclusions as to the present value of these special electrical methods. In the meantime, a vast amount of harm may be done to the community by the exploitation of this form of treatment by ignorant and unscrupulous charlatans.

L'Instrument de Molière.

By the school of dramatists which had its greatest exponent in that doctor-hater Molière the apothecary was always represented armed with a huge syringe. This grotesque implement answered the same laughter-inciting purpose as the tin stethoscope sometimes employed in *la grosse comédie*. The clyster is one of the oldest therapeutical institutions. The Egyptians, according to the writers of an article in *La Presse Médicale*, copied the procedure from the ibis, which natural historians of doubtful authority asserted sucked up water with its beak for the purpose of injecting it into the rectum with aperient intent. This legend, we are told, is embodied in the Koran. The use of the syringe does not appear to date back much farther than the fifteenth century, but an enema syringe is said to have been found in the ruins of Herculaneum. The modern enema apparatus did not come in until about the middle of last century, and with its advent the public were enabled to administer their own lavements, thus depriving the apothecary of a fruitful source of emolument.

The Juvenile Smoker.

THE extraordinary popularity of the cigarette among our juvenile population may well excite serious apprehension, as it has long since done on the Continent and in America. In England, so far, no attempt has been made to impose any restrictions on the habit, which has been hugely promoted by the severe competition between rivals firms of makers, thus bringing the pernicious weed within the reach of the most juvenile purse. We recognise that legislation having for its object the putting down of cigarette smoking among the young might not improbably prove a failure, but it would not be difficult to place a check on smoking in public, and this would be a step in the right direction. The youngster of smoking proclivities would at any rate be driven to indulge surreptitiously, and he would obtain the same amount of pleasure with a less degree of nicotine intoxication. A very drastic bill has just passed the Canadian legislature, in spite of violent opposition, forbidding the importation, manufacture, and sale of cigarettes.

The Dignity of Hospital Advertisements.

OUR attention has been called by a correspondent to a matter that certainly deserves some little attention at the hands of the governing bodies of our medical charities. The point raised is a familiar appeal for money made by a special hospital. There is nothing to be said against the nature of the appeal itself, but the surroundings of the advertisement certainly suggest that the name of the hospital in question, the Royal London Orthopædic, and of its chairman, the Earl of

Denbigh, will not gain in dignity from publicity attained in such company. Briefly summed up, the hospital appeal is sandwiched on a back leaf of a comic paper (*Judy*) amidst the advertisements of "appliances for married people" "female regulators," cures for rupture, and the like. It is a matter for wonder how the editor of any respectable journal can be found to accept advertisements of this objectionable nature, or how the legislature can tolerate a practice so clearly injurious to the interests of the community. However that may be, it is absolutely incongruous and derogatory to the position of an honourable institution, boasting the recognition of Royalty, and justly claiming to represent advanced scientific surgical science, to permit its name to appear in such extremely questionable company. Clearly it is a plain and bounden duty of a hospital committee to ascertain the nature of the advertisements accepted by journals in which they propose to publish appeals.

The Shellfish Scare.

NOWADAYS the man in the street usually considers himself just as qualified to pronounce an opinion upon medical matters as, let us say, upon the doings of Parliament or the Stock Exchange walk to Brighton. As regards oyster-typhoid, he has shown his practical acceptance of a mighty unpleasant fact by forswearing oysters and all other shellfish for the time being. Nor can the wisdom of that step be doubted when the absolutely conclusive nature of the evidence of the spread of typhoid fever by infected shellfish is taken into consideration. There is no more striking episode in the onward march of preventive medicine than the ferreting out of this extremely obscure agency of distribution of a deadly disease. Now that the disclosure has been made it all seems natural and simple enough, and the chief wonder is why it was not found out long ago. As a matter of fact, the earlier stages of the investigation that led to the proof of the relation of shellfish contamination to disease demanded an amount of skill, acumen, dogged patience and careful trained observation that it would be hard to find outside the ranks of the medical profession. In the face of the verdict of the latter it is curious to find so well-informed a journal as the *Globe* asking, at this late hour, for scientific proof of oyster-typhoid, and dignifying that request with the prominence of a front-page leaderette. "It would be a very good thing, therefore," says the writer, "for the trade to have all doubts set at rest, one way or another, as to the alleged instrumentality of shellfish in destroying human life." Clearly the *Globe* is in need of a medical editor.

Skilled Pathologists and the L.C.C.

WE regret to find a disposition in certain medical circles to discountenance and discourage the very judicious and much-needed action of the London County Council in the matter of procuring skilled pathologists for the purpose of conducting medico-legal investigations. Altogether selfish and un-

worthy arguments have appeared in certain medical papers defending the present unsatisfactory situation. We are glad to know that already a sufficient number of pathologists of the requisite qualifications and professional standing have expressed their willingness to act. The fee allowable is, it is true, but small, but legal restrictions at present necessitate this limitation. In a matter needing the dictates of public spirit, as well as the guidance of scientific training, it is well that the London County Council should not have their difficulties in arriving at a satisfactory solution increased by unworthy professional selfishness or exclusiveness. We venture to think that in the selection of the "competent pathologists who will be prepared to make post-mortem examinations" the Council should not have their choice limited in any way. It may be wise that the medical schools should be allowed a voice in the matter, but the essential requisite in such appointments must not be mere official position, but suitability for satisfactorily conducting the required duties. Unless the Public Control Committee exercise wise discretion in their selection, we fear the London County Council will fail in their excellent intentions to rectify the present unsatisfactory and unscientific state of affairs.

Motor-Cars and Medicine.

WE have on previous occasions ventured to prophesy that the motor-car would prove a valuable means of providing convenient out-door recreation for invalids, convalescents, and infirm and aged people. It is therefore with pleasure that we learn that it is proposed to form a lending league, whereby the owners of motor-cars may offer the advantages of "carriage exercise" to convalescent women and children in London hospitals. Of course much discretion will be needed in the selection of both cars and cases, but with a little judgment and tact the maximum of benefit may be attained with the minimum of risk. We trust the police will not allow these hospital motors to scorch.

PERSONAL.

SIR FRANCIS LAKING, G.C.V.O., has been the recipient of the Grand Cordon of the Order of the Crown of Italy.

HIS MAJESTY THE KING has been pleased to become a patron of the National Consumption Hospital of Ireland.

SIR WILLIAM TURNER, K.C.B., takes the Chair at the dinner of the Edinburgh University Club of London to be held at the Criterion Restaurant, on May 20th.

DR. JOSEPH SMITH has been elected Chairman of the Chiswick Urban District Council and J.P. for the County of Middlesex.

SIR WILLIAM THOMSON, C.B., F.R.C.S.I., takes the Chair at the third annual dinner of the South African Civil Surgeons, on Friday, June 5th.

SIR WILLIAM TENNANT GAIRDNER, K.C.B., M.D., and Professor Thomas Oliver, M.A., M.D., have had

the degree of Doctor of Laws conferred upon them by the University of Glasgow.

PROFESSOR ZAKHAROFF, of the University of Warsaw, has accidentally inoculated himself with the virus of rabies, and according to the latest news his life is despaired of.

DR. O'DOHERTY has been recommended for the post of Coroner to the City of Manchester, and he has consequently resigned his membership of the City Council.

DR. CHARLES W. DANIELS, of the British Guiana Medical Service, has taken over duty in the Department of Research at Kuala Lumpur, Selangor, Federated Malay States.

DR. HUGH JONES, of Dolgelly, when returning from a professional visit on his cycle, collided with a trap on April 24th, and was thrown under the wheels. He escaped serious injury, but received a severe shaking.

DR. J. M. ATKINSON, Principal Civil Medical Officer of Hong Kong, has been made a member of the Legislative Council of that colony, in place of Mr. F. J. Badeley, Captain-Superintendent of Police, who has left for England on leave.

DR. P. CHALMERS MITCHELL has been elected the new secretary of the Zoological Society of Great Britain. He is also Lecturer in Zoology to the London Hospital Medical School, and Examiner in Zoology to the University of London.

DR. SIDNEY BARWISE, of Derby, met with a serious accident the other day when riding his motorcycle from Duffield to Derby. He collided with a dog and was thrown, striking his head against the kerb and sustaining concussion of the brain.

SURGEON-GENERAL SIR, WILLIAM TAYLOR, the recently-appointed Director-General of the Army Medical Department, has accepted the invitation of Brigade-Surgeon Lieutenant-Colonel P. B. Giles and officers of the Volunteer Ambulance School of Instruction to dine with them on Thursday, May 14th, at the Trocadero.

Special Correspondence.

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

[FROM OUR OWN CORRESPONDENT.]

SCOTLAND.

PUBLIC HEALTH IN THE LEWS.—The outstanding feature in the public health report of Ross and Cromarty, just issued, is that part which deals with the Lews, a district which bears an unenviable reputation for ever-recurring epidemics of typhus. The medical officer for Stornoway says that home industry and prosperity are often gravely obstructed by the widespread prevalence of fever, the difficulty in dealing with which is immensely enhanced by the absence of hospitals to which the earlier cases could be removed. It is hoped, however, that this, as well as the housing and land questions, are shortly to undergo radical reform. It is still noted with regret that a few new erections of the better class are being put up in total disregard of all the teachings of sanitary science, and that the older houses are invariably insanitary, many of them being surrounded by sloppy mounds of putrid slush, so that the exterior of these abodes are more dangerous to health than the insides, offensive enough as these often are. The medical officer of Barvas says

that the sanitation of this parish is deplorably unsatisfactory, and that, notwithstanding constant representations to the public health authorities during the last twelve years, little improvement has taken place. Fully 1,000 houses occupied by small crofters and fishers are glaringly defective, excreta, both of man and beast, along with refuse matter of all sorts, being allowed to accumulate and ferment inside and outside the houses from May-day to May-day. Drainage is utterly disregarded, the water supply is obtained from shallow surface wells, open, so that air-borne impurities mingle freely with the liquid sewage contamination, personal hygiene is ignored, and the profoundest apathy prevails as to advice or directions tending to the amelioration of existing conditions. Dr. Bruce, medical officer for the county, in commenting on the reports of his subordinates, points out that the chief causes of this state of matters are poverty and overpopulation. The birth-rate of Lews is 31 per 1,000, as against 18 per 1,000 in the rest of the country, while the deaths under one year are 94 and 90 per 1,000 births respectively. The death-rate from infectious diseases, 37 per 1,000 in the county; 141 per 1,000 in the Lews. Dr. Bruce, while admitting that the present state of matters is disgraceful, deprecates dependence on outside help, and thinks reform must come from the people themselves. He asks for proof that the defective drainage and accumulation of garbage are seriously inimical to health, and inquires whether "dirty puddles or bad smells really hurt any man, woman or child on the open spaces of the wind and rain-swept Hebrides." To check infectious disease Dr. Bruce proposes to establish (1) one hospital near Stornoway, into which special diseases, such as cholera and plague, and occasionally typhus, typhoid, diphtheria, and scarlatina may be sent; (2) a movable hospital and some tents to be despatched to any township on the outbreak of infectious disease; a staff of nurses to be held in readiness, and one to remain on the spot till the epidemic is stamped out and the infected houses disinfected; (3) a bacteriological laboratory in the island; (4) organisation as follows: chief medical officer of health; assistant medical officer of health, to superintend hospital and be local bacteriologist; trained staff of nurses, and expert sanitary inspectors. Such an organisation would cost about £2,000 a year.

Correspondence.

THE SEMI-TEETOTAL PLEDGE ASSOCIATION.
To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my letter in your issue of April 15th I offered certain suggestions to this association as to their blue button for total abstainers, as I considered it would prove prejudicial to their ultimate success should they identify themselves with the extreme party. Indeed, I would go further than this and suggest that it would be better to specify on the "declaration" that the person so signing is not a teetotaler.

It so happens that I have been fortunate in inducing three members of a highly respectable family to join the association, but for some reason the maternal parent seemed to prefer total abstinence for her daughter, in which I acquiesced if it was her desire. At the same time I pointed out the semi-teetotalers held no extreme views, and that they offered conditions which, if adhered to, would safeguard and insure any person from becoming intemperate, and hence the risks thereof were reduced to a minimum, and to this the parent readily assented. Now, Sir, it is conceivable that one or more members who constitute this committee having a preference for total abstinence might feel some complacency had the daughter chosen the former, *i.e.*, total abstinence; nevertheless, in such a case the procedure would tend to arrest the development of their scheme of moderation, so that if they admit total abstainers they in reality compete with themselves in creating two sections, and, indeed, the

same principle prevails in the "Church of England Temperance Association," which, in holding two creeds, the temperate and total abstinence, stands as a house divided against itself.

It has occurred to me since my last letter that the association may have conceived the idea that by offering a badge to total abstainers, some would join, or belong, for a reason best known to themselves, to two or more associations of different creeds, and that a blue button would separate or classify these; and although there may be something to be said on this score, any advantage thereby gained would be infinitely counterbalanced by their attracting total abstainers, a party I apprehend with whom they have no concern, and who could join some other association as old as the hills.

I am, Sir, yours truly,
CLEMENT H. SERS.

Queen's Road, Peckham, S.E., April 22nd, 1903.

P.S.—I have omitted to point out that the awkwardness of two buttons would involve a person who might happen to be possessed of the idea that he could play the part in the temperance cause of total abstainer and semi-teetotaler at the same time that he must either, out of fairness to either party, wear both buttons or neither, the latter being adverse to the Association's request.

THE OPERATION OF SHORTENING THE ROUND LIGAMENTS FOR CURE OF CHRONIC RETROFLEXION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is quite obvious that a great difference of opinion exists, and will continue to exist, in the professional mind with regard to the value (or even the necessity) of the above-named operation. I quite agree with those who consider it should only be used as a *dernier ressort*, and a less severe measure, than vaginal hysterectomy or vaginal fixation.

Surely the healthy uterus will not become chronically retroflexed? Then why not treat that organ before the ligaments, and restore tone before resorting to severer measures? But I may be told that poor patients cannot afford the time.

My answer is, if the time spent in preparation before operation were added to the time given for recovery after operation, such time could be better spent in treatment of the uterus itself, combined with treatment of the patient's general health, and thus a large proportion would more than probably require no operation on the ligaments whatever!

Dr. Alexander states (MEDICAL PRESS, April 29th): "The uterus is *fixed steadily* by a Hodge pessary" (it is mine); forgetting the stem used at same time altogether. If so, how does the uterus sometimes manage to "force out the stem"? And how about menstruation, should it occur during the time, stimulated by (galvanic) stem or even if only acting as a "foreign body"?

Again, Dr. Alexander states, "The patient is lying quietly *on her back all the time*" (it is mine). Surely this position maintained for "three weeks" is contrary to common sense in cases of retroflexion? The fact of any form of pessary being required in a large number of these cases of "shortening of the round ligaments" shows conclusively that it is not a radical cure for chronic retroflexion!

I am, Sir, yours truly,
ALEXANDER DUKE.

London.

SANATORIA FOR THE CONSUMPTIVE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The place of the sanatorium in the treatment of consumption offers material for discussion which may well receive consideration in your columns. Dr. Kelynack has indicated the almost hopeless inadequacy of the present provision for the indigent consumptive, and Mr. Morton, in your current issue, clearly demonstrates the urgent need for action on

the part of public authorities if satisfactory institutional treatment is to be secured for the poor sufferers from pulmonary tuberculosis.

The present "boom" in open-air treatment and the remarkable results of the hygienic management of consumption have awakened hope and interest in the minds of both the profession and the public, and sanatoria are rapidly springing into being. Many of those now in course of erection are elaborate in design, and must prove expensive to maintain. It remains to be seen how these establishments are to be efficiently worked. It is certain that many of the sanatoria now being built are founded on hope rather than secure financial endowment. The general hospitals are, in most cases, carrying on their work under great monetary difficulties. Many of the special hospitals are in extreme financial perplexity. It is well that we should inquire whether private philanthropy and public benevolence are adequate to sustain the added burden of the upkeep of sanatoria for the consumptive poor in all parts of the country. Sir Henry Thompson has recently expressed the opinion that sooner or later the State will have to undertake the control of our institutions for the sick and infirm. Sir Edmund Currie and many others still contend that philanthropic agency is still sufficient to meet the requirements of the situation. But the strain is becoming intolerable, and many excellent institutions are in imminent danger of collapse, while their beneficial work is being seriously restricted. The present seems a peculiarly opportune time for a serious consideration of the desirability of securing State aid in the establishment and maintenance of sanatoria for the indigent consumptive. A discussion of the whole matter in your columns would do much to simplify what is a peculiarly difficult and perplexing problem.

I am, Sir, yours truly,
A SANATORIUM PHYSICIAN.

April 29th, 1903.

THE HOSPITAL QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Many of the readers of your journal will agree with the views expressed in your articles on the need of reform in the matter of hospitals. It is important that the members of the medical profession should consider this subject carefully, as the public want some guidance and instruction, and some protection from influences that are not really of public benefit. It is well to realise the fact that a very large class of patients now resort to hospitals that some years ago would not have been able to do so. Under the old system, a hospital was supported by governors, who received, in return for subscriptions, certain rights, by letters for in and out patients, which they exercised according to discretion. The employers of labour, of all kinds, looked to hospitals for the care and treatment of those they were interested in, and who by accident or illness were rendered incapable of obtaining proper skill and support when their work and wages were stopped. Gradually the interest taken in hospitals by subscribers has been greatly affected by the opening of the doors of hospitals to patients without letters or inquiry of any kind, and this freedom of admission has been one of the claims put forward by certain hospitals for support.

It is well to realise the fact that none of the infectious cases, and in a great city they are an important class of hospital patients, are now taken into our great hospitals. The poor, in the street sense of the word, have now a great system of relief provided for them out of the rates and taxes; and, all things considered, it is well for the public to be careful in their own interests how they are going to provide themselves for all they want by the support of hospitals, and without the aid of the great class of practitioners upon whom they have usually depended for advice and treatment. If the work of the country is going to be carried on gratuitously in hospitals, and the public can do without

practitioners, well and good. If the whole idea collapses and a breach takes place between the public and doctors, both will suffer and troubles will come. It is well for the profession not to allow hospitals to be used merely for advertising purposes, and other abuses to continue as they have done for some time.

I am, Sir, yours truly,

R. L.

Literary Notes and Gossip.

MR. GEORGE PERNET, M.R.C.S., in the current number of the *Quarterly Review*, has a valuable critical essay on "The Leprosy Question."

THE Special Spring Number of the *Hospital* contains a lengthy but opportune paper by Dr. T. N. Kelynack on "Open Air Treatment in Great Britain."

DR. KUHN's pamphlet, entitled "Inoculation against Malaria," gives an account of serum which the author has recently employed successfully in this disease. Mr. Lewis is the publisher.

BRIGADE-SURGEON LIEUTENANT-COLONEL WILLIAM HILL-CLIMBO, M.D., contributes a valuable study of "The Recruit," in the May number of the *Empire Review*.

BIOLOGISTS will do well to consult Dr. G. F. Wright's new work on "Asiatic Russia," which not only contains much of great sociological value, but is rich in particulars respecting the flora and fauna of this land of the East.

THE paper which Dr. T. D. Lister recently read at the Mansion House, at the annual meeting of the Hospital Saturday Fund, on "Infant Feeding and Milk Supply," has been printed in pamphlet form, and especially at the present time merits careful study.

THE motor-car is proving a veritable boon to many a medical man, whose chief regret, however, is the expense of the pleasure and convenience. To such we commend Major C. G. Matson's interesting paper on "Economical Motoring," in the May number of the *Badminton Magazine*.

FROM Messrs. J. and A. Churchill comes a monograph entitled "The Malarial Fevers of British Malaya." The author of this research is Dr. Hamilton Wright, and his work has been carried out with great patience and care. His monograph is copiously supplied with temperature charts, and is most instructive.

IN the small volume entitled "What a Piece of Work is Man," Mr. Gant, F.R.C.S., gives us a highly intellectual and philosophic sketch. We can warmly commend it to the notice of those of our readers who are on the outlook for a book which will make them think, and that deeply, of matters beyond the mere mundane existence.

THE last half-yearly volume of the *Scottish Medical and Surgical Journal* has just reached us. Its articles are for the most part written by Scottish physicians and surgeons. They are not however, as a whole, typical of that country's best, and we think this flaw might easily be remedied in future. Otherwise, we can find no fault with the numbers contained in this volume.

DR. MAURICE C. HIME, after a thirty years' head-

mastership in a boys' school, has, in "Wild Oats: A Sermon in Rhyme" (London: J. and A. Churchill, 1903. Price 1s. net), made a first attempt at English verse composition, and at the same time has sought to point moral truths based "entirely upon the Bible." His work is well intentioned, but pedantic and tedious.

HIS MAJESTY THE KING OF SWEDEN AND NORWAY has graciously accepted from Professor Corfield, M.D., of University College, a copy of the Milroy Lectures on "The Etiology of Typhoid Fever," delivered by him before the Royal College of Physicians last year by special request of the Council of the College. Dr. Corfield having been for the past eleven years a Fellow of the Medical Society of Sweden.

THE Humanitarian League have just issued in "Food and Fashion; Some Thoughts on What We Eat and What We Wear" an appeal to thoughtful people to discourage and discountenance cruelty attendant on the slaughter of animals for the table or for purposes of dress, which is timely and should aid in arresting the reckless and wanton destruction of birds and other animals for millinery and dietetic fashions.

DR. J. SIM WALLACE, in his "Physiology of Mastication" (London: J. and A. Churchill, 1903. Price 1s. 6d.), reprints several suggestive articles, primarily addressed to the dental profession, but of almost equal importance to the medical practitioner, on the pernicious effects of an unnatural refinement of food, and the necessity for solid nutrient material if the act of mastication is to be practised and irregularities of the teeth prevented.

THE Rev. J. P. Sandlands, in "Natural Food" (London: Elliot Stock, 1902), endeavours "to set forth the truth about natural food, and to indicate the length we may go, in comparative safety, in conforming to the fashions of this world." From numerous letters of appreciation "from patients" it would seem that the reverend author is not satisfied with mere precept, but as an amateur quack prescribes "Angels' Food" for cases of diabetes, consumption, nasal catarrh and the like.

"SCIENCE in the Daily Meals," by Mr. Albert Broadbent, is a brochure by a layman on the proper selection of food, and the construction of what he considers a useful dietary. A final note states that "the author will be glad to supply addresses of doctors who treat patients on the lines of this book"! The copy before us is marked "third edition" and "twenty-second thousand," and is labelled further "dietetic treatment for gout, rheumatism, dyspepsia, &c., &c." with one hundred "uric" acid free "recipes." We consider it well that medical men should make themselves acquainted with the existence of such works as these, which have a wide circulation and play a little part in the etiology of disease.

WE understand that the complimentary dinner arranged by the London and Counties Medical Protection Society in honour of its President, Mr. Jonathan Hutchinson, has, at Mr. Hutchinson's request, been deferred from the beginning of May until July 23rd next, Mr. Hutchinson's birthday. Medical men wishing to be present should communicate with the Secretary, London and Counties Medical Protection Society, 31, Craven Street, Strand, London, W.C. The price of the dinner tickets, exclusive of wine, is 7s. 6d.

Middlesex Hospital.—Laboratory Work.

THE recent increase in laboratory work at the Middlesex Hospital caused by the addition of the new clinical laboratory to the previously existing bacteriological laboratory, has compelled Mr. A. G. R. Foulerton to ask to be relieved of his duties as director of the Cancer Research Laboratories, a post which he has held for the last three years in conjunction with his other appointments at the hospital. The Weekly Board of the hospital have accepted Mr. Foulerton's resignation of the office with regret, and have decided on the appointment of a director who will be required to devote the whole of his time to the work of the Cancer Research Laboratories. Mr. Foulerton will continue his services to the hospital as Director of the Clinical and Bacteriological Laboratories, and particulars relating to the new appointment of Director of the Cancer Research Laboratories will be found in our advertisement columns.

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, London, W.C., on the 24th ult. Dr. Havilland Hall was in the chair, and there were also present Dr. G. E. Herman (treasurer), Dr. J. Pickett (of Tunbridge Wells), Mr. H. P. Symonds (of Oxford), Dr. J. B. Ball, Dr. M. Greenwood, F. W. J. Brindley James, Dr. A. J. Rice-Oxley, Dr. J. W. Hunt, Dr. Walter Smith, Dr. Fredk. S. Palmer, Mr. Edward Bartlett, Dr. Alfred S. Gubb, and Dr. W. Knowsey Sibery. The accounts before the Committee showed that the sickness expenditure of this year so far compared favourably with that of 1902, and that the number of new entrants into the society is very satisfactory. The report for 1902 was considered and passed. During the year the society saved more than £10,000, the reserve amounting on December 31st last to over £164,000, although the amount paid in sickness claims was the largest yet recorded. So much benefit has accrued to the families of deceased members from the subscription of the society to the Royal Medical Benevolent College that the Committee have resolved to increase it by a donation of one hundred guineas. Prospectuses and all particulars on application to Mr. F. Addiscott, secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

The Medico-Psychological Association.

THE next general meeting of this association will be held in London at the Langham Hotel, on Friday, May 15th, at 4 p.m., under the presidency of Dr. Wigglesworth, when an adjourned discussion will take place upon the two papers read before the last general meeting at the Derby County Asylum. The papers read were:—Dr. Ernest W. White, "The Care and Treatment of Persons of Unsound Mind in Private Houses and Nursing Homes." Dr. Outterson Wood, "Lunacy and the Law." These papers have already appeared in the columns of this journal. Members will afterwards dine together at the Langham Hotel.

Frauds on Medical Men.

JOHN WILLIAM GORY, described as a clerk, of Earl Street, Edgware Road, was finally examined at Westminster Police Court on charges of obtaining moneys by fraud from medical men in various parts of London, chiefly house physicians and surgeons at hospitals. From these gentlemen he obtained money on the representation that he was the son of a doctor and a medical student on a visit from a provincial town, and that he had been to a place of amusement and been robbed of his purse containing gold and his railway ticket. A previous conviction for similar frauds was proved. He was sentenced to twelve months' hard labour.

Death under Chloroform.

A CHILD, five years of age, died after only a drachm of chloroform had been given at the Birmingham General Hospital last week for the purpose of opening an abscess in the upper part of the abdomen. The usual verdict was returned.

The Royal University of Ireland.

THE examiners have recommended that the following candidates be adjudged to have passed the Second Examination in Medicine, Spring, 1903:—

Upper Pass: John W. Beirne,* George J. Campbell, James R. Hackett,* Rowland Hill, William J. Hill, Samuel W. Kyle, Robert J. Ledlie,* Patrick T. McArdle,* Denis T. MacCarthy,* William A. McKee,* James W. Murphy, James Shaw, Ernest F. Watson.

The candidates marked with an asterisk may present themselves for the further examination for Honours.

Pass: Madeleine S. Baker, James A. Beamish, Henry J. Burke, Arthur G. Cummins, John Dowling, Patrick J. Dwyer, Isaac Flack, James Gaston, Robert F. Kennedy, Samuel McCormac, Charlotte E. Mitchell, Joseph Nunan, Timothy O'Driscoll, William B. Purdon, Maurice P. Scanlon, Peter Walsh, William M. Woods.

The following candidates have been exempted by the examiners from further examination in practical chemistry: Holden Carson, Joseph M. A. Costello, John L. Dunlop, Patrick J. Grogan, Hamilton Mathewson, Thomas F. O'Doherty, William Whitfield.

University of Durham.

THE following candidates passed the third examination for the degree of Bachelor in Medicine during the April meetings of the examiners:—

Honours—Second Class: Evan Llewellyn Jenkins, M.R.C.S., L.R.C.P.

Pass List: Dudley Thomas Birt, Arthur Budd, William Henry Hugh Croudace, Arthur Edward Clayton, L.R.C.P., Harold Edgar Featherstone, John Galloway, William Watkiss Jones, Lillie Johnson, B.Sc., Philip William James, M.R.C.S., L.R.C.P., Frederick William Kemp, Cyril Claude Lavington, Colin Francis Frederick McDowall, Ernest Martin, Christie Muthuswamy-Anthony, Ernest James Miller, L.S.A., Sidney Nix, Herbert Lovis Noel-Cox, Andrew Banks Raffle, Robert Blackett Reed, William Edward Stevenson, William Lister Tindle.

At the convocation holden on Saturday, April 25th, 1903, the following degrees were conferred: viz:—

M.D.: Reginald Alderson, M.B., B.S.Durh., Robert H. Cole, M.B.Durh. (in absentia), Charles E. Fenn, M.B.Durh., Selina F. Fox, M.B., B.S.Durh., Lachlan G. Fraser, M.B., B.S.Durh., John T. Johnson, M.B., B.S.Durh., Stanley Raw, M.B., B.S.Durh., Harry C. Sturdy, M.B., B.S.Durh., Edward N. Threlfall, M.B., B.S.Durh., Alexander M. Watts, M.B., B.S.Durh.

M.D. (for practitioners of 15 years' standing): Charles T. Blackwell, L.R.C.P. & S.E.; Edwin H. Brown, M.D.Brux., M.R.C.P., L.R.C.S., D.P.H.; Thomas F. Forster, M.R.C.S., L.R.C.P., L.S.A.; Blenman B. Grayfoot, L.R.C.P. & S.E., L.F.P.S. G., M.R.C.S.; John D. Harris, M.R.C.S., L.S.A.; George W. K. Hector, L.R.C.P. & S.E., L.F.P.S. G.; William B. C. Treasure, M.R.C.S., L.S.A.; Herbert L. Williams, M.R.C.S., L.R.C.P.

M.B.: Frederick G. Armstrong, John W. Caton, Samuel T. Cochrane, John F. Dover, Guy R. East., George B. Gill, M.R.C.S., L.R.C.P., Bryden Glendining, Chella Mary Hankin, Charles W. M. Hope, Hubert W. Horan, Hugh R. Kendal, Charles R. Lease, John H. McDowall, Arthur A. Miller, M.R.C.S., L.R.C.P., Flora Murray, Thomas E. Pemberton, Robert R. Pirrie, Thomasina G. Prosser, Percy M. Rivaz, Briton S. Robson, Thomas Rowell, Oswin Shields, M.R.C.S., L.R.C.P., Norman B. Walker.

B.S.: Frederick G. Armstrong, John W. Caton, Samuel T. Cochrane, John F. Dover, George B. Gill, M.R.C.S., L.R.C.P., Bryden Glendining, Charles W. M. Hope, Hubert W. Horan, Charles R. Lease, John H. McDowall, Arthur A. Miller, M.R.C.S., L.R.C.P., Flora Murray, Thomas E. Pemberton, Robert R. Pirrie, Thomasina G. Prosser, Percy M. Rivaz, Briton S. Robson, Thomas Rowell, Norman B. Walker.

B.Hy.: Joseph James French, M.B., B.S.Durh., James McConnell, M.B., B.S.Durh., M.R.C.S., L.R.C.P.

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.

DR. BURNET.—Received with thanks.

DR. NICHOLOSON (Bombay).—We are making inquiries, and hope to be able to give you the information desired.

THE GLASS EYE!

PROFESSOR of Ophthalmology, to a new student: "Just examine this patient's left eye and tell me what you find wrong with it."

Student (after palpation and scrutiny): "The tension appears to be very high, the conjunctiva is insensible, and it seems to me that the pupil does not react to light."

Professor: "Did you in the course of your examination notice that the patient has a glass eye?"

OBSERVER (S.W.).—The General Medical Council does not take cognisance of the private morality of members of the profession, and would not intervene unless there were an element of professional misconduct. You should place yourself in communication with Dr. Bateman, the Secretary of the Medical Defence Union, 4, Trafalgar Square, W.C.

DR. E. Y. J.—Unless you certify the patient as insane you cannot exercise any physical restraint over her, not even with the authority of the husband. No matter what the reason may be, it is always a risky proceeding. Of course in the case of a delirious patient, you would be justified in applying restraint to prevent injury accruing to himself or those in charge of him. It is a difficult task to differentiate between delirium and certain forms of acute mania.

G. S. A.—The negotiations are at a standstill.

F.R.C.S.—We do not imagine that a claim for damages would be maintained under the circumstances, in the absence of unequivocal evidence of negligence—not mere ignorance! It is in just such contingencies as these that membership of a medical defence association is so useful. The knowledge that the association will, if necessary, "certify for legal aid" has a markedly deterrent influence on speculative solicitors.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 6TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Tate, Dr. Fairbairn, Dr. Williamson, Dr. J. Phillips, Dr. Gallabin, Dr. Handfield-Jones, and Dr. Brook. Short Communication: Mr. S. Boyd (introduced by Dr. A. Routh): An Unusual Case of Inversio Uteri. Paper: Dr. H. R. Andrews: The Anatomy of the Pregnant Tube.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. J. W. Cantlie: Clinique (Surgical). 5.15 p.m. Mr. T. Collins: Injuries and Diseases of the Orbit.

THURSDAY, MAY 7TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Tichborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Mr. T. C. English: Some Points in the Diagnosis of Acute Abdominal Cases.—Mr. P. L. Daniel: Gastro-Enteritis of Obscure Origin simulating Peritonitis.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Clinical Evening. Mr. R. H. Elliot: Vassali's Instrument for Detaching Feigned Amblyopia.—Mr. G. Brooksbank-James: A New Portable Perimeter.—Mr. S. Hartridge: (1) Zonular Opacity of Cornea; (2) Central Choroiditis shown 14 years ago as a possible growth.—Mr. G. W. Roll: A Case of Microphthalmos.—Mr. J. H. Parsons and Mr. P. Flemming: Persistent Hyaloid Artery.—Mr. S. Stephenson: A Case of Papilloma of the Conjunctiva.—Mr. J. B. Story: Two Specimens of Detachment of the Vitreous.

ROYAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. Exhibition Evening. Exhibition of Various New Forms of Apparatus.—Cooper-Hewitt (Mercury Vapour) Lamp.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical). 5.15 p.m. Dr. G. D. Robinson: Uterine Displacements.

FRIDAY, MAY 8TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, W.).—8 p.m. Additional Meeting. Mr. R. W. Doyme: A Case presenting several Deficiencies of the Eye, &c. Papers:—Dr. Payne and Dr. Poynton: A Contribution to the Study of Rheumatic Iritis. Mr. W. H. Jessop: Two Cases of Tubercular Choroiditis. Mr. E. Donaldson: (1) Alveolar Sarcoma of the Cornea; (2) Proptosis and Deformity of the Head. Mr. A. F. Macallan: Report of Five Cases of Glaucoma in which Adrenalin caused an increase of Tension.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. C. A. Morton: A Case of Hairball in the Stomach. Mr. F. S. Eve: Cases of Angioma of Synovial Membranes and of Muscle. Mr. H. B. Robinson: A Case of Spinal Meningocele in which the Tumour made its Exit through a defect in the front of the spinal Column and Simulated an Intra-abdominal Cyst. Mr.

E. M. Corner: Cellulitis of the Round Ligament and Spermatic Cord and their relation to Strangulated Hernia.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Dr. Dundas Grant: Clinique. (Ear). 5.15 p.m. Dr. A. P. Luff: The Differential Diagnosis and Treatment of Chronic Disease of the Joints.

Appointments.

Green, T. A., M.D., C.M. Edin., Clinical Assistant to the Chelsea Hospital for Women, Fulham Road, London, S.W.

MacKenzie, John A., M.A., M.B., Ch.B. Aberd., Resident Physician at Aberdeen Royal Infirmary.

McClelland, Arthur Wellesley, M.B., C.M. Glasg., Public Vaccinator for the Knowle District by the Bristol Board of Guardians.

Phillips, Charles Morley, M.D. Brux., L.R.C.P. Lond., M.R.C.S., Medical Officer for the No. 10 district, and Medical Officer for the Home for Girls, Brislington.

Smith, Frederick K., M.A., M.B., Ch.B. Aberd., Resident Surgeon at Aberdeen Royal Infirmary.

Symes, W. Langford, M.D. Durh., F.R.C.P.I., Pathologist to the Royal City of Dublin Hospital.

Thurstan, E. Paget, M.D., B.A. Cantab., M.R.C.S. Eng., L.S.A. Lond., Physician to the Perth Public Hospital.

Tilley, Herbert, M.D. Lond., F.R.C.S. Eng., Examiner in Laryngology to the Royal Army Medical College.

Vacancies.

West Riding Asylum, Wakefield.—Assistant Medical Officer. Salary £140, with apartments, board, washing and attendance. Applications immediately to the Medical Director at the Asylum.

Cheshire County Asylum, Parkside, Macclesfield.—Junior Assistant Medical Officer. Salary £140 per annum, with board, furnished apartments, washing, and attendance. Applications to the Medical Superintendent.

Jenner Institute of Preventive Medicine.—Director. Salary £1,000 per annum. Applications to the Secretary of the Institute, Chelsea Bridge Road, London, S.W.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum. Furnished apartments, attendance, light, and fuel. Applications to Secretary, M. I. Preston, Journal Chambers, Nottingham.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £140, with board, &c. Applications to the Medical Superintendent.

Hulme Dispensary, Dale Street, Stretford Road, Manchester.—House Surgeon. Salary £50 per annum, with apartments, attendance, coal and gas. Applications to Honorary Secretary, Medical Committee.

Aberdeen Royal Infirmary.—Medical Superintendent. Salary £300 per annum, without residence. Applications to John B. Findlay, Clerk and Treasurer, 343, Union Street, Aberdeen.

Manchester Royal Infirmary.—Resident Medical Officer. Salary £150 per annum, with board and residence. Applications to W. L. Saunder, Manchester Royal Infirmary.

The Middlesex Hospital, W.—Director of the Cancer Research Laboratories. Salary commencing at £500 per annum. Applications to F. Clare Melhado, Secretary-Superintendent. (See Advt.)

Parish of Birmingham.—Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £100 per annum, with furnished apartments, rations, coal, gas, laundry and attendance. Applications to Walter Bowen, Clerk to the Guardians, Parish Offices, Edmund Street.

Births.

CORBIN.—On May 2nd, at Moore House, Beckenham, the wife of E. R. St. Clair Corbin, M.B. Lond., M.R.C.S., of a son.

CROFT.—On April 30th, at Sunnyside, Fenton, Staffs., the wife of J. T. H. Croft, M.R.C.S. Eag., L.R.C.P. Lond., of a daughter.

Marriages.

ATKINSON—RICHARDSON.—On April 28th, at Christ Church, Lancaster Gate, London, Charles Mason Atkinson, M.R.C.S. Eng., L.R.C.P. Lond., of Ashford, Kent, to Emmeline Gertrude, youngest daughter of the late Rev. Canon Richardson, of Northop, Flintshire.

BISHOP—JOHNSTON.—On April 29th, at St. John's Church, Middleton, George Thompson Bishop, M.R.C.S., L.R.C.P., Surgeon, R.N., elder son of G. Bishop, Esq., H.M. Inspector of Stamps and Taxes, Somerset House, to Charlotte Maxwell, only daughter of Mrs. Johnston, Ballyedmond, co. Cork.

HUNTER WOODS—SLATER.—On April 29th, at St. Clements, Bournemouth, Herbert Hunter Woods, M.B.C.S. Lond., L.R.C.P. Eng., D.P.H. Cantab., of Essendene, New Milton, South Hants, fourth son of the late Robert Hunter Woods, H.M.C.S., of Greenwich, to Eleanor, daughter of the late Robert Slater, of Dalton-in-Furness, Lancashire.

WEBSTER—HIRSCH.—On April 28th, at Christ Church, Chester, Harold George Webster, M.R.C.S., L.R.C.P., of Longford, Coventry, son of E. Watmough Webster, of Chester, to Mabel, daughter of the late Hermann Hirsch, of Manchester.

Deaths.

BULLOCK.—On April 30th, at Eastgate, Warwick, Thomas William Bullock, M.R.C.S., L.S.A., aged 65 years.

WYNDOW.—On May 3rd, suddenly, Thermothis Mary, daughter of Dep. Surgeon-General Wyndow, M.D., I.M.S. (retired), aged 32.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, MAY 13, 1903.

No. 19.

Original Communications.

A CASE OF

SPINA BIFIDA (MENINGO-MYELOCELE),

IN WHICH THE TUMOUR MADE ITS EXIT THROUGH A DEFECT AT THE SIDE OF THE SPINAL COLUMN, AND FORMED AN INTRA-ABDOMINAL CYST. (a)

By Mr. HENRY BETHAM ROBINSON.

THE case was one of extreme interest and a most rare condition. Although, from time immemorial, it has been stated in the text-books that such may occur, there is no clinical record to be found of a similar experience.

A female child, aged eleven months, was sent up to me by Mr. W. J. Staddon on January 22nd, 1903, and admitted into St. Thomas's Hospital. She was the first child, was born at full term, and the labour was natural. There was left talipes equino-varus, with some flexion at the hip-joint; there were six toes on the left foot due to a division of the first distally to the metatarsal-phalangeal articulation. Very soon the abdomen was noticed to be fuller than natural, especially on the right side, but it had got much larger during the last two months; there were, however, no untoward symptoms present.

On admission she was a healthy looking child, and seemed fairly bright mentally. The abdomen was very enlarged, bulging especially to the right side without any prominence of the umbilicus. There was some impulse on straining which did not seem more than due to increased intra-abdominal tension. The cutaneous veins were enlarged over the upper half of the right side of the abdomen. Over the right half there was marked dullness, which area seemed to have a well-defined margin at its upper part mesially and gave a marked fluid thrill. The left side of the abdomen was resonant from the displacement of intestines, and far back in the right flank there was a strip of resonance due to the ascending colon. Although on palpation it was evident there was an encysted collection of fluid, the cyst walls, as well as abdominal wall, were quite lax until the child strained. Above, the fingers were able to dip down between the costal margin and the cyst, thus excluding a-hydronephrosis. On examining the rectum the pelvis was clear, but it could be made out bimanually that the fluid come down to the pelvic brim.

The child took its food well, and there was no interference with the functions of the bladder or rectum.

As stated above there was talipes equino-varus, and

(a) Notes of a Case read before the Clinical Society of London, May 8th, 1903.

some flexion of hip and knee; this condition was rather under-estimated as the limb had been manipulated in early life by a bone-setter.

There was no hydrocephalus, and there was no deformity to be detected about the spinal column.

The diagnosis before operation seemed to point to the cyst, arising either from the broad ligament and being parovarian, or from some foetal remnant and being retroperitoneal.

On January 26th abdominal section was performed.

The belly was opened by a two-inch incision midway between the umbilicus and pubes to the right of the mid-line through the posterior sheath of the rectus. On opening the peritoneum a bluish-coloured cyst presented, and this was tapped. A clear, water-like fluid came away, more than a pint in amount. On attempting to draw out the cyst after its collapse this was found impossible from its intimate attachment to the right side of the spine, just below the transverse mesocolon. The index finger introduced inside the cyst went into a hole in the side of the spinal column. The cyst wall appeared free of nerve structures, and its pedicle of attachment was a little more than an inch vertically. The cyst was ligatured close to the spine with silk and cut away, and the belly wall was sutured in layers.

On examining the cyst wall it was white and fibrous, with a smooth, shiny interior, and there was not the slightest appearance of any nerves in it. Its anterior pole was perfectly clear and non-vascular, over a circle whose diameter was a full four inches; around this from its site of attachment converged five vascular buds of considerable size without any intercommunication. This condition resembled what is usually seen in the posterior variety, namely, a very poorly supplied or avascular central region due to the defective growth of mesoblast dorsally between the epidermal and neural tissues.

The fluid was colourless and limpid, with a specific gravity of 1002 and an alkaline reaction. It contained a minute trace of proteid, a body which reduced Fehling's solution but was not a sugar, and some chlorides. No urea could be detected. The presence of the reducing body and the low specific gravity showed that the fluid was cerebro-spinal in origin.

After the operation the child lived ten days, with a persistent high temperature; this rose to 102.8° the night of the operation, and was never below 102°. On the 28th, at 8 p.m., it was 106.2°; on February 1st, 107°; and on the 2nd, 106.6° at 8 p.m., after that slowly falling to 102° at the time of death, on the 4th. After some initial sickness the child took its food well, and there was no alteration in the functions of the bladder or rectum.

On the 20th the head was slightly retracted, but no squint. She did not seem to respond to stimuli as actively as before, and the legs were rather flaccid. The wound was perfect and the belly quite soft.

February 1st.—Anterior fontanelle fuller than before

operation. The neck muscles were more rigid, but no squint. Some tetanic contraction of both hands and more flaccidity of legs, but no paralysis of bladder or rectum. From this time the child remained in about the same condition up to its death on the 4th, never having any local or general fits.

On examining the spine very marked abnormalities may be seen. There is an extensive defect in the bony walls on the right side involving the last dorsal vertebra and practically the whole of the lumbar region. At the centre of the tumour the bone defect in front is sharply defined by the lateral parts of the body centres; there are no pedicles or transverse processes, and only a small portion of the laminae persist closely adjacent to the spinous processes. This most marked lesion seemed on the level of the first lumbar vertebra. It suggests strongly that practically the whole of the lateral mass behind the position of the neuro-central suture is absent. As well as these changes laterally the development of the bodies themselves is very irregular. Thus opposite the site of the most severe change there is almost vertical fusion of the right halves of two bodies. The vertebra above these has a very poorly formed ossific nucleus in its right half compared with its left side, while, again, the third vertebra above is only a half one showing no ossific nucleus at all in its right half. Below the site of the most marked change the next two vertebrae are altered; the nearest has a very slight development of bone on its left half, whereas the next has no bone to be seen at all in its left half. Accompanying these defects the spine is bent laterally with a concavity to the left side.

Passing now to the contents of the spinal canal, the first thing to be noted is the marked dilatation of the central canal of the cord as shown in section at the upper part of the specimen. It is very evident on examination of the sac itself that the cord is involved, but it is difficult to say positively that there is any expansion of the cord at the site of the sac. That class, where the expanded cord forms part of the sac wall, is very exceptional, and certainly has not occurred here. The cord can be seen to the back of the sac, and from the cord can be seen nerves passing into the sac wall. The right kidney was bilobed, and lay across the upper part of the sacrum with its convexity downwards; the left kidney and other viscera were normal.

With this specimen I am kindly allowed to show one similar from the Royal College of Surgeons Museum (No. 322), and this is also figured in the Clinical Society's *Spina Bifida Report*, vol. xviii., pp. 358 and 359. Unfortunately there is no clinical record of the specimen. In this case there is a very wide defect in the lumbar region centred in the main opposite the last lumbar vertebra, especially on the left side. There is, however, some indication at the side of the vertebra of parts developed from the lateral mass, and with the very marked defect posteriorly I should be inclined to think that the case conformed to the usual clinical type rather than to that I have the honour to bring before you this evening.

THE ETIOLOGY OF RHEUMATIC FEVER. (a)

By F. J. POYNTON, M.D., M.R.C.P.Lond., and
ALEXANDER PAINE, M.D.Lond., B.S.

THE aim of this paper was to give in outline the result of a joint research by the authors upon the cause of rheumatic fever. As a result of the

investigation they concluded that a *diplococcus* was a cause of the disease.

Before detailing the evidence in support of this conclusion they thought it advisable to state their conception of the disease they were considering—a conception which was founded in great part upon English clinical teaching. The early part of the paper was therefore concerned first, with a clinical outline of rheumatic fever; secondly, with the reasons for the belief that it was a special disease; and thirdly, with reasons for the belief that it was an infective disease.

The authors attached great importance to the clinical study of rheumatic fever, for this plainly showed that the disease was a widespread affection of many different organs and not a mere inflammation of the joints. If looked upon as a mere inflammation of the joints the characters which made the disease a special one would be almost certainly overlooked.

The strong hereditary tendency, the grouping of the cardinal lesions, the especial frequency of inflammation of the heart, and the relapses were evidence in favour of the specific nature of the disease. Further, the constancy of the pathological lesions, the nature of which could usually be foretold from the clinical symptoms, pointed to the same conclusion.

Granted that rheumatic fever was a special disease, it was also clear that it was one of a group of closely allied conditions, and on account of this they had felt that the postulates laid down by Koch must be rigorously satisfied before any bacterium could be claimed to be a cause of the disease.

They had isolated a diplococcus from twenty-two cases of rheumatic fever, and had demonstrated it in the principal lesions. They had grown it in pure culture, and produced by intravenous inoculation into rabbits identical lesions, from which in turn they had isolated the bacterium, and in which they had demonstrated its presence. They, therefore, held it to be a cause of the disease, and did not believe up to the present that any other bacterium had been proved to be a cause.

The morphological and cultural characters were next described. It was a minute diplococcus, streptococcal in liquid media, staphylococcal in arrangement on solid. Acid milk and bouillon, and blood-agar were suitable media. It could be cultivated aerobically and anaerobically. The virulence appeared to be low and very difficult to raise, but was constant for long periods on suitable media.

They knew of no specific test for the diplococcus, but did not think that for this reason it should be grouped with allied micrococci as a variation of a hypothetical, primitive streptococcus. It produced, they held, a special disease, and was to this extent a special organism, having possibly obtained this specificity by a process of evolution. They alluded to the far-reaching researches of Marmorck, Aronson, Fritz Meyer, and others on these difficult problems.

The diplococcus was, the authors thought, the excitant of the disease; heredity, cold, damp, over fatigue, &c., were predisposing factors to its activity in the tissues.

In conclusion, they pointed out that the elucidation of rheumatic fever had been and was the outcome of very many investigations. In their previous writings they had quoted many names.

(a) Abstract of a paper read at the International Congress of Medicine at Madrid.

Klebs, Popoff and Leyden, Triboulet and Wassermann, had described what they thought to be an identical diplococcus before they (the authors) had published any writing upon the subject, but the authors thought they had in this research proved the etiological relationship of this diplococcus to rheumatic fever.

METHODS OF ISOLATING THE TYPHOID BACILLUS FROM SOIL, WATER, FÆCES, ETC., WITH SPECIAL REFERENCE TO (AND DEMONSTRATION OF) THE NEW METHOD OF DRIGALSKI AND CONRADI.(a)

By Professor E. J. McWEENEY, M.D., D.P.H.,
Bacteriologist to the Local Government Board for Ireland.

THE speaker began by referring to the difficulties which were encountered in the effort to demonstrate the typhoid bacillus, owing to the absence of specific staining reaction, special virulence for animals, and appropriate enrichment-method. The many plans that had been suggested for the encouragement of the growth of Eberth's bacillus at the expense of that of its saprophytic congeners had proved ineffective. Addition of antiseptics to fluid media to which the suspected substance was added resulted not in the exclusive development of the typhoid bacillus, but in the production of an attenuated form of *B. coli*, which was liable to be mistaken for it. The speaker had satisfied himself that when samples of bile containing large numbers of genuine typhoid bacilli and a few colon bacilli are added to Parietti bouillon and incubated, in 24 hours only the colon bacilli can be found by plating out. The methods of Holz, Elsner and Piorowski had proved equally unsatisfactory. On the other hand, he had had excellent results with the Drigalski medium, the composition of which was as follows:—Chopped beef, 3 lbs.; water, 2 litres; mix; let stand till next day; strain off the flesh water; squeeze out the meat; boil for an hour; filter; add 20 grms. Witte's peptone; 20 grms. nutrose (Höchst); 10 grms. Na Cl; boil for an hour; filter; add 60 grms. agar; boil 3 hours (or autoclave, 1 hour); make faintly alkaline to litmus paper; filter; boil an hour. Meanwhile prepare a solution of litmus according to Kubler and Tiemann, boil it for 10 minutes; to 260 c.c. of this add 30 grms. pure lactose, boil for 15 minutes, and add to the boiling agar medium; shake well, and restore if necessary the faintly alkaline reaction. Then add 4 c.c. of a hot 10 p.c. solution of anhydrous Na_2CO_3 , and 20 c.c. of a freshly prepared solution of crystal violet B. Höchst (strength 0.1 grm. in 100 c.c. warm sterile distilled water). The medium is now ready, and a number of Petri dishes should be at once poured with some of it (about 15 c.c. in each), and the rest stored in flasks of about 200 c.c. content. The inoculation is done by rubbing the dry, hard surface of the medium over with a bent glass rod. A series of plates should be rubbed over with the same rod without recharging so as to get discrete colonies. The speaker allows his plates to cool after pouring, without the lid, so as to avoid condensation-water. While cooling they are loosely covered with a piece of sterile filter paper. Contamination with air germs does not occur owing to the inhibitory action of the crystal violet. After inoculation the plates are incubated 18-24 hours at 37°. It

is then quite easy to recognise the typhoid colonies by their bluish, transparent appearance and small size, whilst the coli colonies are larger, more opaque, often doubly contoured, and reddish. It is always necessary to test the selected colonies, which is most quickly done by rubbing up a small trace in a hanging drop of highly dilute typhoid serum, and observing whether agglutination occurs. In this way the bacillus of Eberth can readily be detected in the fæces within 24 hours, and the diagnosis made at a period when the Gruber-Widal test as yet yields a negative result. As the result of his own experience Professor McWeeney could fully corroborate the statements made by the inventors of the medium. Negative results were of little value, however, unless repeated examinations were made, and he had had such in cases verified as typhoid at the autopsy. By the aid of the method he had, in an abnormal case of typhoid detected the bacillus of Eberth in the bile, contents of duodenum, liver, and kidney, whilst he had failed to detect it in the contents of the ileum and colon. He had further found that the bacilli had undergone no diminution in the bile after keeping for three weeks in a capillary pipette, though in the presence of numerous colon bacilli. In the duodenal and other intestinal contents, however, they were not to be detected after keeping for the same period. The very numerous blue colonies that developed on the plates inoculated with the putrid fæces appeared to be *B. fæcalis alcaligenes* of Petruschky—at any rate, not the typhoid bacillus. He emphasised the necessity for the careful testing of suspicious colonies on plates from old putrescent material before giving a positive diagnosis. In conclusion the speaker described the striking results achieved with the aid of this medium by Koch at Trier, where the bacillus of Eberth was found in the fæces of apparently healthy "contacts," and urged the necessity of individual study of each case of typhoid, and of examining the fæces of "contacts," and where necessary, of disinfecting them, in order to get the upper hand of this infectious disease, as we have already done in the case of cholera and plague.

**ON THE ETHICS
OF THE
PRACTICE OF DISSIMULATION
IN
MEDICAL TREATMENT.**

By T. WILSON PARRY, M.A., M.B. CANTAB.

"It is Heaven on earth to have a man's mind move in charity, rest in Providence, and turn upon the poles of truth."—*Bacon's Essays*.

FRANCIS BACON, in his concise, pithy and practical essay, "Of Truth," furnishes us with the following statement:—"It is not the difficulty and labour which men take in finding out the Truth that doth bring lies in favour, but a natural though corrupt love of the lie itself." With this form of deception, we need scarcely say, we have absolutely nothing to do in this article. Such a form of deception¹ speaks for itself, or rather *against* itself, and, in so doing, totters and falls ere we have sufficient time to examine, even superficially, its unstable superstructure. The carrying out of it brings with it no "corrupt love

(a) Read before the State Medicine Section, Royal Academy of Medicine in Ireland, May 1st, 1903.

of the lie itself," but, rather, oftentimes, a melancholy regret, a feeling akin to that which we all have felt when obliged to impart serious intelligence to an anxious patient who, though particularly sensitive to an unfavourable opinion, yet demands from us the truth.

A medical man, in carrying out his duties, has many very varied experiences—some are trying, some difficult, some dangerous, while others, again, may partake of a dramatic or even tragic nature; but none, do I think, can approach in solemnity or responsibility the necessity we believe there may be, under certain circumstances, when other recognised treatments have been adopted and have failed, of practising the art of deception on a patient, for what we believe to be his ultimate good. And here I may say that if ever we should deem it right to use this art, we should never lose sight of the great moral responsibility that we thereby incur. The grim humour which may sometimes be associated with an act of deceit might here, if we were not on our guard, distract us from our real objective and become an incentive to overdo our part, and although this might mean a temporary satisfaction to our patient and his friends, yet must the result inevitably fall far short of what it would have been had we used our judgment and ethical sense more strictly in conformity with our highest ideals.

In dealing with a subject of this nature it appears to me to be a duty to investigate the following inquiries:—First, is it ever right for a medical man to deceive his patient? Secondly, if so, when is the deception to be practised, and with what limitations? And, lastly, if it be necessary, in what manner should it be best carried out?

And, first, in answer to our question. Is it ever right for a medical man to deceive his patient? I have no hesitation in saying that not only is it right for deception to be sometimes used as a method of treatment, but that should we neglect it at such a time, we are not only losing a golden opportunity of ameliorating our patient's condition, but we ourselves are actually culpable of mismanagement of our case, and, in consequence, guilty of a serious breach of duty. If a patient ever asks boldly what his condition is, for my own part, however grave my opinion, I tell him, at once exactly what I think; for if he be a sincere man, really wishing to know about his physical condition, it would be emphatically wrong to withhold the truth from him, and if he be on the other hand one who would, by daring interrogatory, startle his doctor into a better prognosis than deliberation could justify, he may be fairly asked to accept the result of his own *ad captandum* stroke, even if it be other than he desired. It will thus be seen that one does not for a moment believe in deceiving one's patient on these lines. The patients with whom we have to deal, I believe, are rather those whose minds are somewhat unstable and whose judgments are thereby somewhat defective; in fact, cases ranging anywhere between very impressionable or so-called "hysterical" minds, and perhaps borderland cases of a slightly delusional nature. With true insanity I am not dealing, but rather, as stated above, with patients whose ideas are morbid in certain respects and whose whole life is, for the time being, directly influenced by that morbidity. Let me take, for example, the case of a young woman who has had an attack of per-

forating ulcer of the stomach. An adhesion has happily taken place to the liver, and she has eventually so far recovered as to be practically organically sound again. During this time she has been obliged to be placed under morphia. She has now, unfortunately, contracted a habit for this drug, though she is quite apparently unaware of the fact, and demands from us relief for hysterical pain situated now in one part of the body and now in another. She knows, from previous experience, that the medical man has the power of relieving her pain by one of two methods, the methods which were adopted in her case when necessity actually insisted upon it, *viz.* (a) by suppositories or (b) by hypodermic injections; though she assuredly does not know the nature of the drug employed in either of these cases. What is to be done? The drug that has given her relief cannot be entirely renounced all at once, for if this be attempted the patient becomes haggard and jaded from exhaustion following the continued pain she so distressingly complains of—a pain which we tell her has no right to exist, as there is no organic lesion present to account for such a thing, but which she none the less feels, and feels acutely, as is indubitably evinced from the effects just stated above. Obviously, the first thing to do is to appeal to our patient's mind. We tell her she is infinitely better without drugs of any sort for the purpose of temporarily relieving this pain of hers. She must arouse herself, distract her attention from her pain, and so forth. This, we regret to say, is of no avail in her case. She has feeble will-power, and our attempt at stimulating her mind to distract her attention from herself and take an interest in her surroundings, however insistently and perseveringly followed up, calls forth no response of any kind from her. Then, domestic reasons prevent her from leaving home for change of air and scene, or from even being separated from her own relations, though both these points have been specially emphasised. Treatment, therefore, must now become "suggestive," and it is at this point that our deception really begins. Hypodermic injections of morphia are now replaced by the useful and never-failing *aqua*, and the morphia suppositories by similar-sized and shaped suppositories of *oleum theobroma*, only small doses of morphia being occasionally given when such be considered eminently essential. This treatment is successful for a time, and acute attacks of apparently appalling pain are instantly eased by a hypodermic injection of water. A single injection may sometimes be found insufficient, accordingly the subterfuge is adopted of injecting a second syringe of water in the other arm or in the leg, or over the spot where the apparently acute pain exists, and so on; methods of treatment suitable to new symptoms arising being suggested by the form those new symptoms assume. Who can say that, under such circumstances, such devices are not essential? And who can dispute the necessity of such deceptions?

Having once agreed that deception is, at times, required, the next question that naturally arises is, "When is it to be practised, and with what limitations?" And here I may say, at the outset, that I think that a number of cases which might, at first sight, seem to be suitable for this method of treatment can, with careful discrimination, be at once dismissed from our list, and that of the few that remain we shall probably find *all* to be *neurotics* of one kind or another. The withholding

or distorting of "bad news" to an ordinary patient when seriously, though not perhaps dangerously, ill I do not think to be always admissible, though, of course, very much is to be said in its favour. We may facetiously see that if the "bad news" in question means the death of a relation or friend, it may mean to our patient a valuable bequest, which might make him more hopeful and determined to recover! But, humour apart, it is astonishing to see with what a degree of resignation some patients receive bad news (which we have thought had been somewhat inadvertently told them) when seriously ill themselves. Nay, I have even known a case where recovery, which had previously seemed doubtful, had begun after a "shock" of this kind, and the patient begin to mend from the very moment of hearing it, pulling himself together in a marvellous manner; though, on the other hand, most medical men must decidedly have seen the reverse take place, the patient who was previously on a favourable way to recovery very quickly succumbing after bad news had been received, feeling undoubtedly absolutely unfit to cope with it.

In answer to our question, When ought deception to be practised? it appears to me to be only admissible in a few picked cases, and these such as obstinately refuse to yield to treatment by all rationally accepted methods. To assure a patient who is afflicted with a cancer too deeply seated to be operated upon, or one who has neglected operative treatment until too late, that he is going to get well, in order to prolong his days by a pleasing delusion of this kind, or, again, to keep up the *spes phthisica* in a consumptive patient, who takes an anxious interest in his temperature, by keeping for him a specially-made dummy thermometer that never registers above normal, whatever the patient's temperature may be, and by this means *deluding him that he is getting stronger every day*, is, to my mind, essentially wrong and unworthy of the dignity and intrinsic value of our profession. Then again, we have very frequently to deal with patients who are very seriously ill, and to whose illness it is impossible to attach a certain prognosis. It appears to me, should such a patient anxiously ask whether we think he will get better or not, for us to tell him that at present he is undoubtedly seriously ill, but that we have every reason to hope that if he do precisely what he is told he will get well gives him the necessary encouragement that is stimulating to him, at the same time hinting to him his somewhat immediate danger.

Lastly, we have now to ask the question, If deception is considered essential in any special case, in what manner is it best carried out? And here I would answer at once: The first point of importance is the necessity of being absolutely certain of our diagnosis, which includes, of course, a knowledge and understanding of our patient's mind. This is imperative. If we are sure that every recognised practical treatment has been tried, there is nothing left but one's own resources and one's personality to manage the case. The case has to be dealt with, and deal with it we must. Suggestion combined with what practical manipulation we may consider justifiable and feasible, according to the requirements of the case, must now be adopted. Never must we lose sight of the fact that the "suggestion" *i.e.*, the influence of our mind over that of the patient's, is the treatment, and our cure then, if we are

carefully sincere in this, will bring forth fruit—the best of the kind we can expect under the circumstances.

Two important points now present themselves for examination: (a) What will be the effect of this upon our patient's mind? and (b) what effect will it have on our own? When one has a patient that is dependent on moral crutches for support, like the old soldier that has lost his legs in battle, and who has taken to wooden members for ambulatory purposes, it comes to be a question of "Hobson's choice," *viz.*, that or none. If we take away the artificial legs from this gentleman he will be obliged to give up altogether. So in the patient that suffers in such a degree from "nerves." If loss of control has gone too far in spite of exhortations, entreaties, or even threats, there appears to be nothing left but the "crutch" already referred to, and without it a collapse would be inevitable. Therefore, although our treatment is bound to be, in a sense, weakening, it is right for us to give as much (and no more) of the figurative "crutch" as is necessary, without allowing our patient to think he must be dependent upon it. And, secondly, as regards the effect upon ourselves. Without doubt this should be salutary and good. It insists on our keeping a vigilant eye, so as to observe every movement of the patient. If it should happen to be progressive, we are on the alert to fan every little spark of effort made into a flickering flame, without (to keep up our metaphor) blowing so vigorously with the bellows as to put it out altogether. If the move be retrogressive, to insist, by firmness and decision, upon the necessity of effort being made, while gently helping, when indication directs, by every practical means and method at our disposal, to build up what has fallen and to prepare the built part for more bricks and mortar to follow, at, we earnestly solicit, the patient's own instigation. If it be proved that deception is necessary, it should be undoubtedly carried out with extreme caution, and while performing it, the ideal for which we seek should never for one moment be lost; otherwise we at once degrade our patient into the position of a credulous victim, while we ourselves are virtually acting as contemptible charlatans. It is not so much a question of what we do, but with what motive we do it and in what manner we carry it out, as to the real morality or immorality of the deception we employ.

Summing up then, in conclusion, there need be no hesitation in saying that, as a general rule, it is infinitely the wisest and best thing for a medical man to be perfectly straightforward in all his dealings with his patient, both for his own as well as for his patient's welfare, and this we find to be endorsed by Bacon in his essay, "Of Simulation and Dissimulation," when he says, "Certainly the ablest men that ever were have had all an openness and frankness of dealing, and a name of certainty and veracity"; but under certain circumstances, and these become the fewer as we carefully examine and reflect upon our cases, it is not only justifiable, but absolutely necessary and right for us to practise deception on patients, for their and our own ultimate good. Furthermore, that these patients belong nearly exclusively to the so-called "neurotic" type, which often includes men and women of great culture and exceptional intellectual capacity. That this treatment, when it becomes necessary, must be carried out in the most scrupulous manner, both as regards

the effect on ourselves, as well as that on the patient submitted to our care, and that it behoves us, to use a perhaps somewhat peculiar paradox, to be strictly sincere in our act or acts of deception, that is to say, we must never for one moment lose sight of the high ideal we are aiming at, so that our hypnotic act becomes rather of the nature of a "self-sacrifice" than of a mere "deluding." And, finally, we may add, as a rider to the subject that we have in hand, that we believe that the less that deception is practised the greater power the physician has, and *vice versa*, with the exception cited above. It is the physician's prerogative to practise faithfulness even in the most minute and apparently trifling details, and this it is, indeed, that gives him the power he indisputably possesses of influencing his patient to follow his wand of curative magic from the first chapter of perhaps a critical illness to the closing pages of its successful issue. It is this faith that he himself possesses in certain scientific and ethical principles that inspires a like faith in the sick that come under his spell, that often leads them through the darkest paths of a dangerous illness. Must we not, then, be most patiently and exactly careful in approaching this treatment of dissimulation, however necessary we may believe it to be? and must we not be most solemnly sincere in our skilful method of carrying it out; so that we ourselves, the patients committed to our care and our profession itself—a profession which we think deservedly takes its rank as the most ideal of all practical professions, be not ethically lowered by our practice; but be in every way exalted by our unstinted efforts and ennobled by our loyal and laudable actions?

The Out-Patient Departments.

SAMARITAN HOSPITAL FOR WOMEN.

A Case of Primary Genital Tuberculosis.

By W. SAMPSON HANDLEY, M.S., F.R.C.S.

A DELICATE girl, *æt.* 17, somewhat thin and anæmic, with a distinct family history of phthisis, came, complaining of pain in the back and in the left iliac fossa. Menstruation has always been regular and free since the age of fifteen, lasting four or five days, and necessitating the use of about fourteen diapers. On October 20th, the day of an expected period, she became "very queer," and felt with her hand a large swelling in the left lower abdomen. This lump diminished in size with the onset of a normal period on the same day. She tried to return to work on October 20th, but had to desist on October 22nd, and has been a semi-invalid since on account of her pain. She first attended the Samaritan Hospital on November 13th. On examination, a rounded, prominent abdominal tumour was found, median in position and extending from the pubes to the umbilicus. It was dull on percussion, fluctuated, and gave a marked thrill. It could not be moved within the abdomen from side to side, but appeared fixed. The flanks were resonant. *Per rectum*, the uterus, of normal size, was found retroflexed, with the swelling resting on its anterior surface, the swelling also bulging down between uterus and bladder. The heart, lungs and urine were normal.

The entire clinical picture was that of ovarian cyst. The tuberculous family history and the fixity of the swelling within the abdomen suggested, however, the possibility of tuberculous peritonitis. The patient was therefore directed to rub into the abdomen daily about a drachm of 5 per cent. Ung. Hydrarg. Oleati, and was given an iron and arsenic mixture, and instructed to take cod-liver oil. Milk and eggs were to enter largely into her diet. On December 4th she thought the stomach was rather smaller. A few days later

she had a thin, brownish vaginal discharge, of which she thinks she lost a teacupful altogether. On examination a thin glutinous mucoid discharge, faintly tinged with blood, was seen issuing from the cervical canal. The tumour was more flaccid, and less prominent, though still reaching within half an inch of the umbilicus.

On January 1st the uterine discharge had ceased. The swelling only extended half-way from the pubes to the umbilicus, and had lost its distinctively fluid character. A solid thickening, only slightly movable, could now be felt in the left broad ligament. A similar mass was felt in the anterior fornix, extending into the right fornix.

The diagnosis of primary genital tuberculosis with secondary peritoneal infection being now well established, the patient was advised to submit to an operation for the removal of the diseased parts. The operation was, perhaps, not urged so strongly as it might have been in view of the risk of suppuration or secondary phthisis or tuberculous meningitis, and the patient decided against it, influenced, no doubt, by the disappearance of the abdominal swelling. At present (March, 1903) the disease is quiescent, the serous collection of fluid has entirely disappeared, she has gained six pounds in weight, and has hardly any pain, though the lumps in the broad ligament are unchanged. In the absence of any signs of softening in them one may hope that they are undergoing fibrosis.

This case offers several points of interest. It shows the difficulty of diagnosis between tuberculous peritonitis and ovarian cyst. I remember seeing a similar case in a girl of about the same age, operated upon under the impression that an ovarian cyst would be found. In that case, as in the present one, the charitable suggestion of pregnancy had been made.

Of course, gonorrhœa and puerperal infection, like the tubercle bacillus, though much less frequently, may give rise to encysted perimetrial collections of fluid. In this case the age and character of the patient, the intact hymen, the nulliparous os, and the absence of any vaginitis sufficiently exclude them.

As regards the discharge of brown fluid *per vaginam*, it seems uncertain whether it was due to a tuberculous endometritis or to the escape of fluid from the diseased tubes. Perhaps the former is more probable.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 8TH, 1903.

MR. HOWARD MARSH, President, in the Chair.

DR. CHARLES A. MORTON (Bristol), on a case of
HAIR BALL REMOVED FROM STOMACH OF YOUNG
WOMAN.

Young woman, *æt.* 18, had large and very hard, very freely movable and resonant, abdominal swelling, which had been noticed for some months. The symptoms were pain and vomiting. The latter occurred most after food, but often in the night. No exact diagnosis was possible, but the free mobility and resonance suggested an omental mass of tubercle or new growth. The hair ball weighed 1 lb. 12 oz., and measured 6 by 6½ inches, and was 2½ inches thick. It was removed through a four-inch incision in the stomach, and the patient made a good recovery. After operation a history of eating hair and cotton was obtained. Reference was made to other published cases in which hair balls had simulated omental growth or faecal masses in the colon, or cystic disease of the spleen, and attention was called to the very free mobility of abdominal swellings due to hair balls in the stomach.

MR. PATON referred to a similar case under his own observation in a child, *æt.* 9. The patient was in perfect health, the tumour having been accidentally discovered.

MR. FREDERIC EVE read notes of cases of
ANGIOMA OF SYNOVIAL MEMBRANES AND OF MUSCLE.

Case I. Young woman, *æt.* 15, with a swelling on

outer side of thigh just above knee, of four years' duration, and gradually increasing. Exploratory incision made. The swelling was found to be a diffuse angioma, involving the upper part of synovial membrane and vastus externus muscle. It was removed with the affected portion of synovial membrane. Good recovery. Case II. Boy, *æt.* 10, with painful swelling restricting movement within left knee-joint and inner side of ligamentum patellæ. Increasing pain and loss of mobility. Operation: transverse incision into joint, and removal of a rounded angioma of synovial membrane, about $\frac{3}{4}$ in. in diameter. Primary union. Case III. Woman, *æt.* 23, with painful swelling on inner side of elbow which rendered movements difficult. Operation: removal of an angioma of synovial membrane between internal condyle and olecranon. Primary union. Case IV. Man, *æt.* 24, with a swelling on outer and posterior aspect of elbow, resembling a lipoma. Operation: removal of a "fatty" looking growth from: triceps anconeus and synovial membrane, which was found to be an angioma. Primary union. *Remarks.*—All the cases occurred between the ages of 10 and 25 years. Some patients complained of symptoms suggestive of tuberculosis, such as pain increased by movement; tenderness and limitation by movement; two showed wasting of muscle, and two had "starting" pains. In Cases II. and III. the angioma was entirely confined to the synovial membrane. The swelling was usually soft and elastic; but pulsation and emptying of it by pressure were not observed. No record of cases of angioma of synovial membrane could be found; but Campbell de Morgan in 1864, and others since, had described cases of angioma of muscle.

The PRESIDENT said he had never seen a case of the kind. He suggested that they sometimes became inflamed and so came to present a close resemblance to active tuberculous disease. He referred to a case at St. Bartholomew's Hospital in which the patient presented a pulsating tumour in the thigh which was taken to be an aneurysm and was sent in for ligature. On examination, the pulsation was found to be very variable, becoming almost imperceptible under an anæsthetic. It turned out not to be an aneurysm.

Mr. LUCAS observed that most surgeons were familiar with this condition, and he referred to one in which a very extensive nœvoid condition reached from the thigh a long distance down the leg in a girl. It took several operations for its complete removal, and the synovial membrane was extensively involved. He urged that in view of the success of surgical intervention they should not be afraid to operate in such cases.

Mr. E. P. PATON showed a specimen from a patient seen four years ago, a lady, *æt.* 20. She had had an elongated soft swelling on the inner side of the thigh for several years, which had increased consequent upon cycling. The skin over it was normal, and on pressure it could be made almost to disappear. There was neither pulsation nor thrill. It involved, and was limited to, the gracilis muscle in its entirety, and the muscle was excised from end to end. He called attention to the size of the vascular spaces.

Mr. H. B. ROBINSON recalled a case in which the flexor muscles of the forearm were involved without the skin being affected.

Mr. H. PAGE related the case of a man, *æt.* 28, who was admitted to St. Mary's Hospital with a markedly pulsating swelling in front of the right knee of three or four weeks' standing, associated with much pain and rendering him unable to work. The diagnosis was very obscure. It proved to involve the whole of the bursa beneath the patellar ligament and much of the synovial membrane as well as muscles. The magnitude of the operation which the complete removal would have entailed led him to think that amputation of the limb was the only course, though he did not amputate. He was surprised to find that these cases were not as rare as he had believed.

Mr. ROBINSON, in reply, agreed that symptoms might sometimes be due to temporary congestion, as in Case II., but he had never seen any trace of active inflammation. He said that angioma of muscles alone was not rare, and what he wished to point out was that the formation might involve synovial membranes as well as

muscles. In one of his cases the tumour had undergone almost entire metamorphosis into fat.

Mr. H. BETHAM ROBINSON read notes of a case of SPINA BIFIDA WITH FORMATION OF INTRA-ABDOMINAL CYST, which will be found on page 477.

Mr. LUCAS remarked that on examining the specimen there appeared to be an absence of the lateral portions of the vertebræ and laminae on the right side, suggesting that there might have been a projection behind, the fluctuation of which would have been communicated to the intra-abdominal tumour. He asked whether the brain had been examined, and whether any obstruction in the fourth ventricle was noted.

Mr. ROBINSON, in reply, said that there was no projection behind. The brain had not been examined.

Mr. EDWD. M. CORNER read a paper on CELLULITIS OF THE ROUND LIGAMENT AND THE SPERMATIC CORD, AND THEIR RELATION TO STRANGULATED HERNIA.

The first case was that of a young married woman who had been confined a year previously. Five days before admission her attention had been drawn by pain to a lump in the left groin. The lump increased in size, she vomited irregularly, but her bowels were open. The case was diagnosed as one of strangulated inguinal epiplocele with perhaps also a partial enterocele. At the operation the lateral end of the round ligament with the lymphatic gland on it was found to be inflamed. The ligament was ligatured above this and the diseased part removed. Leichenstein and Hermann record a similar case. From consideration of these two cases it has been suggested that the mischief arose in an unhealthy condition of the endometrium following delivery, with consequent lymphadenitis of the gland alongside the distal end of the round ligament, which was secondarily affected with cellulitis. This gland is known to be occasionally enlarged in cases of carcinoma of the fundus uteri. A case of cellulitis of the spermatic cord was also related, which occurred in a man, *æt.* 25, as the result of a kick. The tumour was accompanied by vomiting; bowels constipated. Under treatment with hot lead lotion the swelling subsided. Three years later the testicle on that side was softer and much smaller. It will thus be seen that these two processes illustrate in woman and man the fact that cellulitis of the spermatic cord and the round ligament may complicate the diagnosis of strangulated hernia.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

STATE MEDICINE SECTION.

MEETING HELD FRIDAY, MAY 1ST, 1903.

The President of the Section, Dr. NINIAN FALKNER, in the Chair.

THE NOTIFICATION OF MEASLES.

SIR CHARLES A. CAMERON, C.B., read a paper on this subject, giving the history of the notification throughout the three kingdoms, showing that it is in force in but an insignificant number of towns, and that many towns after adopting it have since reversed their action; he recommended that it should be restricted to first cases of the disease, when an epidemic had been established.

The paper was discussed by Drs. Day, Kirkpatrick Parsons, McGuinness, and Byrne, and Sir CHARLES CAMERON replied.

Professor E. J. McWEENEY read a paper on a METHOD OF ISOLATING THE TYPHOID BACILLUS FROM SOIL, WATER, FÆCES, ETC., WITH SPECIAL REFERENCE TO (AND A DEMONSTRATION OF) THE NEW METHOD OF DRIGALSKI AND CONRADI, which will be found on page 479.

The paper was discussed by Drs. Falkner, Tichborne and Sir Charles Cameron, and Professor McWEENEY replied.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, MAY 1ST, 1903.

Mr. RICKARD LLOYD, President, in the Chair.

Mr. J. R. LUNN read notes of an obscure case of
INTESTINAL OBSTRUCTION

due to an obturator hernia. The patient, a widow, æt. 61, was admitted into St. Marylebone Infirmary on December 30th, 1902. She was very obese. The pulse, respiration, and temperature were normal, the tongue was clean, the abdomen was not distended. She was slightly jaundiced. On the right side there was a reducible femoral hernia. Nothing was found by the rectum or vagina. Twenty-four hours after admission the patient began to vomit fecal matter, the tongue was dry and furred, and the symptoms suggested some obscure cause of intestinal obstruction. On opening the abdomen the small intestines were found to be distended and covered with lymph. Towards the left iliac fossa the small intestine was found to be collapsed and apparently bound down to the pubes. During the examination faces welled up from the left iliac fossa. A distinct fullness was then discovered in the upper part of the left thigh, below Poupart's ligament. On incising this swelling a piece of gangrenous omentum was found, which was ligatured and removed. The clamped ends of the intestines were then brought up into the abdominal wound, three inches of the ulcerated gut on each side of the perforation were removed, and a Murphy's button introduced. The abdominal cavity was washed out with saline solution, and the wound closed with silk-worm gut. The operation lasted two hours, and the patient died a few hours later from peritonitis and cardiac syncope.

Mr. PERCY PATON thought that Mr. Lunn's case was an example of Richter's hernia or partial enterocoele. In this form of hernia there may be no absolute constipation, indeed there may be diarrhoea. The persistence of vomiting is much more important evidence of the condition of the patient. Strangulation of omentum probably never causes the same symptoms as strangulated intestine, otherwise it would be difficult to understand how omentum could be tied with silk without producing any symptom.

Mr. G. TWYNAM had examined one case of obturator hernia while in Australia. It had been found possible on several occasions to reduce the hernia, but finally it was necessary to operate upon it. The patient died after the operation.

Dr. J. E. SQUIRE continued the adjourned discussion of his paper on the

MODES OF CURE IN PULMONARY TUBERCULOSIS.

After pointing out that the arrest or the advance of the disease is determined by the nature of the reaction changes in the tissues, and so depends upon what we call the resisting power of the tissues, Dr. Squire said that the aim of the modern treatment is to strengthen this resisting power, and to kill or remove from the body the causative micro-organisms. Thus, our efforts may be directed towards strengthening the resisting power of the cells and tissues of the body, so enabling them to withstand and destroy the bacilli, or we may attempt to destroy the bacilli by germicide and antitoxic remedies. A knowledge of pathology assists us in determining which mode of attack to select. One of the early results produced in the lung by the tubercle bacillus is to block up not only the alveoli, but also the blood and lymph channels in the affected area. Thus, blood-borne antiseptics, as well as any that may be inhaled, are prevented from reaching the stronghold of the bacilli. Such treatment will, however, destroy any bacilli that escape from the focus of the disease, and thus prevent extension. The antiseptics used, however, can only be of moderate strength. Antitoxin treatment is looked upon by many as the main hope of the future; but there is a wide difference between the short, sharp fight with the diphtheria bacillus and the prolonged struggle in tuberculosis. Tuberculin seems to be dangerous: it appears to increase the rapidity

of the tuberculous process, and in the majority of cases safety is to be sought in the slower processes which lead to fibrous tissue formation. X-rays, sun baths, and electric currents have been used without any convincing measures of success. For the cure of the disease the alternative principle of treatment by assisting the tissues of the body to resist the bacilli offers better hope of success. Of the hygienic requirements fresh air claims primary attention, but certain other aids to hygienic treatment deserve consideration. Among the pathological processes which tend to limit the action of the tubercle bacilli an increase in the wandering cells is important; thus anything which tends to leucocytosis may have a very beneficial effect. With this object cinnamic acid, hetol, and nuclein have been used. The excess of proteid food which is taken in forced feeding is also said to produce leucocytosis. Food is certainly required in full quantity, but it is its assimilation which is important, and it may be necessary to remedy a faulty digestion. With regard to cough it is better to prescribe expectorants to make the cough effective than sedatives to check it. In conclusion, Dr. Squire considered that drugs should be used as auxiliaries only, to help the patient to get the fullest benefit from hygienic treatment.

Mr. R. LLOYD mentioned a case in his experience in which alleviation of the symptoms, and to some extent of the signs of phthisis, had occurred as a result of the patient keeping her windows widely open day and night. At the same time, the discovery of scars in the lungs post-mortem shows that cure used to occur before the value of open air was recognised.

Mr. STARLING said that as disappointment frequently followed the old custom of sending phthisical patients to warm climates he was in the habit of recommending patients to go further north than their usual residence during the summer months, and to return home in the winter. Margate was very suitable for children during the whole year. The South Coast should as a rule be avoided on account of storm pressures, &c.

Mr. F. G. LLOYD asked for opinions with regard to climate in the treatment of tuberculous disease. He wished to know if patients would do as well under hygienic treatment in England as in other parts of the world. He had found opium and turpentine inhalations of use in the treatment of symptoms.

Dr. SQUIRE, in reply, said that undoubtedly patients apparently in a hopeless condition not infrequently recovered even before the hygienic method of treatment became usual. The important point was that under modern methods such favourable results become more frequent. As regards climate, no one place can be said to be favourable to consumption. The warm, dry climate of Egypt is well suited to the more advanced cases and those with bronchitic complications. The majority of early cases seem to do best in a bracing climate, such as the Engadine. Patients in sanatoria in this country appear to do better during the colder months. There is much to be said in favour of the view that the best climate to select is that which most nearly resembles the climate in which the patient will have to live after recovery. The success of the treatment, however, by no means depends entirely upon climatic conditions.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD APRIL 30TH, 1903.

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

Mr. G. P. NEWBOLT read notes of two cases of
INTESTINAL OBSTRUCTION

caused by bands, and successfully operated upon. In one, a woman, æt. 31, there was a recurrence of the condition six months later, when a second successful operation was done at Damascus. In the other, a woman, æt. 60, two operations had already been performed for strangulated umbilical hernia, and the third obstruction was due to a thick omental band under which a coil of intestine had slipped.

The PRESIDENT mentioned the importance of trea

ing intestinal obstruction by starvation and opium. He quoted a case in which this line of treatment was successful, a recurrence took place, and operation was necessary as the symptoms did not yield to treatment.

Dr. F. W. BAILEY read a note on "Somnoform." He described the composition and alleged advantages. The physiological action on respiration, circulation, and the nervous system was discussed; a description of the mask and method of administration was also given. Dr. Bailey alluded to the difficulty of knowing when anaesthesia was complete. In his opinion the development of a full and bounding pulse was the most trustworthy sign. No bad effects were noticed after single administrations, but after repeated doses he had met with violent headache, and in one case collapse.

Dr. FINGLAND thought that whatever could be done by somnoform could be better and more safely done with nitrous oxide.

Dr. F. E. MARSHALL said the chief objections to somnoform were its uncertainty of action and its disagreeable taste. It is extremely portable. He, too, had noticed throbbing headache, coming on several hours after administration. He thought Bauer's or Ormsby's ether inhaler preferable to the handkerchief mask usually employed.

Dr. D. M. HUTTON read a short communication upon some therapeutic applications of "Chloretone." He had found the drug of great service in the vomiting of pregnancy, menstrual sickness, and in sea-sickness. As a hypnotic and analgesic in organic disease of the stomach he could not speak with any confidence.

Mr. EDGAR STEVENSON read a paper on "The Influence of the Semicircular Canals and Labyrinth upon the Movements of the Eyes and Head." He rapidly reviewed the anatomy and nervous connections of the canals, and alluded to experiments made by himself and others. He suggested they were the end organs of a seventh sense, that of orientation, and, further, that muscle tone was maintained by the integrity of the canals. The paper was illustrated by lantern slides, and the gyrations of some Japanese dancing mice.

Dr. GROSSMANN said that vertigo was not exclusively due to auricular causes, or to a continuation of inertia after movement. Some forms are exclusively ocular.

Drs. Warrington, Gill, and Edgar Browne spoke, and Mr. STEVENSON replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT OWENS COLLEGE, MANCHESTER, FRIDAY, APRIL 17TH, 1903.

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

Dr. W. E. FOTHERGILL (Manchester) showed the placenta from a case of "Acute Hydramnios," which terminated with the birth of quadruplets. Labour came on at the thirty-second week. The children all died within twenty-four hours of birth. Dr. Fothergill also showed a placenta illustrating marginal insertion of the cord and placenta prævia. The cord was inserted into that part of the margin of the placenta which was prævial, so that unavoidable presentation and inevitable prolapse of the cord occurred.

Dr. ARNOLD W. W. LEA (Manchester) showed the specimens from two cases of "Tuberculous Disease of the Appendages" removed by abdominal section. The diagnoses were verified by microscopical examination, although no bacilli were found in the caseous pus.

In the ensuing discussion, Dr. E. T. DAVIES raised the question of the route of infection in such cases, and held that the alimentary canal was the probable point of entrance.

Dr. J. B. HELLIER considered that in some cases the semen of a tuberculous husband was the source of infection.

Dr. W. J. SINCLAIR remarked that the prognosis was especially good in the ascitic form. Flushing the abdomen was to be recommended, as it stimulated cure.

Dr. W. J. SINCLAIR (Manchester) introduced a dis-

VENTROFIXATION OF THE UTERUS.

The subject, in common with other operations for backward displacements of the uterus, had been of considerable interest for the last ten years or so. He thought there was a certain amount of levity about the treatment of backward displacements when uncomplicated. Routine treatment was apt to be followed by metritis and all its troubles, and it was better to put the patient to bed and gradually restore the organ to its normal position. The operations for the treatment of backward displacements were grouped as follows:—

1. With adhesions existing: (i.) Schultze's process. Dr. Sinclair had tried it, but was not able to believe that anyone could succeed. (ii.) Schücking's operation, which consisted in freeing adhesions *per vaginam*, and by the same route attaching the uterus to the abdominal parietes by a single thread.

2. Alexander's operation (1884): Dr. Sinclair's experience extended to forty-five cases, but he was dissatisfied with it so far as the test of pregnancy was concerned. The objections to it were: (i.) The round ligament cannot always be found. (ii.) In cases where adhesions are present they prevent the uterus from being drawn forward. In these cases there are also changes in the appendages, so that the symptoms are really due to both conditions. (iii.) That Alexander's operation is not satisfactory is shown by the large number of modifications brought forward during the period between 1890 and the present time. These modifications may be classified thus: (a) Preliminary vaginal cœliotomy to break down adhesions. (b) Operations involving laparotomy, of which Goldspohn's method is an example.

3. In 1886, Olshausen's first attempt at ventrofixation was carried out, and since then the operation has become common in Germany. The operation for ventrofixation should stand certain tests. (i.) It must be devoid of danger. (ii.) It must be certain, and capable of being carried out in every case; (iii.) It must relieve the symptoms. (iv.) It must stand the test of pregnancy, and this without giving rise to pain or discomfort; the puerperium must go on normally, and at its close the uterus must remain in a condition of ante flexion.

The principle that should guide all such operations consists in safeguarding the fundus uteri and the round ligaments, and in ensuring *firm* adhesion. No movement between uterus and parietes is permissible, otherwise the formation of bands may lead to the occurrence of ileus. A serious test for the operation is prolapsus. In such cases it must be combined with a posterior colporrhaphy. The operation performed by Dr. Sinclair was devised by Laroyenne, of Lyons, and the suture material employed is fine silk. A pessary is placed to act as a splint and the patient is kept in bed for six weeks. Dr. Sinclair had done the operation about 100 times, in all sorts of women, but never in those beyond the menopause, as he considers that the suitable cases are those of women in the child-bearing time of life. All cases have stood the test of pregnancy when it occurred, and although there have been instances of abortion and mal-presentation, these were not in an unusual proportion. He had had no fatality, and could not recall any serious rise of temperature or pulse-rate.

The PRESIDENT congratulated the Society upon having the discussion introduced in so lucid and able a manner by Dr. Sinclair. His (Dr. Gemmell's) experience was limited to fifteen cases, of which two were failures owing to defective technique. The others had been quite satisfactory, but as yet none had had to stand the test of pregnancy. Ventrofixation appeared to be the operation of choice in those cases of retroversion associated with adhesions, but he asked if it was an advantage to have as many sutures as those used in the method practised by Dr. Sinclair. The latter, with a record of 100 cases which had withstood the demands of his severe test, had well established the operation in this country.

Dr. J. B. HELLIER (Leeds) considered the operation

of no value in procidentia. He had seen cases so treated where after some time the cervix was found procident from the vulva, and yet the fundus was still fixed in position against the abdominal wall, the sound passing four or five inches into the uterus. The cases of retroflexion requiring the operation were very few, although the operation gave marked and permanent relief in cases with retroflexed fundus and prolapsed and very tender ovaries, where no pessary was of use.

Dr. LLOYD ROBERTS (Manchester) thought the operation was not the most scientific that could be devised, and that it was not devoid of risk was shown by the reports of fatalities after it had been carried out. He regarded ventrofixation as suitable only in cases uncomplicated by prolapse. The proper treatment for the latter was colporrhaphy.

Dr. S. RUMBOLL (Leeds) remarked that his experience was limited. In two cases the condition had returned, in two others partial relief had been gained (but in these colporrhaphy was required), and in another two the results had been very good. He asked Dr. Sinclair if he had as much faith in the operation in cases of prolapse as in those of retroflexion.

Dr. E. T. DAVIES (Liverpool) advocated Alexander's operation, which, in suitable cases, he considered an excellent one. He pointed out that Alexander, when he first introduced his method, stated that it was only applicable to cases in which the uterus was movable and free from adhesions due to old-standing pelvic peritonitis. When the operation for ventrofixation ran an aseptic course, the adhesive reaction between the two surfaces must be so feeble that it was inconceivable that a lasting adhesion would result, and whatever union did occur would, in process of time, disappear. He did not agree that women who had passed the child-bearing time of life should be excluded from the benefits of the operation.

Mr. STANMORE BISHOP (Manchester) had had very good results from Alexander's operation, although he preferred to open up the canal and seize the ligament nearer the internal ring than Alexander advises. When adhesions existed, laparotomy was performed, adhesions freed, and the fundal extremity of the round ligament was united to a point half an inch internal to the internal ring. He believed that the uterus was normally, and should remain after operation, a mobile organ—mobile within limits which we may fix, but always mobile.

Dr. J. W. MARTIN (Sheffield) made some remarks on the method of introducing the sutures; and after Dr. Rabagliati (Leeds) had spoken,

Dr. SINCLAIR, in reply, said that he had never prepared the peritoneal surfaces in any way, and had never found sinuses following the use of fine silk. Most of his operations had been done for backward displacements of old standing with adhesions and tender uteri. As to the criterion for operation, he thought that when an intelligent and experienced member of the profession had treated retroflexion in vain, then the case was one for ventrofixation.

LARYNGOLOGICAL SOCIETY OF LONDON. MEETING HELD MAY 1ST, 1903.

Dr. P. McBRIDE, President, in the Chair.

THE following cases and specimens were shown:—

Mr. ATWOOD THORNE: Case of epithelioma of larynx, previously shown in January, 1903. The interest of this case was that a certain amount of improvement had taken place under the administration of iodide of potassium and mercury. When seen in January last the left cord was absolutely fixed, and there was a growth of the left arytaenoid extending to the left arytaenopiglottic fold. Under antisyphilitic treatment the left cord had recovered a fair degree of mobility, the continuous growth had shown as two growths with an intervening space, and a sub-maxillary gland had become distinctly smaller. Latterly, however, the case had taken an unfavourable course and the left cord had become almost immobile and ulceration had occurred.

Dr. W. H. KELSON: Case of lupus of fauces in a girl, æt. 22. The appearance presented was very suggestive of a secondary syphilitic lesion, but the fact that there were apparently no other signs of syphilis, either primary or secondary, that the case had been treated for five months with antisyphilitic remedies with no benefit and that latterly some improvement had resulted from the administration of arsenic, led the exhibitor to form the opinion that the disease was lupus.

Mr. R. LAKE: (1) Case of ulceration of tonsil involving the posterior faucial pillar in a woman, æt. 35, probably syphilitic. (2) A microscopic specimen of a large papilloma in posterior aspect of cricoid cartilage, which was the apparent cause of obstruction in a case of carcinoma of upper end of œsophagus. (3) Papilloma from region of inferior turbinal with absorption of internal antral wall.

Dr. J. DONELAN: Case of subglottic thickening of vocal cords in a man, æt. 38. (?) Pachydermia.

Mr. E. B. WAGGETT: Case of primary tuberculosis of nasal septum in a man, æt. 35, with microscopical specimen. The patient had come under observation complaining of pain in the nose and frontal region, nasal discharge, and exhibiting an extensive area of ulceration, an inch in diameter. A specimen taken from the edge of the ulcer showed tuberculous tissue with well-developed giant-cells. Examination of the chest revealed merely increased vocal resonance at the right apex behind and in front. There was no history of cough or hæmoptysis. The symptoms had existed for two years.

Dr. FURNISS POTTER: Case of swelling in the post-nasal space, in which the diagnosis lay between syphilis and malignancy. It was impossible to obtain a history of symptoms—sore throat and dysphagia—dating further back than three weeks previously.

Dr. DUNDAS GRANT: Case of chronic laryngitis with papillary thickening of the vocal cord.

Lunacy Department.

ASYLUM REPORTS.

Roxburgh.—The admissions (48) were 16 less than the average for the previous 10 years. The diminution also experienced elsewhere has been attributed to the late war in South Africa, which is supposed to have acted as a sort of tonic on the national nervous system. Hereditary predisposition was ascertained in 41 per cent. of the admissions, and intemperance caused insanity in 16 per cent. The recovery rate was 41.6 and the death-rate 3.5 per cent. As a cause of death, general paralysis and phthisis each appear in 20 per cent. of the cases. A new male hospital is to be erected and electric light installed throughout the Asylum. The report comprises 85 pages, and is well got up.

Montrose.—A large number of those admitted were in very frail bodily health, and many others were in a state of senile decay. Dr. Havelock expresses his opinion that there is an increasing tendency to send such cases to an asylum, and that the medical profession, knowing they will be well cared for, are more ready to suggest this course. A new villa for female patients is in course of erection. The admissions numbered 189, discharges 90, and deaths 95.

Inverness.—Hereditry was the assigned cause of insanity in 31 per cent. of the admissions. The recovery rate to the admissions was 45.8 and the death-rate 7.2 per cent. Tuberculosis was the cause of death in 17 cases, or 40 per cent., an exceptionally high rate. There is serious overcrowding, and the question of extended accommodation, therefore, calls for immediate attention. On May 15th last, the number of patients exceeded the accommodation by 49, notwithstanding the removal of 65 patients on probation. Dr. Keay suggests to the District Board for consideration the setting apart of a building of wood and iron for Divine service.

Lanark District.—Deducting chronic cases admitted from other asylums, the recovery rate works out at 45 per cent. The death-rate was 8.3 per cent. Phthisis caused death in 10 instances, or 16 per cent.

The principal assigned causes of insanity were intemperance and heredity, the former being responsible for 33, and the latter 30 of the admissions, which numbered 291. Dr. Kerr has no doubt that in a certain number of alcoholic cases, instead of excessive indulgence in alcohol being the antecedent of the mental illness, it was an early symptom. The Commissioner reports: "A noteworthy feature in the accommodation of the staff is that 24 or 68 per cent. of the attendants are provided with suitable houses, and it is understood with satisfaction the District Board have therefore resolved to build eight additional cottages."

Gartloch, Glasgow.—This is the first report of Dr. Parker, whom we congratulate on his appointment. During the year 262 cases were admitted, 162 discharged and 52 died. In 37 per cent. of the admissions there was a history of alcoholism, and in 33 per cent. it is recorded as the cause of insanity. Of the deaths 15 were due to general paralysis and 10 to tuberculous disease. The Commissioner found the Asylum, as usual, in excellent order, and was favourably impressed by the condition of the patients.

Dundee.—The death is recorded of a man who had been continually resident for 52 years. Changes among the subordinate staff continue more frequent than is desirable. The Commissioner reports: "In accordance with the unvarying custom successfully pursued for many years in this Asylum no patient has been subjected to any form of restraint or seclusion."

Fife and Kinross.—The admissions (139) are the largest number yet recorded. Plans to accommodate 50 patients of each sex have been approved. Their approximate cost will be £135 per bed. The recovery rate was 33 per cent. on the admissions, and the death-rate 7.8 per cent. As a cause of insanity, heredity and intemperance appear respectively in 38 and 15 per cent. of the admissions. A freestone quarry has been discovered on the asylum estate.

Argyle and Bute.—The recovery rate—48.5 per cent. on the admissions—is the highest recorded for 25 years. The death-rate was 4.6 per cent. No case of general paralysis was admitted. A prize is awarded to the nurse who keeps her bedroom in the best order. Increased facility for escape in case of fire in the shape of outside iron staircases is to be carried out. The Commissioner found the institution scrupulously clean throughout, and in excellent order.

Murray's Asylum, Perth.—The following changes occurred in the population: admitted 48, discharged 34, died 3. The recovery rate was 37.5 per cent. on the admissions. Dr. Urquhart reports the changes in the staff were again more than usually numerous. The Commissioners' reports are very favourable.

Perth District.—The admission rate has been high, and consequently the female side is badly overcrowded. Dr. Bruce attributes the influx to an increase in the chronic element, which drifts in from every quarter. The recovery rate was 31.7 per cent. on the admissions. Twenty-five per cent. of the deaths were due to general paralysis.

Govan District.—The percentage of recoveries to admissions was 41.8, and this must be regarded as satisfactory. Of the deaths, 57.6 per cent. were due to disease of the brain and spinal column. The Commissioner draws attention to the great desirability of increasing the cottage accommodation for married attendants.

Mullingar.—Population shows an upward tendency, and Dr. Finegan says there will be overcrowding on the female side unless the questionable expedient of transferring females to quarters on the male side is resorted to. We are surprised at even the hint that such an objectionable procedure is possible. Hereditary influences were ascertained in 27 per cent. of the admissions, and intemperance was responsible for 13 per cent. The recovery rate was 28.8 per cent.; it is low. Twenty-five per cent. of the deaths resulted from phthisis.

INCREASE OF LUNACY IN GLASGOW.

The Glasgow District Lunacy Board recently considered reports on this importunate topic by Drs. Marr and Parker, medical superintendents of their asylums

at Woodilee and Gartloch. Dr. Marr compared the changes in the population of the asylum during the first ten years of its existence with those which have occurred during the last ten years. In the latter decade 9.3 per cent. of the admissions were added to the asylum population, as against 6.3 per cent. during the former period. The increase in the numbers of the last ten years is accounted for chiefly by a diminished recovery rate. The readmissions from 1892 to 1902 show an increase of about 14 per cent. on the readmissions during 1879 to 1888. Beyond expressing the opinion that it is partly due to an increased and increasing tendency to send patients to an asylum who would not have been sent twenty years ago, Dr. Marr does not volunteer an explanation for the increase. The increase (about 250,000) in the population since 1879 is not taken into consideration. General paralytics have relatively doubled during 1902, as compared with 1879, as also have deaths from organic brain disease, and deaths from old age are eight times in excess. Curiously enough, the ratio of deaths from consumption in 1902 and 1879 is the same.

Dr. Parker in his memorandum stated that the asylum population during the last four years had increased by 120, or 12.6 per cent. of the admissions, but that the statistics of Gartloch extend over far too short a period to be of much use in settling whether or not there is a real increase in insanity or only an apparent one.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 9th, 1903.

MODERN TREATMENT OF MYOPIA.

At the "Doctoren-Kollegium," Kun dealt with the history of myopia and the present methods of treating this defect.

Before discussing the treatment he made some remarks on its causation. He pointed out, to begin with, that recent investigation had demonstrated the fact that infants are not born with myopia, and therefore acquire the disease; but, as with all other morbid changes, a certain predisposition on the part of the subject must be present. It is only since the middle of the last century that refraction and its anomalies have received any attention, at the instigation of Donders, of Utrecht, who first defined the focal distances in front and behind the retina in myopic and hypermetropic vision, and may be accepted as the founder of the dioptric system. Myopia, therefore, is that condition in the dioptric system in which its image is thrown not on the plane of the retina, but at some variable point in front thereof, varying in position according to the degree of myopia present; or, in other words, when, the eye being at rest, parallel rays of light—e.g., rays coming from infinite distance—converge in front of the retina, and not on the retina as in emmetropia. According to Donders, out of 1,000 cases examined he found that 684 of these did not exceed six dioptries from the normal, so that the abnormal divergencies from unity are comparatively small.

The causes of myopia are described as three in number. First, undue tension of the recti muscles of the eyeball. It is evident that, if the lateral part of the eye be tense while the medial is relaxed, an antero-posterior lengthening will follow. Secondly, over-pressure from blood by the hanging forward of the head through loss of accommodation is also a powerful factor in the changes of the ball, that will inevitably lead to bulging somewhere in the walls of the organ. Thirdly, a congestive condition of the posterior segment of the ball, with softening of the walls and slight intra-ocular tension, will drive the softened covering back and thus increase the antero-posterior diameter of the eye.

It may be noted here that Donders considered every myopic eye to be a diseased eye—a view which must, in the light of our present knowledge, be regarded as erroneous if a hypermetropic eye is to be considered as a healthy eye, since the same cause in both produces the morbidity, although the one appears more frequently in youth than in old age, and *vice versa*. We are not correct in asserting that myopia is a youth disease, for it is now proved that all infants when born are hypermetropic. It is therefore subsequent to birth that the eye becomes emmetropic, or myopic. Arlt defined myopia as a special form of hereditary staphyloma posticum, or one in which there exists a congenital predisposition for the production of a greater antero-posterior diameter.

There are a few other changes which are favourable to the production of myopia that need only be mentioned in passing—*viz.*, konus, thinning and atrophy of the choroid and retina, clouding of the vitreous humours, &c.

Again, increased convergence does not produce the lengthening of the eyeball usually expected, since paresis of the muscoli recti mediales is produced, leading to strabismus divergens, that markedly interferes with vision. The acuity of vision, therefore, is found to be nearest the normal point when the myopia is low, as high degrees of myopia are usually associated with great loss of accommodation. According to the treatment originally practised, all measures should be directed against intra-ocular tension, and, with this end in view, whenever a child was observed to be myopic atropin was used and continued for many months. If this form of treatment be not practicable, or for other reasons is not to be advised, simple bandaging of the eyes may be resorted to, but spectacles should be avoided. It was affirmed that, no matter how effectually the glasses corrected the myopia, the effort of accommodation was constantly damaging the eye. In the case of very pronounced myopia glasses might be admissible to correct the near point, so that a proportionate amount of accommodation might be preserved. Donders, in his theory, thought that correction with lenses would be best; but after years of practice he confessed that this method of treatment was not successful, and he therefore left it an open question.

Professor Schnabel promulgated another theory, founded on Arlt's hypothesis—that myopia was due to refraction in some way, as all children being born hypermetropic, the axis of the eye-lengthening must have some more remote cause than the tension of the muscles. Measurement of a large number of eyes proved that the antero-posterior axis of the myopic eye was not out of proportion to the emmetropic. All being hypermetropic at birth, the next question was, what is the cause of the difference of refraction of the eye in the adult, seeing that the length is not altered?

This is a question which has not yet been satisfactorily answered, although it is believed that the real cause is to be sought in this direction, and is due, properly speaking, to the frequently observed "school myopia."

On the other hand, a very high degree of myopia is due to a morbid process in the eye such as that described by Donders, which is very different from "school myopia," or that simply due to morbid refraction. Förster, of Breslau, appears to have anticipated this theory of Arlt and Schnabel, as we find him more than thirty years ago preaching the correction of myopia by the use of lenses, which is the recognised treatment of the present day. After having carefully diagnosed the case to be one of refractive myopia, and having ascertained the degree of acuity, a full correcting lens should be applied. This should be carefully examined

from time to time during growth, and, if not effectual in adolescence, a correct lens for near objects as well as distance should be aimed at, which may finally bring about a very satisfactory state of vision.

Needless to add, during all this ocular treatment the health and hygiene of the body should be scrupulously attended to.

INTERNATIONAL CONGRESS.

A few adverse remarks are made here on the manner of the reception at Madrid this year, although it is not unusual for the deputies and representatives of certain countries to be the only recipients of royal congratulations. The Royal Opera House was the building chosen for this select body to meet the King and Queen, a meeting which may have been socially but not scientifically representative. Among the first to arrive in Madrid for the Congress was Leyden from Berlin, Dubois from Paris, and Schrötter, of Vienna.

PARAFFIN IN PROTHESIS.

Gersuny has again placed his views on the paraffin treatment before the medical profession in a long article on the subject. He again advocated the mixing of olive oil and vaseline for winter temperature, but said that hard paraffin is best for summer time. The heating of these bodies is sufficient for sterilisation. The olive oil seems to become absorbed, leaving the paraffin as a firm support in the tissues. This art was first applied to the scars of small-pox and other cicatrices, subsequently to an endeavour to bring about symmetry in the face of the hemiatrophic and in abnormal pigmentation of the skin, till finally it has become a recognised prosthesis for fat or padding in any part of the body. In cases of pigmentation Gersuny gives some wondrous results he has obtained therefrom.

The Operating Theatres.

ROYAL FREE HOSPITAL.

GASTROSTOMY.—MR. W. EVANS operated on a man, æt. 58, who had been admitted suffering from dysphagia. The difficulty of swallowing had lasted about seven or eight weeks. At the time of admission the patient could only swallow liquids. A full-sized œsophageal bougie met an obstruction fourteen and a half inches from the teeth, but a No. 11 bougie passed into the stomach. The patient was much emaciated and had some cachexia. There was nothing in his family or personal history to account for the symptoms. Physical examination showed slight resistance in the left hypogastrium, also some indefinite dullness in the base of the right lung behind. As the emaciation was distinctly increasing, and the man was anxious to have something done, it was decided to explore. A four-inch incision was made in the middle line between the umbilicus and the xiphoid cartilage. On introducing the hand it was found that at the cardiac orifice there was obvious induration, and in addition, on palpation of the posterior wall of the stomach through the anterior wall, it was obvious that a large nodular mass some three inches in diameter was situated on the posterior gastric wall close to the cardia. There were also some enlarged glands in the small omentum. It was apparent that no attempt to remove the disease was possible, but it was thought that a gastrostomy might relieve some of the patient's sufferings by enabling him to take more food. So a modified Frank's operation was performed in the following manner: A finger-like process of stomach not far from the pylorus was drawn out of the abdominal incision and, by means of silk stitches, attached to part of the wound, the remainder of the incision being closed. By means

of a scalpel a tunnel about an inch long was made leading to an aperture to the left of the middle line, and through this the finger-like process was drawn, its tip coming to the surface at the aperture, where it was attached by some silk stitches. The stomach was not opened at the time. Mr. Evans said that this operation could not be looked upon as any more than a mere palliative, for the stomach itself was so much involved that gastric digestion must have been seriously interfered with. A further disadvantage of the operation, as performed, was, he pointed out, that the aperture would be very close to the pylorus; whereas it was usually rightly held that the gastric opening should be as near the cardia as possible, but the extent of the malignant growth and the consequent fixation of the stomach made it necessary to open the viscus as far to the right as possible. Doubtless it would have been noticed, he said, during the operation that there had been great difficulty in drawing even a small portion of the stomach out of the wound. He did not think that the operation would materially lengthen the patient's life, but it should certainly alleviate the hunger of which he complained so much. The operation of gastrostomy he did not consider a severe one, and therefore the mortality of the operation itself should be very small, but it was often left so late that it was perhaps in many cases hardly advisable to perform it. The stomach would be opened in two or three days, a rubber tube introduced, and the patient fed through it. The chief inconvenience which the patient might suffer would be the escape of gastric juice through the opening. The risk of this would, he remarked, be in part obviated by the employment of Frank's method, as it gave an oblique channel which could be easily compressed by a pad. Should any fluid escape, he considered the use of dusting powders containing carbonates, such as magnesium carbonate and bismuth carbonate in equal parts, the best method of neutralising the digestive action on the skin of any gastric juice that might escape.

NORTH-WEST LONDON HOSPITAL.

OPERATION FOR DISEASE OF THE THIGH OF ELEVEN YEARS' STANDING, FOLLOWED BY LARDACEOUS DISEASE DUE TO DISEASE OF BURSA UNDER CAPSULE OF KNEE-JOINT.—MR. MAYO COLLIER operated on a young man, æt. 24, the subject of severe disease of the left thigh that had existed off and on for the last eleven years. The urine contained quite one-third albumen and this state of things had existed now for the last three years. The present trouble in the thigh dated from some eleven years ago, following an illness of a feverish nature, probably one of the exanthemata. Pain and swelling first appeared on the lower and outer part of the thigh. An abscess formed and was opened and drained. This subsequently closed, to be followed in the course of a few months by another collection on the outer and upper part of the thigh. Surgical aid was again obtained and the abscess opened and drained. A respite followed, lasting some eighteen months to two years, to be followed by the present trouble about the knee-joint. With rest, splint and treatment this subsided. Three years ago the patient was an inmate of a Metropolitan hospital and was there again treated for the trouble in the thigh and the pain and swelling about the knee-joint. An abscess then pointed on the inner side of the knee-joint just above the inner hamstring tendon. This was evacuated, but the sinus remained open and has discharged ever since. The condition on admission to the North-West London Hospital pointed to a central sequestrum in the femur with openings above and below. The femur was generally thickened and there existed three discharging sinuses on the outside of the

thigh and one on the inside near the knee-joint. This opinion was shared by Mr. Jackson Clarke, who kindly assisted at the operation. Mr. Collier made a long incision on the outside of the femur extending throughout the entire length of the shaft in a line with the discharging sinus. He was surprised to find that the bone looked comparatively healthy and showed very little thickening of periosteum. No opening into the bone could be found, and the sinus apparently drained some collection outside the periosteum. At the lower end of the incision the probe passed behind the capsule of the knee-joint and came upon bare bone and some small collection of glutinous pus. The sinuses on the inside of the thigh apparently led to the same spot. An incision was now made transversely above the knee-joint dividing the extent of the quadriceps down to the bone. The capsule was dissected up from the bone, when a cavity, evidently the bursa between the joint and the bone, was opened and found much thickened and full of glutinous pus. This, then, was evidently the *fons et origo mali*. The lining of the cavity was dissected out and the parts adjusted. Mr. Collier said that in the whole of his experience he had not met with a more puzzling case. The length of time the sinuses had existed, their number and position, associated with the apparent thickening of the femur, all pointed to a central sequestrum in this bone. This, associated with the condition of the kidneys, made it imperative to find out at any cost the cause of the long-drawn suppuration. The extent of the incision requisite, he considered was justified by the result, and although the patient was subjected to a severe and prolonged operation, Mr. Collier thought his chances of recovery, now the source of the mischief had been ascertained, were good.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MAY 13, 1903.

THE PRESENT STATE OF OBSTETRICAL TEACHING IN LONDON.

A CORRESPONDENT whose letter will be found elsewhere calls attention to a condition of things on which we have animadverted already on more than one occasion, *viz.*, the absence of any provision for the adequate instruction of the medica

students of the Metropolis in practical midwifery. It is odd, to say the least, that an institution of the importance of the London School of Medicine for Women should be unable to provide its students with the opportunity of acquiring an insight into the practical aspects of the lying-in room, and should be obliged to send them to Dublin, at great additional expense, in order that they may avail themselves of that unrivalled school of practical obstetrics, the Rotunda Hospital. Nominally, midwifery stands on an equal footing with medicine and surgery in medical education, but in reality, so far as the needs of the general practitioner are concerned, it is more important than surgery. For one fractured bone which he has to set he will have to deliver fifty women, and his success as a practitioner greatly depends on the skill with which he acquits himself of this branch of practice. It may be questioned, however, whether the School of Medicine for Women is any worse off in this respect than the other Metropolitan schools. At the latter the student is expected to acquire the necessary familiarity with practical midwifery in the homes of the poor, whither he is dispatched to pick up such smattering as he may for the most part unaided and alone. It is only when anything goes wrong that skilled assistance is forthcoming, and that the student has an opportunity of learning what has to be done. Fortunately, Nature is usually equal to the occasion, and effects delivery without any harm accruing to the parturient, provided only that her designs are not too much interfered with by the prying student. Even so, the morality of authorising this unqualified attendance on lying-in women is open to question, and it is in striking opposition to the principles enunciated by the General Medical Council for the guidance of practitioners generally. The resident obstetric assistant might conceivably be charged with "covering" the students whose conduct he is supposed to supervise, and whose shortcomings he is expected to remedy. Either arrangements must be made to throw open the wards of lying-in institutions for the instruction of the student or we must revert to the discarded system of having a maternity ward in all hospitals associated with a medical school. The latter plan would in many respects be preferable, and the reasons which led to the closure of the maternity wards in præ-antiseptic days no longer hold good. It can no longer be said, as a celebrated French obstetrician once observed, that it were safer for a woman to be delivered in the street than in the wards of a maternity hospital. Indeed, it is very much the other way, for while the mortality in hospital practice has fallen to between one and two per thousand, that in private practice remains substantially what it was before the epoch-marking change resulting from the introduction of antiseptic methods into the lying-in room.

TYPHOID INOCULATION.

THE proposal of the military authorities to discontinue the practice of typhoid inoculation

is a decidedly reactionary step. The conclusion arrived at by the lay authorities is that typhoid inoculation during the South African War did not answer expectations. What expectations the authorities may have formed of the value of the practice we know not, but we do know that the inoculation met with the warm approval of the medical officers in charge of troops during the campaign. Since Louis and Jenner differentiated typhoid fever, it has been recognised that one attack of the disease protects the individual; there are, of course, exceptional cases—the curiosities of medical literature. To produce a modified attack of the disease and so confer immunity became the desire of physicians in charge of large bodies of men. The reasoning of Jenner in favour of vaccination was applied to the use of typhoid inoculation, and it was tentatively and successfully tried by Professor Wright. The toxin was prepared from cultures of the typhoid, or Eberth's, bacillus, which are heated to a temperature sufficient to kill the bacilli. The toxin is then drawn off into capillary tubes, which are hermetically sealed. The absence of living bacilli ensures that the toxicity of the fluid will not exceed the required amount. With toxin so prepared Professor Wright made his first experiments in England on eighteen persons, of whom sixteen were medical officers. In the following year he inoculated the eighty-four members of the Kent County Asylum, and during the outbreak of typhoid fever in the institution not one of them contracted the disease, while of the uninoculated, living under similar conditions, sixteen contracted the fever. The year following, 1899, 3,000 men of the Indian Army were inoculated. It will be noticed that in all these cases the care of the inoculated during the progress of the modified fever and during the period of convalescence was such as a physician would consider necessary for those affected; and further, the individuals inoculated were in the prime of life. But the conditions were not so favourable in the case of the inoculated during the South African War. The majority of the soldiers sent out to make up the strength of the battalions at the front were boys in their teens—boys at the most susceptible age for contracting typhoid. On being landed they were hurried to the front, and were immediately taxed to the utmost of their strength, either by long marches or by trench digging. This severe strain on them vitiated all their tissues, solid and liquid, their power of resistance to disease became lessened exactly in proportion to the percentage of vitiated matter in their blood—the product of chemo-biological change—and they succumbed to disease. But with all we think Professor Wright's inoculation fluid never came out better than in the South African War, for of all the troops affected with typhoid the death-rate of the inoculated was by much the least. All the conditions were unfavourable; the troops were young; they were relieving spirited comrades; they had hard work and little rest; and in the beginning of the campaign were devoid of the

care which typhoid cases require. If the preventive treatment is to have a fair trial it should be put into force during peace times, when proper arrangements could be made for the treatment of the inoculated. To wait until the outbreak of war to put the treatment in force is to court disaster.

AN ANTIVIVISECTIONIST CARNIVAL.

By some inalienable natural law scientific truth of all kinds seems destined to be assailed from time to time by tempestuous attacks that would sweep any less firmly established fortress into the sea. Galileo was denounced and condemned to death by the Churchmen because he maintained the earth was round. The discoverer of the circulation of the blood was the butt of all men, priests, "scientists," and laymen alike, until the latter period of his life, when the truth of Harvey's doctrine became generally acknowledged. To take another of many examples that might be cited, the announcement of Darwin's great generalisation of the evolution of mankind raised a storm of execration amongst the religious sects that has hardly yet subsided. The essential feature of popular attacks of this kind upon scientific doctrine and practice is the bitter denunciation of some unassailable truth. In all cases the upshot of the matter is the same. The truth survives when the little generation of calumniators has faded away into oblivion. The whole process appears to arise from some deeply-rooted instinct which rouses a man to extremest fury with things that are beyond his comprehension. It was with a deep knowledge of human nature that the Irish wit lashed the applemoan to the verge of madness by calling her an isosceles triangle and a parallelopiped, and other strange mathematical names. The applemoans of public life to-day are to be found chiefly in the antivaccinationists and the antivivisectionists, two bodies of amiable but misguided persons who seem resolved to run their heads into the brick walls respectively of vaccination and of experimental observation. The antivivisectionists, under the leadership of the Hon. Stephen Coleridge, have recently held a heated and mendacious carnival at the St. James's Hall in London. It was in the same building that a few years ago the Duke of Portland gave a famous antivivisectionist address, in which he earned undying laurels as a great British humorist by asserting that carted deer and other animals of the chase actually enjoyed the sport they were affording to the pursuing hounds and hunters. By some curious freak of fortune another great sporting peer, Lord Llangattock, presided at the annual meeting of the National Antivivisection Society. Lord Llangattock, we understand, in private life is a most amiable and kind-hearted individual, but that does not prevent his holding *battues* where pheasants and other game are shot in enormous numbers under circumstances that deprive the victims of that reasonable chance of escape which is the boast of the old-fashioned sportsman. Yet

Lord Llangattock sees no inconsistency in presiding at a meeting which is distinguished by virulent attacks on a profession for experiments that have for their end and goal the relief of human suffering and the saving of human life. His conscience is not pricked at the slaughter and wounding of wild creatures for the amusement, sheer and simple, of his guests, but is shocked at the idea of guinea-pigs and white mice being vivisected in order to save his fellow-men (and, incidentally, also his guests) from untold sickness, suffering and death. Lord Llangattock is a large land-holder in the south of London, where he owns a great deal of small house property. It would be interesting to learn to what extent the principle of under-estimating the claims of human in relation to sentimental life has influenced his attitude as a Metropolitan house-owner. For all we know he may be a model landlord, as he is certainly a kind and amiable man in private life. Our point is that he applies to vivisection a distorted view that would do endless wrong if carried into the rest of his relations to mankind. He claims the right to sacrifice the lives of hecatombs of lower animals for purposes of sport, of personal clothing and decoration and of food, whereas he denies an equal right to experimenters whose aim is of an infinitely higher and purer nature. As to the fierce attack made on medical science by the Hon. Stephen Coleridge, we have little to say. Like a host of utterances from the same quarter, the essence of his diatribe is abuse rather than reason. On previous occasions we have so often pointed out the faultiness of his intellectual methods that there is no need to say more than that his latest essay at St. James's Hall was riddled with fallacies. He assumes, for instance, that every dog who howls by night in the Slade school must be suffering pain. Has the honourable gentleman never been disturbed at night by the cries of a dog or a puppy in spheres far removed from the haunts of vivisection? At the very outset of his attack he commits a logical error that vitiates the whole of his position by stigmatising vivisection as the torture of animals. Any man of prominence who addresses the public on any matter should make sure of his elementary methods of reasoning as a first duty. By applying the term "torture" to vivisection the Hon. Stephen Coleridge begs the question and gives away the whole position. We venture to say there does not exist a vivisector in the length and breadth of the United Kingdom who wishes to "torture" any living creature. If this energetic gentleman really wants to find a field for the prevention of torture to the highest animal, man, he need only turn to the Belgian Protectorate in Central Africa, where indescribable atrocities are daily practised upon the unfortunate natives in order to swell the merchants' revenue of rubber and ivory. Fiendish tortures are being inflicted at this present moment in the Balkan provinces under Turkish rule. But mere human suffering, even to the length of lingering death, apparently weighs not one grain in the anti-

vivisector's scale against an experiment conducted upon a dog or a guinea-pig in the interests of scientific research. We do not recall the name of any prominent antivivisector who has stood forward as the champion of tortured and vivisectioned races of his fellow-men. It would be wiser for the well-intentioned but weak sentimentalists who form the National Antivivisectionist League to turn their energies in other directions and to take the beam out of their own eyes before attempting to remove the mote from those of a humane and honourable profession. The proposed Bill to prevent the slaughter of trapped wild animals may be recommended to their notice as a promising outlet for their emotional energies.

Notes on Current Topics.

The Royal Orthopædic Hospital.

THE history of this unhappy hospital promises to be of general value as an object-lesson in the mismanagement of medical charities. The governors of the hospital and the executive committee, under the chairmanship of a gentleman well known in financial circles, and supported by a banker and other more or less prominent City magnates on the committee, sold the freehold site of the hospital for £40,000. They have since taken a less desirable leasehold where their £40,000 will soon be swallowed up in bricks and mortar. The committee will then be saddled with a heavy rent and with the support of a number of resident patients. At this juncture they have taken the extreme and most unusual step of dismissing the senior surgeon, Mr. H. A. Reeves, presumably because of the persistent and, in our opinion, wise opposition he has offered to the sale of the freehold site. This kind of punishment seems unworthy of the best traditions of British public life, in which difference of opinion on a matter of policy is not permitted to breed hostility in other official relationships. The legality of the dismissal, we understand, is to be tested if necessary in a court of law, at any rate it has been taken up by one of our medical protection societies. Apart from possible legal complications, the hospital appears to be plunged into a further morass of difficulties with regard to the proposed amalgamation with the two other large London orthopædic hospitals. Their committee have sunk money in foundations on a site that could not possibly provide enough accommodation for an amalgamation hospital. The proposal of amalgamation of special hospitals has been mooted for years past, and any reasonably prudent executive would surely have counted the cost of such an eventual joining of forces before parting with their valuable freehold. The officers of the Royal Orthopædic appear to have drifted into hopeless muddle in the hands of gentlemen from whose financial reputation better results might have been anticipated. It is not a little unsatisfactory that no sufficient public explanation has, so far as we know, been given of the reasons that led to the sale of the freehold pre-

mises. Two of the medical journals condemned the sale unreservedly, and one of them reported that the freehold premises were suitable to the purposes of a special hospital.

Spitting in Public Vehicles.

FOR years past notices have been placed in omnibuses and other public vehicles forbidding the filthy and dangerous habit of spitting. The London County Council, true to their progressive instincts, have gone a step further, and forbidden this disgusting practice, under penalty, in the tramcars under their control. It is a serious question whether this bye-law should not be extended to all public vehicles throughout the United Kingdom. There seems to be no appeal of the slightest weight to the callous brute who spits on the floor of an omnibus other than the threat of a police court prosecution. An interesting inquiry lately made by the *Morning Advertiser* reveals the fact that the chief Metropolitan omnibus companies favour the adoption of the County Council bye-law to prohibit spitting. The general public would certainly welcome a step that would add materially to their safety and comfort. Indeed, the only section of the community likely to oppose so salutary a law would be those who spit in public vehicles, a class of persons happily inconsiderable from a numerical point of view. With the fear of a prosecution before them there is little doubt that their numbers would be speedily reduced to a vanishing point. Education upon the whole subject is needed. It is announced that the London School Board have determined on giving courses of sanitary and hygienic lectures in their schools. A most useful practical lecture could be delivered upon the evils of spitting. The way to get at the root of the matter is clearly by education of the popular mind and conscience. In the case of those who practise this and certain other habits harmful to their neighbours the saying is oftentimes true that "evil is wrought by want of thought," as well as want of heart.

Underground Bakehouses.

MANCHESTER has always fought strenuously in the modern crusade against the unwholesome underground bakehouses. A special report on the subject has recently been presented to the City Council by their Sanitary Committee. It appears that the Corporation first directed their attention to the sanitary conditions of underground or "cellar" bakehouses in the year 1894. Since that time the energetic Medical Officer of Health, Dr. Niven, has had structural alterations carried out in 110 such places, while no less than 130 have been closed. That record is one to be proud of, but the Sanitary Committee and their medical Gama-liel evidently do not intend to rest on their laurels. It appears that the committee regarded the improvements mentioned as merely of a temporary nature, intended to act as a kind of halfway house on the road to total abolition. The Factory and Workshops Act of 1901, in Section 101, contains such

provisions that by granting a certificate of suitability to any cellar bakehouse a sanitary authority thereby abandons the right of closing the bakehouse so long as the conditions at the time of licensing are properly maintained. The Medical Officer of Health therefore desires to substitute a more stringent code of regulations than those hitherto enforced, and for that purpose has adopted the model laws drawn up by the Incorporated Society of Medical Officers of Health. The Manchester Town Clerk is of opinion that any certificate given by the Sanitary Committee will be of permanent value, so far as structural alterations are concerned. It is to be hoped, therefore, that Dr. Niven will convince the City Council of the desirability of adopting forthwith a high standard of sanitary requirements in the case of this most objectionable form of workshop.

Is Syphilis or Mercury the Cause of Tabes?

IN view of the fact that locomotor ataxy is almost invariably the sequel of previous syphilitic infection, and that practically very few cases of syphilis escape treatment by mercury, it might confidently have been anticipated that the possibility of the disease being the result of the mercurial treatment would sooner or later be made. That such should be the case is improbable on the face of it. To begin with, tabes attacks only a small fraction of the subjects of syphilis, and, moreover, the drug is now seldom if ever given in what could be fairly described as toxic doses. Dr. Paul Cohn, of Berlin, has taken the trouble to investigate the subject, and he found that among the patients who gave a distinct history of syphilitic infection none had undergone a prolonged systematic course of mercury, while of eighty-six male tabetics sixty-three had never undergone any mercurial treatment at all, showing incidentally that French and English statistics are very different from the German returns. The evidence as a whole afforded no support to the suggestion that mercury had any bearing as an etiological factor in the production of tabes, especially as there is reason to believe that other infective agents are capable of provoking the characteristic degeneration of the spinal cord.

Religion and Science.

It is probable that the medical profession will understand very fully the importance of the simple and clear opinion expressed by Lord Kelvin on the relations that exist in the minds of sensible men between religion and science, that is to say, between what is true religion and true science. In those controversies which were carried on in the latter half of last century, the leaders on one side were closely connected with the profession of medicine; for the views of Darwin and Huxley were founded on a branch of science which belongs to the study of medicine. It is important that the professions of the Church and of medicine should not be in any way antagonistic or discordant, for the duties they undertake are of equal importance in the affairs of every people. If the clergy as a body look with suspicion on science, and shrink from it as though it were right to avoid it, the two great professions must be in opposition,

and the sufferers are the people. What Lord Kelvin has tried to impress upon the public is that science is of the greatest value in the support of religion; and he might have gone further and claimed for science that it is the great enemy of superstition—the bane of true religion. It is well that in the education of those who look forward to the Church as a profession the study of science should play an active part, and that they should be taught to understand the spirit in which such men as Lord Kelvin pursue the work they are engaged in. Science in its true sense is truth and nothing but truth; and if religion endeavours to enforce what is untrue it is certain to be opposed. It is well that the two great professions should not allow Lord Kelvin's views to pass without regard, and that this century should contrast well with the past one in the relations between religion and science.

The Gonococcus in General Practice.

THE relation of bacteriology to general medical practice is obviously based on solid and rapidly progressive lines. It is true that in not a few maladies the knowledge of the presence of a particular micro-organism does not afford the practitioner any direct help by way of therapeutic indication. At the same time, it is likely that before long his resources in that direction will be greatly multiplied by the discovery of additional curative serums. On the other hand, he has gained from the bacteriologist solid advantages in the diagnosis and treatment of various conditions, such as diphtheria, enteric fever, plague, and other pathogenic bacterial invasions. In no case, however, has the diagnostic value of bacteriology to the general practitioner been more clearly demonstrated than in that of the gonococcus. Fortunately, this particular organism, as a rule, does not demand cultural methods for its identification. All that is required is a cover-glass preparation, which the busiest medical practitioner can find time to prepare and send off to a laboratory. The medico-legal importance of settling the specific or non-specific nature of a genital discharge is often crucial, and the reputation of the medical attendant may be either made or marred in the witness-box in accordance with his ability to speak with an absolute basis of fact as to the presence or absence of the gonococcus in any given case. This is apart from a large class of ailments in which accurate knowledge is desirable for purposes of diagnosis, prognosis and treatment. All purulent eye discharges, for example, demand bacteriological investigation without an instant's loss of time. Then there are numerous cases of gonorrhoeal arthritis, the cause of which not unfrequently escapes recognition. The conditions of general medical practice forbid the luxury of a bacteriological laboratory, but fortunately there are a number of first-rate private institutions available.

THE Spring Session of the General Medical Council will open on Thursday, 21st inst., at two o'clock p.m., the President, Sir William Turner, being in the chair.

Automatic Couplers on British Railways.

EVERY hospital resident has probably had ample evidence of witnessing for himself the serious injury wrought by the irrational method of coupling on our British railways. In many large hospitals "buffer accidents" are among the common records, and the maiming of body and actual loss of life wrought by the perpetuation of antiquated methods in connection with railway management is simply appalling. We are glad to see that this matter has recently been considered by the Society of Arts. An opinion is rapidly forming that will speedily demand the adoption of automatic couplings. The experience of the United States railways shows that such are effectual and satisfactory, and the change has been made without difficulty. It would also seem that by the employment of automatic couplings both acceleration of traffic and reduction in expense is attained. While our railway officials offer opposition and the Board of Trade remains apathetic, much valuable life continues to be sacrificed. In the interests of our common humanity the matter should be faced without delay.

The Ready-made Cigarette.

THE ready-made cigarette is a pernicious device which has done more than anything else to generalise excessive indulgence in tobacco, especially among the young. An experienced physician relates that when he is of opinion that a patient is smoking too many cigarettes—and their number is legion—instead of making the attempt, predestined to failure, to dissuade him from this form of indulgence, he contents himself with the apparently anodyne advice to smoke only cigarettes made by the patient himself, reinforcing the advice by specious technical reasons for the preference. As a rule, the patient gladly assents to the suggestion, though later he is apt to become restive when he finds that instead of smoking twenty cigarettes a day he now only consumes say half a dozen. If the manufacture and sale of ready-made cigarettes could be prevented all mischief from this source would be at an end. It takes time, skill, and patience to roll a cigarette fit to smoke, and the vast majority of smokers do not unite the necessary attributes.

Nævoid Tumours of Muscles.

NÆVOID tumours are of exceedingly erratic distribution, and they are apt to occur in the most unexpected situations. They are sometimes so extensive and involve such important structures that their removal may entail operations of extraordinary magnitude. Moreover, among the deeper structures, they not only involve more or less extensive areas of muscle, but may extend to bursæ and synovial membrane. These tumours often severely tax the diagnostic powers of the surgeon under whose observation they come. Sometimes they are pulsatile, sometimes not, and even when present the pulsation is characterised by a certain variability which distinguishes them from true aneurysms. One noteworthy feature, of course, is that they can be emptied by pressure. They tend to grow, but

irregularly, and sometimes spontaneous cure takes place by one or other form of retrograde metamorphosis. As a rule, they call for surgical treatment, and the success which has attended their excision in competent hands justifies its being advised whenever practicable.

An Interesting Medico-Legal Case.

A CASE of considerable importance to medical men and the general public in America is in process of being tried in the American Superior Courts. In October last, Dr. Howard Kelly, the well-known gynæcologist, was travelling on the Federal Express, a through train which leaves Boston for Baltimore at 7 p.m. Some little time after the train started a telegram was delivered to the Western Union Telegraph Company, and was followed by another some hours after. Both telegrams directed Dr. Kelly to take the morning train the next day for Cambridge, Md., for an important operation. Neither telegram was delivered, as Dr. Kelly states, through the gross carelessness of the telegraph company. He was accordingly prevented from performing the operation, and in compensation he now claims two thousand dollars. We fully sympathise with Dr. Kelly in this matter, but we fear that he will find it difficult to obtain his compensation. The first telegram was directed to New Haven, Conn., and the second to Trenton, New Jersey, while the intended recipient was on a through train from Boston to Baltimore. It would, in consequence, have required the exercise of unusual intelligence on the part of the company to have delivered the telegram successfully. We do not know what may be the law in America, but in this country it certainly does not necessitate intelligence on the part of a railway or telegraph company. They are required to be purely mechanical, and the last thing that is expected or demanded of them is the exercise of thinking power.

Nemesis!

PUBLIC Health officials, and others interested in the prevention of disease, have recently been furnished with a most valuable object-lesson for the instruction of others. The secretary of the Antivaccination League of Milwaukee steadily refused to be vaccinated during an epidemic of small-pox in that city, and, in consequence, was attacked by the disease in a most malignant form and succumbed. We wonder what view will be taken of his death and of the position he adopted by those who sympathise with that position? He cannot be regarded as a martyr, because martyrdom means the voluntary submission to a fate from which he might have escaped, while Mr. Stevens would not in life have admitted that he ran any risk he might have avoided, nor can his friends now admit it for him, as to do so would show at once the fallacy on which their position is based. The deceased had frequently denounced vaccination as a barbarous practice, entirely without efficacy in either preventing or staying the progress of small-pox. We deeply regret the unfortunate fate that has overtaken him, but

perhaps in one way he is not so much to be pitied as are those of his way of thinking who escape. He has at least by his death afforded an objection which may save the lives of thousands, and in this way he may be regarded as having atoned to a great extent for the errors he propagated. Those who helped him in his unfortunate craze, on the other hand, will probably escape his fate and lose the only opportunity of atonement, for, thanks to the present position of vaccination, small-pox is not now a common disease.

The Condition of Galway Infirmary.

At the last monthly meeting of the County Galway Hospital Board of Management, a lengthened discussion took place on the present condition of the surgical ward of the hospital. Professor Colohan said that for some time past the medical staff had had to turn away all surgical cases because that part of the house was nothing short of a scandal. They absolutely refused to touch a single person with a knife while the surgery was in its present condition. Mr. J. C. McDonnell, the presiding chairman, said that it was not the fault of the Board, but of that august body, the Irish Local Government Board, who, after they had locally passed plans, came down upon them and said that everything they had done was illegal. Considering that in Galway there is a medical school, the lessening of the facilities for obtaining material for instruction is a very serious matter. It seems incredible that the Irish Local Government Board would throw any obstacle in the way of the suitable equipment of the infirmary, and we think it is more probable that, recognising the necessity of a good clinical hospital in the city, the Board have refused to pass plans that were unsuitable.

The Housing of the Poor.

A DEPUTATION from the Trades Council waited on the Dublin Corporation on Monday the 4th instant, to draw attention to the Housing of the Working Classes Act of 1890. This Act empowers the local authorities to "contract for, purchase, or loan" tenement houses, and to "alter, enlarge, repair, improve, fit up, furnish, and supply the same with all requisites and conveniences" for the better housing of the working classes. We think this action of the artisans is a hopeful sign that the workers are beginning to see how necessary for the health of themselves, their wives, and families are hygienic dwellings, and have grown dissatisfied with the dirty rookeries that the slum owners of Dublin provide for the room-keepers. Under the provisions of the 1890 Act the tenement houses could be made, with comparatively little expense, very suitable dwellings for the better class artisans, and this without any increase in the taxation of the already over-burdened ratepayer. Every tenement house-owner can be compelled to provide water and suitable closet accommodation for each room-keeper, and to enforce cleanliness. The decision as to what is suitable closet accommodation and a proper water supply rests with the sanitary authorities of the city.

Repetition of Prescriptions.

THERE is little need to draw attention to the fact that the indiscriminate repetition of a prescription by a patient may be to him a source of great danger. We make use, with benefit, of a number of drugs, whose continued administration may be very injurious. In many conditions of the heart digitalis is of the greatest service, but it must be used with due caution, and with the patient under observation. Again, after a period of good health, a patient thinks he is ailing in the same way as before, and has his old prescription renewed. Worse than this is the not unusual custom of passing the prescription on to a friend, who is supposed to suffer from the same ailment. A prescription containing opium, for instance, when thus lost sight of, may form the basis of a serious drug-habit, not only in the original patient, but throughout a wide circle of acquaintances. Various remedies have been suggested to prevent such evils, though up to the present with but little result. In the State of New York it is against the law for a pharmacist to renew more than twice any prescription containing more than a certain dose of opium or any of its derivatives. Could not such a regulation be made general, or an arrangement be made that no prescription dated more than, say, two months back should be dispensed? Without the co-operation of both pharmacists and the public, the medical profession can not hope for so great a reform, but such co-operation should not be impossible.

Surgical Intervention in Acute Nephritis.

THE suggestion to relieve the strangulation of the kidney in acute nephritis by stripping off the capsule is characteristic of the surgical audacity of the present day. The procedure has been adopted with a certain measure of success in a number of published cases, and the discussion now bears on the conditions under which it is desirable to have recourse thereto, rather than upon the abstract admissibility of the operation. It is admitted even by its sponsors that the operation has not yet attained the status of the treatment of election, in other words that the precise indications have yet to be elucidated. Cases in which there is menacing uræmia with pronounced diapedesis, and the presence in the urine of numerous leucocytes, are asserted to experience immediate and marked relief from decortication of the kidney, the tendency to œdema subsiding forthwith. The adhesions which the organ contracts with the neighbouring structures provides a complementary circulation which relieves the renal congestion and enables the intensely congested organ to resume its function. Decortication is said to yield more favourable results in young subjects suffering from oliguria, anuria, hæmaturia, and the uræmic syndromata. Its effects are much less marked in nephritis of long standing associated with sclerosis. In short, the indication for decortication lies in the presence in the urine of leucocytes in increasing numbers, the comparative functional activity of the individual kidney being ascertained beforehand by cryoscopy.

Salicylate of Soda in the Treatment of Graves' Disease.

THE treatment of exophthalmic goitre is still so uncertain and, in a certain proportion of cases, so unsatisfactory that any suggestion which holds out a promise of obtaining greater command over the morbid manifestations associated with this disease is welcome. As long ago as 1895 the value of salicylate of sodium, in doses of not less than a drachm in the twenty-four hours, was pointed out by Dr. Chibret, of Clermont-Ferrand, and quite recently the drug has been rediscovered by Dr. C. G. Chaddock, of St. Louis, U.S.A., who has placed on record a series of observations in which recovery followed this method of treatment. In discussing the value of any method of treating Graves' disease we are confronted by the difficulty that the disease is one which is very erratic in its course, often subsiding spontaneously for a period, under the influence of mere rest and freedom from worry. Moreover, in many of the recorded cases other therapeutical measures were adopted at the same time, more particularly the use of electricity, which is generally recognised to exert a very potent influence in these cases. It is perhaps idle to hope for a really scientific plan of combating this grave affection in the absence of a better knowledge of its etiology and pathology. It is indeed a matter for surprise in the light of our present knowledge that the mechanism of its production should still be enveloped in so much mystery, an obscurity which is reflected in the variety of the methods of treatment still employed.

The Extinction of the Anglo-Saxon.

BOTH in this country and America much attention is being devoted to the all-important question of decrease in size of family, especially among the educated classes. That a diminution has actually occurred within the last hundred years cannot be denied. The true cause for such is, however, by no means clear. Professor E. L. Thorndike, of Columbia University, contributes a thoughtful paper on this matter to the current number of the *American Popular Science Monthly*. He attributes the growing tendency of decrease in the size of Anglo-Saxon families to many causes, good, bad, and indifferent. These being:—Prudential motives, higher ideals of education for children, more interest in the health of women, the interests of women in affairs outside the home, the increased knowledge of certain fields of physiology and medicine, a decline in the religious sense of the impiety of interference with things in general, the longing for travel, freedom from household cares, and such-like influences during recent years. But, important as such may no doubt be, there is good reason to believe that a real physiological infertility is becoming apparent among the cultured members of the Anglo-Saxon race. A full discussion of this matter would lead us too far, and, indeed, a search for the true explanation of the facts which are accumulating from many sources would speedily conduct us to the still unravelled perplexities of the fundamental problem of evolution. But the subject

is one of peculiar interest and vital importance, and medical men are in a position to throw direct light on what must ever be a particularly difficult problem to deal with according to the rigid requirements of accurate scientific research.

The "Sleeping Sickness" of Uganda.

Every loyal Britisher must feel an interest in the evolution of Uganda, and should recognise the responsibility we have accepted in regard to the natives of that still undeveloped but rich land. It is manifest to every thoughtful mind that in the upbuilding of this new country the native races must play an important if not the chief part. But the country is being laid waste, progress is arrested, the unfolding of enterprise is stayed, for a mysterious malady is devastating the land. Dr. C. Christy, one of the members of the Commission recently sent out by the Foreign Office and the Royal Society, who has just returned from Africa, tells us the disease is raging in South Kavirondo and spreading along the shores of the Victoria Nyanza. Although its chief clinical characters are now clearly defined, its pathology yet remains obscure. It seems clear that it is not to be considered as a form of filariasis, but whether Castellani's bacillus prove the true etiological agent or not, it is imperative that no effort be spared to elucidate the causal factors of the disease and demonstrate the manner of its dissemination. It is a point of some interest to note that sleeping sickness in Uganda shows but little tendency to extend beyond the neighbourhood of Victoria Nyanza, and its infectivity is apparently not great, and according to reliable observers it is not readily conveyed from one person to another. But regarding its true pathology we yet remain almost entirely in the dark. Meanwhile certain villages are being almost wiped out by this scourge. We trust the home authorities will spare no effort in finding means and securing men for the solution of this very serious problem which most seriously imperils our position in one of the most favoured regions of Africa.

THE authorities at Livingstone College held an interesting exhibition of travel outfits and material suitable for residents in foreign countries on Wednesday, May 6th, at the Examination Hall of the Royal Colleges, Victoria Embankment. Demonstrations were given by Drs. Harford and Basil Price, and Dr. Sambon delivered a lecture on "The Chief Disease Scourges of the Tropics in their Relation to the Development of Greater Britain."

MESSRS. THOS. WORTHINGTON AND SON have gained the first premium for the most suitable drawings for the proposed new Manchester and Salford Hospital for Skin Diseases. Sixteen sets of drawings were sent in by architects within a radius of thirty miles of Manchester.

THE Annual General Meeting of the Medical Defence Union will be held on Thursday, May 21st, at 5 p.m., at the offices, 4, Trafalgar Square, W.C.

The Manchester Coronership.

COTTONOPOLIS seems loath to lose its unenviable reputation for muddlesomeness in matters municipal. The customary hitch has occurred in connection with the filling up of the vacant coronership. Dr. O'Doherty, we understand, was unanimously recommended for the post by the Committee, whose duty it was to deal with the appointment, but apparently underhand influences have been at work, and now the City Council refuse to confirm the matter, and have referred the consideration back to the Committee. Dr. O'Doherty has not only resigned his position as Councillor, but has had to endure the premature congratulations of friends from all parts of the country. The "Manchester Man" is apt to be disregarding of decency and order when dealing with such "matters" as coroners and doctors.

THE Victoria University, in connection with its forthcoming degree ceremony, proposes to confer honorary degrees on certain distinguished chemists in celebration of the Centenary of Dalton's Atomic Theory. The ceremony will take place in the Whitworth Hall of Owens College, on Wednesday, May 20th, at noon. Numbered tickets will be reserved for members of Convocation who propose to be present.

PERSONAL.

THE Finsbury Borough Council has agreed to increase the salary of Dr. George Newman, Medical Officer of Health, from £700 to £800 per annum.

DR. JOHNSON SYMINGTON, Professor of Anatomy in Queen's College, Belfast, has been recommended by the Council of the Royal Society for election to the Fellowship of that body.

MR. JAMES CANTLIE will take the chair at the dinner of the Aberdeen University Club (London), which is to take place at the Trocadero Restaurant on Wednesday, May 20th.

MR. JONATHAN HUTCHINSON will report the results of his recent tour in India for the investigation of leprosy at a special meeting to be held at the Poly-clinic on Friday next, May 15th, at 2.30 p.m.

AMONG the fifteen candidates selected by the Council of the Royal Society for election into the society we note the names of Dr. W. M. Bayliss, Dr. S. M. Cope-man, and Professor J. Symington.

ON the 24th ultimo the nursing staff of the Waterford County and City Infirmary presented Dr. Kelleher with a handsome gold watch as a mark of their appreciation and esteem. The presentation was made in the infirmary in the presence of the medical staff, Dr. Mackesy being in the chair.

DR. GIBB, chief medical officer for the middle district of the county of Berwick, has resigned his appointment, on the ground that no attention has been paid to his recommendations for the provision of accommodation for patients suffering from infectious diseases, for ambulances, and for the means of securing proper disinfection.

At the Fourteenth International Medical Congress

at Madrid, the following distinctions were conferred on British medical men:—Honorary presidents, Dr. F. W. Pavy, Mr. Jessop (ophthalmology), Mr. D'Arcy Power (surgery), Dr. David Ferrier (neurology), London; Sir H. Norbury (military medicine); Mr. J. F. Sutherland (mental diseases), Edinburgh; Dr. W. A. Mackay (surgery), Huelva; Dr. Ian Macdonald (pathology), Huelva.

Special Correspondence.

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

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

LUNACY REPORT FOR 1902.—The forty-fifth annual report has just been issued, and from this it appears that on January 1st, 1903, there were in Scotland 16,658 insane persons. The chief topics of interest in the report are the increase of lunacy, and the distribution of mental unsoundness in Scotland. As to the first of these, the number of lunatics has increased by 186 per cent. since 1858, the increase in the population during the same time being only 50 per cent. The increase in pauper lunatics in establishments during the past year has been 74 in excess of the average for the past decennium. That the proportion which the pauper lunatics bear to the general population has steadily increased is shown by the fact that these patients have increased by 3,000 since 1893, while the rise in the population is sufficient to account for an increase of only 923; the ratio now stands at 250 per 100,000 as against 204 for 1893. The number of pauper lunatics in private dwellings has slightly diminished, both relatively and absolutely; ten years ago the proportion was 62 per 100,000, now it is 58. The number of private patients has risen during the decennium from 42 to 47 per 100,000; it has remained at the last figure for the past six years. As to the distribution of lunacy, the counties in which it is most prevalent are the Highland and insular regions of Scotland; those in which it is least so are the central counties, whose population is mainly urban. The former send out a constant stream of population, and receive practically no accession of inhabitants from elsewhere. The latter receives a constant influx from all quarters. Between these extremes we have counties in which agriculture is highly developed, and which also contain industrial centres which deplete the rural parts. In these the statistics of lunacy are not affected by the movements of the population within the counties themselves. Comparing the counties in which lunacy is at its maximum (Argyll, Sutherland, Ross, Nairn, Caithness, Inverness, Orkney and Shetland), varying, as it does in these counties, between 842 and 675 per 100,000, with a group of the central counties (Lanark, Stirling, Renfrew, Linlithgow, and Dumbarton), in which it ranges from 291 to 368 per 100,000, we have the somewhat startling result that where alcoholic excess and mental strain and worry are least common, insanity is more prevalent than where drink, vice, and mental pressure are at their highest. The decided superiority which the figures alone give to the urban and industrial counties does not, however, bear the light of minuter inquiry. This difference between the two groups of counties is, the commissioners believe, to be explained by the movements of the population above referred to. The urban industrial counties have received a constant stream of marriageable wage-earners, and have retained a number not only equalling but in some cases exceeding the great surplus of births over deaths. The northern group have exported a number not only equal to the entire surplus of births, but actually some of what in 1871 was regarded as their permanent population. Had they not done so they would have had 120,000 more inhabitants than at present, with, however, substantially the same number

of imbeciles as now, and in addition an extra proportion of acquired insanity corresponding with their denser population. The apparent superiority of the industrial counties is accompanied also by a higher death-rate among the adult insane and a lower proportion of imbecility, which can be fully accounted for by the high death-rate in early childhood. These influences are sufficient to produce the above statistical results, and there is no field for the hypothesis that the prevalence of insanity in the Highlands is due to inter-marriage among degenerated populations which are the offspring of what is left after the healthy and active have emigrated.

BELFAST.

PROPOSED SANATORIUM FOR CONSUMPTIVES.—A deputation of the Board of Guardians met the Public Health Committee of the Corporation on Thursday, May 7th, to confer with them as to the steps to be taken to deal with the large number of cases of phthisis (about three hundred) in the Union Workhouse Infirmary. Dr. Robert Hall, in a clear and succinct statement, informed the committee of the position of affairs at the workhouse, and the difficulties the guardians laboured under for want of accommodation, some patients suffering from phthisis having to be put in wards set apart for other diseases. A number of patients whose cases were suitable for sanatorium treatment were being injuriously affected by being kept in the wards with advanced cases. Several guardians having spoken, the chairman of the Health Committee explained what steps the Corporation had already taken. He said they had urged on the Local Government Board the necessity for including phthisis in the list of notifiable diseases, but hitherto without result. The Town Clerk had advised them that, so far as he was aware, the Corporation had no power to establish a sanatorium for the treatment of consumptives. It seemed, however, from a circular letter of the Local Government Board, dated September, 1901, that the guardians had power to take all the measures necessary to enable them to deal with the cases of consumption in the workhouse. At the same time, they thought that joint action could not be other than of advantage to the city, and they therefore proposed to nominate some of their number to go fully into the question with the guardians.

Correspondence.

A COSTLY DEFECT IN MEDICAL EDUCATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As guardian to a young lady who has elected to qualify for the practice of medicine, the existence of what appears to me to be a *lapsus* in the system of medical education in the Metropolis has been forced on my attention.

It seems extraordinary that the School of Medicine for Women should find it necessary to send its students to Dublin at an approximate cost, inclusive of maintenance, of some £30, for the purpose of attending the regulation twenty cases of midwifery. Incidentally, they receive practical instruction in the art of midwifery at the Rotunda Hospital, which, from my own experience, I fear is not the case at any medical school in London.

This is the more extraordinary seeing that, although, for some inscrutable reason, maternity institutions do not receive anything like adequate support from the charitable public, there are at least three lying-in hospitals within easy reach of the School of Medicine for Women, at one or other of which, one would have thought, provision might have been made for the attendance of students at labours.

What passes for instruction in practical midwifery at the London schools of medicine is a delusion and a snare, and, so far as I can ascertain, matters have not improved an iota since my time. Is it not disgraceful that practitioners should be foisted on the public who, in this particular department at any rate, are

hopelessly ignorant of the practical part of their work, which has to be picked up as best it may after graduation.

It is high time that steps were taken to remedy the lamentable shortcomings in the instruction of medical students in this by no means unimportant department of practice. The high rate of mortality among parturient women in private practice, as compared with that in hospital, may possibly be accounted for in some measure by the lack of personal practical instruction. It really comes to this, that unless a remedy be found, the midwife of the future will know more of the subject than the average young practitioner.

I am, sir, yours truly,

A MEDICAL GUARDIAN.

THE DIAGNOSIS OF INHERITED SYPHILIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your annotation on this subject is interesting, although the diagnostic value of examining other members of the patient's family in order to find traces of the diathesis is, of course, a method which has long been adopted by all competent observers. At the same time, the Polyclinic has done well to draw renewed attention to the subject. For a careful discussion of the relative values of the different signs of inherited syphilis, the reader cannot do better than refer to the admirable little monograph on "Syphilis in Children" recently published by Dr. George Carpenter. That small book is especially valuable, since it embodies the result of the author's own clinical researches into the disease.

I am, Sir, yours truly,

London, W., May 9th, 1903.

BETA.

THE CAUSE OF LEPROSY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In view of the fact that Sergeant M—, of the U.S. Coast Artillery, who is now at Fort Screven, on Tybee Island, has leprosy, contracted while serving in the Philippines, may I ask whether Mr. Jonathan Hutchinson, of London, would say that it was the U.S. army ration that has produced his disease? Jonathan Hutchinson, who had just returned from India, claims, as you recently quoted, that it was fish alimentation which propagated leprosy in India and South Africa. How does his theory apply in this case?

I am, Sir, yours truly,

ALBERT S. ASHMEAD, M.D.

New York, April 25th, 1903.

UNSCRUPULOUS ADVERTISERS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a leading article of May 6th, you rightly stigmatised the bulk of the newspaper Press for their criminal disregard of the welfare of the people in knowingly, carelessly, or ignorantly admitting to their columns the advertisements of fraudulent quacks the nefarious nature of whose practices must be well known to them. Among high class papers not altogether free from the reproach you include the *Times*. I think you have done an unintentional injustice to your great contemporary. Advertisements of a questionable character are much less common in the *Times* than any other paper; whilst those of the viler type which you specify are practically never to be found there. The *Times* evidently sacrifices an income of many thousands a year by refusing large classes of advertisements, which find a welcome in every other paper. From before the days when the *Telegraph* fell in to the hands of its present proprietors, more than forty years ago, when it had a special high scale for baby farmers and venereal quacks, and made a large income out of them, the *Times* has always shown an example by keeping its pages unsullied by such announcements. It is to be regretted that the business managers of the *Times* should have recently begun an undignified system of puffing their own publications, but in every other respect the management of the *Times* sets an example.

to other newspaper proprietors which, if followed, would prove of enormous advantage to the simple public upon the plundering of whom the advertising quack lives and flourishes.

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

Cavendish Square, May 7th, 1903.

Laboratory Notes.

KARNOID.

THIS preparation (Karnoid, Ltd., Stonecutter Street, London, E.C.) appears to us to be a new departure of a very important character in that it is a successful attempt to present the valuable properties of flesh foods in powder form, and by the employment of a process in which heat is avoided, the soluble albumen, which is a most important constituent, is retained unaltered. In addition to this, the fibrin is also present, so that we have the *actual substance of the meat itself* in a palatable form that can be administered in a variety of ways.

On analysis, we found that the beef Karnoid yields as much as 52 per cent. of nitrogenous matter, and 7.5 per cent. of mineral matter (which consisted principally of the phosphates of calcium and potassium). The comparatively low figure expressing the mineral constituents is worthy of attention, as it shows that the preparation is not loaded with common salt, which is an objectionable feature of some meat preparations.

On treating Karnoid with cold water we found that rather more than 50 per cent. by weight passed into solution, and when this solution was evaporated, the dissolved albumen became coagulated, thus affording a good idea of the high value of the preparation.

We are glad to bring this preparation to the notice of our readers and feel sure they will find it a very useful means of giving nourishment and capable of wide application.

HARVEST'S PORCELAIN CANNED SALMON.

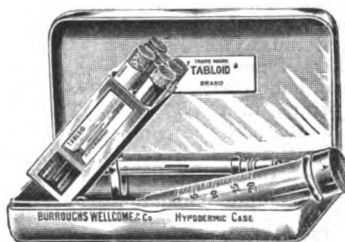
WE have received from Messrs. W. and D. Harvest, Upper Thames Street, London, a tin of fresh salmon packed in a manner that deserves careful attention. Briefly, the salmon is contained in a porcelain pot which is enclosed in the ordinary tin. In this way the fish is kept from contact with the tin, a plan well calculated to preserve the flavour of the product much more perfectly than under the ordinary metal-can method of casing. There is an ever-present danger that meats packed in contact with metal may, under some circumstances, form poisonous metallic compounds. That danger is clearly avoided by the Harvest method of substituting porcelain-lined tins for the more familiar method of packing. Short of risk of intoxication, the superior flavour of salmon kept in porcelain should render Messrs. Harvest's new departure attractive to customers in all parts of the world. The sample sent to us is of excellent quality and compares favourably with the best brands hitherto known to us, to say nothing of the much more elegant appearance of the fish when served in a pure white dish.

New Instruments.

A NEW HYPODERMIC SYRINGE.

WE have received from Messrs. Burroughs Wellcome a hypodermic syringe in a handsome metal case. The details of this handy little appliance have been very carefully worked out, and we have no hesitation in recommending it to medical men as the most perfect outfit of the kind that has hitherto come under our notice. The syringe proper is made with glass barrel and glass piston, an arrangement which permits of ready sterilisation and also does away with the annoying leakages and failures so common with the ordinary leather valve and metal piston. The piston is fitted with absolute accuracy to the barrel. A number of tubes of compressed hypodermic tabloids are held in a hinged metal socket, so constructed as to be easily

placed in an upright position when in use. The needles are packed in a hollow tube, which affords efficient pro-



tection to their points. The whole case and its contents can be readily sterilised, a precaution which the careful medical man will adopt after each occasion of its use. The case is kept in a soft leather pouch and can be carried in the waistcoat pocket. We congratulate this enterprising firm on the patient study which has evolved a hypodermic case so nearly approaching perfection, especially in combination with the accurate and trustworthy soluble hypodermic tabloids as originally introduced by Messrs. Burroughs Wellcome.

Literature.

ALLINGHAM ON OPERATIVE SURGERY. (a)

IN these days, when books of all kinds are sent for review, good, bad, and indifferent, it is pleasant to take up a work which is concise, brief, and to the point, and at the same time possesses real merit. After a careful and close perusal of Mr. Herbert Allingham's new book on "Operative Surgery," we are bound to say that it is a most valuable hand-book of the ordinary up-to-date operations of surgery—one that can be taken up with confidence in emergency by young operating surgeons, and an excellent guide for senior students when preparing for the examinations.

Practitioners also are frequently called upon at a moment's notice to perform operations, and it is convenient for them to have at their hands a work in which they can immediately look up the leading features of the operation they are about to perform, instead of being obliged to wade through pages of—at the time—unnecessary information.

In the work before us no prolonged anatomical descriptions are given concerning the various regions wherein operations are undertaken, but only just as much information as is required. For it is of course understood that a surgeon undertaking the responsibility of an operation has had previous knowledge of the subject, and only requires to refresh his memory regarding that special operation to ensure its successful performance.

Considering its moderate size the work is very full and complete, and includes all the old and new operative procedures as performed at the present day. After the description of each operation a memoranda is given to emphasise any special important point in connection with it which has been found from personal experience to be worthy of notice and calculated to facilitate its performance.

The illustrations numbering 215, which are mostly in outline and were all specially drawn for the work by Mr. Lockhart Mummery, F.R.C.S., truthfully and practically represent the different operations. There are a few misprints here and there, but in a work of the kind where so many operations and names are enumerated this can hardly be wondered at, and no doubt they will be corrected in a future edition. Each subject is dealt with separately, and briefly, and the work is divided into seven parts, running to 367 pages with an index.

The chapters on Ligation of Arteries are most practi-

(a) "Operative Surgery." By Herbert Wm. Allingham, F.R.C.S., Surgeon to the Household of his Majesty the King, Surgeon in Ordinary to his Royal Highness the Prince of Wales, Senior Assistant Surgeon and Lecturer on Operative Surgery at St. George's Hospital. London: Baillière, Tindall and Cox. 1903. Price 7s. 6d. net.

cal and the drawings illustrating the subject are, without exception, very fine.

The operations connected with the abdominal cavity are fully and carefully dealt with, and without any unnecessary detail.

The book is a marvellous *vade mecum*, small and handy in size, bound with flexible covers and rounded edges, and printed in a good type. The price, 7s. 6d., is most moderate, and the composition, printing, and binding reflect the greatest credit on the publishers, and we feel sure that when its merit is known it will have a large and extensive circulation.

THE DENTAL ANNUAL. (a)

THE success of this book seems a foregone conclusion. Few dental surgeons engaged in active practice or in scientific work can afford to be without its comprehensive and complete reference pages. The wonder is that such a work has not been produced long ago; this is perhaps to be accounted for by the fact that an enormous amount of labour, which few authors would care to face, must have been called for in its compilation.

So far as we have been able to test the contents for comprehensiveness and accuracy we have not failed to find in its proper place, concisely and correctly stated, a record of every fact we have sought. The diary with which the work is provided adds to and completes its utility. The name of the publishers forms a guarantee that the book is well got up in every respect as to paper, printing, and binding.

Medical News.

The Central Midwives' Board.

At the meetings of the Board on April 30th and May 7th, letters were read (1) from the Local Government Board enclosing copies of a circular letter and memorandum on the subject of the Midwives Act, 1902, which they had sent to the Councils of Counties and County Boroughs in England and Wales; (2) from the Derbyshire County Council urging the desirability of forming a rule requiring every midwife to report all cases of puerperal fever within her practice to the medical officer of health of the district in which the case occurs, and also to the local supervising authority. The letter was referred to the committee dealing with the subject; (3) from the secretary of Queen Charlotte's Hospital, enclosing a petition praying for the recognition of the hospital's certificate as a sufficient qualification under Section 2 of the Act. The secretary was instructed to reply that the question of admissions under Section 2 in respect of "such other certificate as may be approved by the Central Midwives Board," could not be decided immediately, and that the memorial from Queen Charlotte's Hospital should have careful consideration. The chairman and secretary reported as to offices which they had inspected, and the matter was left in their hands. The question of the general standard of education to be required from candidates for examination was considered, and it was resolved that the examiners should have the power to reject any candidate not sufficiently instructed in elementary education. It was resolved that the meetings of the board should not be open to the public or to reporters except on special vote of the board, but that the secretary should furnish a summary of the proceedings to the Press. Considerable progress was made in the drafting of rules under Section 3, I. of the Act.

A Medical Anti-Vaccinationist.

MR. H. V. KNAGGS, L.R.C.P.Ed., M.R.C.S., of Camden Town, N.W., was recently summoned, not for the first time, for non-vaccination of his children, and in reply to a correspondent he expresses his repugnance at having forced upon him the use of "a legalised

quack remedy," of which, he states, "neither the analyst, the bacteriologist, nor the pathologist can explain the composition or nature." Mr. Knaggs regards cow-pox as "syphilis of the cow," and he knows of no means of ascertaining whether calf-lymph is made from the poison of cow-pox or from that of small-pox. After all, what interests us in a prophylactic is less its nature and composition than its action, and as to this no unprejudiced person can have any doubts unless he be inaccessible to the value of statistics.

Sudden Death of a Medical Man.

MR. ARTHUR TRETHERY, M.B., resident medical officer at Haileybury College, was found dead in bed on the 4th inst. He was formerly house surgeon at Warneford Hospital, Leamington, and served as civil surgeon during the South African War, attached to the 1st Herts Volunteers.

Generous Bequests.

PROBATE has been granted of the will of the late Dr. Morgan Thomas, of Adelaide, South Australia. The estate is declared not to exceed £90,400 in value. A greater part of the estate is bequeathed to the public library, museum, and art gallery of South Australia. The deceased was a native of Wales, and went out from the Principality to Adelaide in the fifties, and in the sixties he acted as South Australian Colonial Secretary.

A Herbalist's Appeal Dismissed.

ONE Purdoc, of Bow, a herbalist, had the impudence to appeal from a decision of the Bow County Court Judge imposing a fine of £20 for practising as an apothecary. It was advanced on his behalf that he had not contravened the law in that he had not made up a prescription, an argument which testified to the complete ignorance of his counsel of the law in question; this was the view taken by the Court, the appeal being dismissed and further leave of appeal refused.

Arsenical Wall-Paper.

AN inquest was held last week on a man who had died of arsenical poisoning due to inhalation of particles from a wall-paper which was shown on analysis to contain an appreciable quantity of arsenic. The credit of the discovery was due to Dr. Charles Smyth. A verdict of death from misadventure was returned, but we presume inquiry will be made as to the source of the paper, heavy penalties lying in wait for unscrupulous manufacturers who make use of arsenical colours for mural decoration.

The Drink Curse.

MR. JAMES FINDLAY, M.B., C.M., Glasgow, has been convicted at Reading as an habitual drunkard, and a separation order was granted to his wife.

The Hospital and the Lozenges.

A CURIOUS case came before the Chancery of Lancashire last week arising out of the litigation concerning the royalty on certain throat pastilles made from a formula invented by Dr. Bark, surgeon to the Liverpool Throat Hospital. The royalties on the sales amounted to £800 per annum, and originally an order was made for the application of the accumulated fund for the benefit of the hospital. The trustees of the hospital, however, declined to receive the money, and the hospital staff resigned. The present application was to restrain the staff from tendering their resignations and to prevent them from disclosing the formula. The application was dismissed and the order for the payment of the fund to the trustees was cancelled. The judge advised the preparation of a new scheme with the consent of the Charity Commissioners.

The Vichy Springs.

AN important meeting is to be held during the first week in June at the Vichy State Springs to inaugurate the opening of a new wing to the establishment. We are informed that during the King's recent visit to Paris a special order was given for a supply of "Celestins" for His Majesty's consumption.

THE sum of £1,000 has been received by the Hon. Treasurer of the Cancer Research Fund, under the direction of the Royal Colleges of Physicians and Surgeons, from Mr. Henry Lewis Florence.

(a) "The Dental Annual, 1903, a Year-book of Dental Surgery. The Practitioner's Guide to the Literature and Resources of Dentistry. A bibliography and subject-index under one alphabet of professional and related scientific and technical work published during the year. Directory of Dental Institutions, Summary of Educational Regulations and a Diary of Society Meetings." London: Baillière, Tindall and Cox. 1903

Prize for a Dust-Arresting Respirator.

THE Society of Arts offers the prize of a gold medal, or £20 in lieu thereof, to the inventor of the best dust-arresting respirator for use in dusty processes and in dangerous trades. It must be light and simple in construction, and inexpensive in respect of both manufacture and maintenance. It must effectually prevent any air entering the nostrils or mouth, except through the filtering medium and must not permit of expired air being re-breathed. The filtering material must, of course, offer no undue obstacle to inspiration, and it should be as little unsightly as possible. Specimens with descriptions must be sent to the Secretary of the Society of Arts not later than the end of the present year.

The King's Sanatorium.

THE *Builder* for April 18th contains a very reasonable criticism on the King's Sanatorium scheme, and while indicating the wide differences of opinion and great variation in application of principles shown in the prize essays, asks:—"Do these essays, then, contain 'the most valuable opinions which the past experience and original thought' of 180 competitors can suggest, or have the inconsistencies of the first two essays and their respective plans escaped the notice of the Advisory Committee, who, as constituted, cannot be expected to be experts in mastering intricate plans?" It must ever be cause for deep regret that His Majesty's advisers in this matter did not themselves prepare an authentic report on the many plans submitted to them, or, at all events, make arrangements whereby experts might have furnished an epitome of all likely to prove suggestive or practical in the large number of schemes presented from all parts of the world. As it is, even the prize scheme, we understand, is not to be adopted, and a new architect has been selected to supply fresh plans.

Royal College of Surgeons in Ireland.

A MEETING of the Fellows will be held on Saturday, May 30th, at one o'clock, to receive the annual report of the Council. A meeting will also be held on Monday, June 1st, at one 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 19th, 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.

Opening of the Johnston Laboratories at Liverpool.

THE new laboratories, due to the generosity of Mr. William Johnston, were opened on Saturday last by Mr. Walter Long, M.P., President of the Local Government Board, in the presence of a large and distinguished assembly, which included a number of eminent scientific men of various nationalities. Mr. Long, in the course of his remarks, insisted on the close connection between the development of chemistry, especially the branch of preventive medicine, and science. The object they had in view was to increase their knowledge of valuable preventives, such as toxins and the various sera now in use. Mr. Johnston's munificence, he added, would enable them to attack the problems presented by diseases such as cancer, typhoid fever, and the like. A dinner was given at the Adelphi Hotel at which Mr. Long was one of the principal guests, and in responding to the toast in his honour he expressed the hope that University College would shortly become the University of Liverpool.

North Cork Infirmary.

THE annual meeting of the North Cork Infirmary was held at the institution on the 4th inst. The report is an interesting record of a gradually increasing amount of good work done both in the medical and surgical wards. Extern patients numbered 18,099, and accidents numbered 7,253, of which 3,299 came at night, and the majority of them under the influence of drink. The daily average of beds occupied has increased from

78 to 84, the largest number ever reached in the well-nigh two hundred years' existence of the infirmary. The increased work has been unavoidably attended with an increased expenditure, and we regret to find this old and honoured institution is not meeting with the support necessary to efficiently carry on its work. Every year the deficit is rising. In 1900 it amounted to £524 18s. 5d., and this year opened with a balance of £922 14s. 10d. on the wrong side. It is also disheartening to find that subscriptions are falling off; this we cannot understand. The citizens are proud of the infirmary, and at no period was it ever doing more work. We think the Cork people do not realise that the subscription list is not sufficient to meet the expenditure. If they did they would make the necessary addition.

National Children's Hospital.

THE annual meeting of the friends of the National Children's Hospital was held on the 6th inst. From the report of the secretary we learn that the number of intern patients during the past year was 275, while the daily average of beds occupied during the year was 34. Extern patients numbered 3,792. The statements of accounts showed receipts £1,534 1s. 6d., and expenditure £1,531 11s. 8d., thus leaving a small balance to the credit of the institution. The governors of this, as of kindred institutions, are naturally desirous of learning the intentions of the Corporation of the city on the hospital grants, and it was suggested at the meeting that the Corporation be written to on the subject.

Royal College of Physicians of London.

THE following candidates, having passed the required examinations, were admitted as Members of the College on April 30th:—Dr. Emil Paul Baumann, Dr. Robert Alfred Bolam, Dr. Edward Alfred Gates, Dr. John Hay, Dr. George Lucas Pardington, Dr. Llewellyn Caractacus Powell Phillips, and Dr. James Hutchinson Swanton.

Licences to practise were granted to 109 gentlemen who had passed the necessary examinations.

The following Members were elected Fellows of the college:—Dr. Arthur Philip Beddard, Dr. Edmund Cautley, Dr. James Stansfield Collier, Dr. Bertrand Edward Dawson, Dr. Edwin Goodall, Dr. William Gordon, Dr. Alfred Milne Gossage, Dr. George Francis Angelo Harris, Dr. Laurence Humphry, Dr. Robert Hutchison, Dr. James Alexander Lindsay, Dr. Alexander Morison, Dr. Frederick John Poynton, Dr. George Alexander Sutherland, Dr. Walter William Hunt Tate, and Dr. St. Clair Thomson.

Royal College of Surgeons, Ireland.

At a meeting of the President, Vice-President, and Council held on Tuesday, May 5th, the following were elected Examiners for the ensuing year:—

Anatomy: Ambrose Birmingham, Alexander Fraser. Surgery: F. Conway Dwyer, A. Fullerton, T. E. Gordon, R. Iane Joynt. Physiology and Histology: E. L'E. Ledwich, Charles Coppinger. Ophthalmology: Arthur H. Benson, Patrick W. Maxwell. Pathology and Bacteriology: Arthur Hamilton White. Pathology: R. Allen. Midwifery and Gynæcology: Frederick W. Kidd. Biology: John J. Burgess. Sanitary Law and Vital Statistics: C. J. Powell. Engineering and Architecture: J. Charles Wilmot. Dental Surgery and Pathology: Daniel Corbett (jun.), W. G. Story. Mechanical Dentistry: George M. P. Murray, William Booth Pearsall. Chemistry and Physics: Edward Lapper, R. J. Montgomery. Languages: L. J. Woodroffe. Mathematics, Physics, Dictation, and English-Essay: J. W. Tristram.

Royal College of Physicians, Ireland.

At a special meeting of the President and Fellows the following gentlemen were admitted to the Membership of the College:—Dr. J. A. Matson, Dr. T. P. C. Kirkpatrick, and Dr. F. C. Purser.

"THE Medical, Surgical, and Hygienic Exhibitors' Association, Ltd., will hold their Seventh Annual Exposition of Professional Exhibits at the Queen's Hall, Langham Place, London, W., on June 2nd, 3rd, 4th, and 5th, from 2 p.m. till 10 p.m. each day.

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.

OLD DEVICES.

The irreverent blend of religion and quack medication which we are apt to regard as a modern development in reality goes much further back, witness the following excerpt from the *Times* of a hundred years ago:—

"Those who wish to know that our great Creator is merciful as he is omnipotent, and that he never intended to torture mankind with disorders of extreme pain, without putting it in their power to relieve themselves, are requested to attend at Copenhagen House on Monday next, at 2 o'clock, where a game at fives will be played by 10 men, all of whom have been cured by the Guestonian Medicines, after they had been returned from the London Hospitals as being incurable. The Attendance of any Medical Gentlemen belonging to these said Hospitals will be esteemed a favour conferred on their most obedient servant, B. Guest, No. 9, Great Surrey Street."

The nostrum vendors of the present day can lay claim to very little originality in the matter of propaganda, and the unsatisfactory feature is that this nauseous literary compound "goes down" as readily now as of yore.

Dr. B.—We are taking steps to obtain the information you ask for, but there are difficulties in the way of getting official confirmation.

Mr. D. F. C. (London)—In our opinion the arrangement is by no means an equitable one. Unless option of purchase is secured in favour of our correspondent, he had better decline to proceed further with the negotiations.

THE DURATION OF INFECTIVITY IN MEASLES.

A CORRESPONDENT asks at what period after an attack of measles a patient may be permitted to travel in a public conveyance and mix with his friends. He regards the generally accepted period of six weeks' isolation as quite absurd, and asks for an official pronouncement thereon in view of the recent circular of the London County Council.

M.R.C.P.—The rule is extremely explicit upon the point; there is, therefore, no other alternative than to return the diploma—a procedure which, under similar circumstances, has been from time to time carried out.

V. D. A.—Application should be made to the Colonial Office.
Mr. RATTIN.—The shortcomings to which you call attention were of an accidental and untoward character. We have called our correspondent's attention to the points you mention, and hope to give effect to your suggestions forthwith.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 13TH.

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. Paper:—Dr. G. F. McCleary: The Feeding of Infants.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Dr. Leonard Williams: Some Practical Points in Climatology.

THURSDAY, MAY 14TH.

BRITISH GYNECOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown.—Adjourned discussion on Mr. Bowreman Jessett's paper: Some Rare Complications accompanying Ectopic Gestation.—Dr. Macnaughton-Jones: A Short Note on Bumm's Method of Performing Paihysterectomy.—Dr. C. H. R. Routh: On some Directions and Avenues through which probably a more Successful Treatment of Cancer may Result and perhaps Cure.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. G. H. Drummond Robinson: Uterine Displacements.

MOUNT VERNON HOSPITAL. POST GRADUATE COURSE (7, Fitzroy Square, W.).—4 p.m. Introductory address: Professor Clifford Allbutt: Causes of Tuberculosis.

FRIDAY, MAY 15TH.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Mr. Jonathan Hutchinson: The Etiology of Leprosy.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, Cavendish Square, W.).—5 p.m. Clinical Cases by Mr. F. F. Burghard, Dr. Frederick Taylor, Dr. J. P. Parkinson, Dr. A. A. H. Partridge, and Dr. Edmund Cautley.—5.30 p.m. Papers:—Mr. R.

H. Parry: Operation for Removal of Tuberculous Glands from the Anterior and Posterior Triangles of the Neck through an Incision in the Hairy Scalp.—Dr. E. C. Williams: A Note upon a Case of Infantile Leukemia.—Dr. J. McCaw: A Case of Splenic Leukemia in a Young Child.—Dr. J. P. Parkinson: A Case of Colloid Cancer of the Peritoneum in a Child.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—2.30 p.m. Discussion on Leprosy. 5.15 p.m. Sir Felix Semon: Acute Septic Inflammations of the Throat and Neck.

Appointments.

Allen, W. T. D., M.B., B.Ch., B.A.O.R.U.I., Honorary Assistant Surgeon to St. George's Hospital for Diseases of the Skin, Liverpool.

Barclay, W. Bowie, L.R.C.P., L.R.C.S. Edin., Medical Officer at Aldershot.

Barrie, William Turnbull, M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Hawick district of the County of Roxburgh.

Biddle, H. G., M.R.C.S., L.R.C.P. Lond., Medical Officer of Health for Broadstairs.

Blair, Alex., M.B., M.S. Glasg., Medical Officer of Health to the Ashington Urban District Council.

Chamberlain, Katherine, M.B., B.S. Lond., House Physician to the Royal Free Hospital.

Erhardt, Conrad Charles James, M.B.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Crosshills district of the county of Yorks.

Grattan, M. H., L.K.Q.C.P.I., Certifying Surgeon under the Factory Act for the Ongar district of the county of Essex.

Jupe, F. I. M., L.S.A. Lond., Certifying Surgeon under the Factory Act for the Histon district of the county of Cambridge.

Lower, N. Y., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Presteigne district of the county of Radnor.

Murray, W. M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Hessele district of the county of York.

Sutter, R. R., M.D. Aberd., Certifying Surgeon under the Factory Act for the Warboys district of the county of Hunts.

Vacancies.

Asylums Committee of London County Council.—Epileptic Colony, Ewell, Surrey.—Assistant Medical Officer. Salary £200 per annum, with board, furnished apartments and washing. Applications to R. W. Partridge, Clerk of the Asylums Committee, 6, Waterloo Place, E.W.

Brecon and Radnor Asylum, Talgarth, R.S.O.—Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board, attendance and laundry. Applications immediately to the Medical Superintendent.

Cheshire County Asylum, Parkside, Macclesfield.—Junior Assistant Medical Officer. Salary £140 per annum, with board, furnished apartments, washing, and attendance. Applications to the Medical Superintendent.

City of Birmingham.—Medical Officer of Health. Salary £1,000 per annum. Applications to Edward Orford Smith, Town Clerk, The Council House, Birmingham.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary £150 per annum, with board and residence. Applications to W. L. Saunder, General Superintendent and Secretary, Manchester Royal Infirmary.

Manchester Southern and Maternity Hospital.—Resident House Surgeon. Salary £100 per annum and board.—Applications to George William Fox, 53, Princess Street, Manchester.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £180. Applications to the Honorary Secretary, Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne.

Parish of Barra.—Medical Officer and Public Vaccinator. Salary £119. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clerk.

The Middlesex Hospital, W.—Director of the Cancer Research Laboratories. Salary £500 per annum. Applications to F. Clare Melhado, Secretary-Superintendent.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £140, with board, &c. Applications to the Medical Superintendent.

Births.

DISTIN.—On May 8, at Holtwhite House, Enfield, the wife of Howard Distin, M.B., of a daughter.

MCDUGALL.—On May 7th, at Benloyal, Woodcote Road, Wallington, Surrey, the wife of W. Stewart McDougall, M.B., C.M., of a son.

MORTON.—On May 7th, at 66, Priory Road, West Hampstead, N.W., the wife of John Morton, M.D., of a daughter.

STEINHAUSER.—On May 7th, at 1, St. Andrew's Place, Lewes, the wife of John Robert Steinhäuser, M.B., B.S., of a son.

WATSON-WILLIAMS.—On May 6th, at 4, Clifton Park, Bristol, the wife of Dr. P. Watson-Williams, of a daughter.

Marriages.

HARVEY-MAY.—On May 7th, at St. Peter's, Parkstone, Dorset, Leonard Charles Harvey to Florence, youngest daughter of H. May, Esq., M.D., of Trentishoe, Parkstone, formerly of Longton, Staffs.

Deaths.

BAGSHAW.—On May 6th, at Carlisle House, Eastbourne, Thomas Washington Bagshaw, M.A., M.D., Cantab, of 81, Avenue Road, Regent's Park, N.W., in his 55th year.

BARCLAY.—On May 9th, at Amberley, Glos., Wilfred Martin Barclay, F.R.C.S., of 22, Oakfield Road, Clifton, Bristol, youngest son of the late Surgeon General Charles Barclay, Madras Army.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

LIPÆMIA

IN

DIABETES MELLITUS: (a)

By SIR THOMAS R. FRASER, F.R.S., &c.,
Professor of Materia Medica and of Clinical Medicine in the University
of Edinburgh.

INCREASE of fat in the blood of diabetics had long been known to occur; but marked lipæmia, with diabetic coma and dyspnœa, was apparently a rare occurrence. He had, however, met with two cases, in both of which extreme lipæmia was present during life, and was verified by post-mortem examination. The more recent of these cases formed the text of his communication. The patient was a mason, æt. 17, suffering from diabetes mellitus of twelve weeks' duration at the time of admission to hospital. He had no hereditary history of the disease, and treatment by a strict anti-diabetic diet had led to some improvement in his symptoms. On admission his chief symptoms were polydipsia and polyuria; his appetite was not voracious, and he had no dyspepsia. The bowels moved regularly once or twice daily. His temperature was, and remained, subnormal. All the other symptoms, including the nervous, were normal. There was a marked odour of acetone in the breath, and the urine contained abundance of glucose, acetone and diacetic acid. His weight remained fairly constant. He was first placed on ordinary diet and got no medicinal treatment; at this time, the average of a fortnight's examinations showed a daily consumption of nineteen pints of fluid, passage of 350 ounces of urine, containing 10,000 grs. of glucose and 970 grs. of urea. On a strict diet improvement took place; the polydipsia fell to twelve pints, and the urine to 245 ozs., with 6,840 grs. of sugar. Phosphate of soda was then given, and during the first week of its administration the amount of urine diminished to 181 ozs., with 5,000 grs. of sugar; during the second week to 152 ozs., with 3,900 grs. of sugar and 550 grs. of urea, whilst the thirst was correspondingly lessened. Up till now the patient had remained much in the same general condition, but on July 5th he became drowsy. This passed off towards night, but next morning he was found cyanosed, with deep sighing respiration, semi-comatose, and with a very rapid, feeble pulse. Temporary improvement followed transfusion

with sodium phosphate. On July 7th the body was covered with a mottled purplish eruption; he complained of pain in the stomach, the breathing was heavy and he again became comatose. On examining the fundus a very striking change was found, the vessels being represented by glistening whitish streaks. On examining the blood the red corpuscles numbered 4,550,000 and were slightly opaque, not forming rouleaux; the leucocytes were 23,000, the hæmoglobin could not be estimated, as the addition of water to the blood did not give a clear solution, the specific gravity was 1036. In the blood-plasma very numerous minute granules in active Brownian motion were seen, and after the slide had stood for an hour or so these were found to have coalesced to form small droplets of fat. On staining dried films with osmic acid an enormous number of fat globules were found in the plasma. In spite of repeated alkaline transfusions the patient died. On post-mortem examination all the serous cavities were filled with a milky fluid resembling strawberries and cream in colour. The blood had a dirty pink colour, and the exposed vessels in the peritoneum, brain, &c., showed whitish tracts of various lengths along their course, these tracts being freely movable on pressure. There was slight fatty degeneration of the liver, and marked congestion of the lungs, pancreas, kidneys, and stomach. On microscopic examination of the various organs all the vessels, down to the minutest capillaries, showed the same fatty contents. [Microscopic preparations and lantern slides were shown illustrating these points.] A chemical analysis of the blood showed that it contained no less than 16.5 per cent. of fat, while in the fluid withdrawn from the pleural cavity 20 per cent. was present. In his previous case the blood had contained 12.5 per cent. These figures were the highest recorded, and represented an enormous increase on the .2 to .5 per cent. in normal blood and in ordinary diabetes. Though its occurrence was known, lipæmia in diabetes had received little notice until 1879, when Hamilton and Sanders drew attention to it in a paper read before this Society, in which they put forward the now obsolete theory that diabetic coma was due to fat embolism. Professor Fraser then alluded to some of the principal observations since that referred to, and went on to point out that the fat could not cause embolism, because it was present in droplets so minute as to be able to pass easily into transudates, and *a fortiori* through the smallest capillary. Its melting-point being 77° F., it would, also, be perfectly fluid at the body temperature. The occurrence of lipæmia must, in fact,

(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, May, 1903.

be regarded as an accidental occurrence in diabetic coma, and the condition does not in any way modify the symptoms or onset of coma. Diabetic coma must now, in view of recent experiments, be regarded as an acid intoxication, the acid causing it being almost certainly β -oxy-butyric acid. In the case under consideration the alkalinity of the blood was found to diminish very greatly with the onset of coma, and at the same time the sugar almost disappeared from the urine. Before the onset of coma the patient was passing 150 grs. to the ounce; after the onset only 10 grs. to the ounce, while the urine withdrawn from the bladder after death contained only 2.5 grs. per ounce. No glucose could be detected in the blood post-mortem. These facts clearly pointed to the transformation of the glucose in the blood into oxy-butyric acid and fat; and to the former of these diabetic coma was due. He supposed that in ordinary cases only β -oxy-butyric acid was formed, but that in rare cases, from unknown causes, fat might be produced as an accidental concomitant which in no way modified the symptoms or affected the issue. In diabetes temporary lipæmia might occur; the detection of even a slight quantity of fat in the blood or the occurrence of β -oxy-butyric acid in the urine is a strong indication for alkaline transfusion, which might ward off coma. β -oxy-butyric acid has been found by one observer to the extent of 20 to 40 grammes in the daily urine, and as much as 200 grammes had been estimated to be present in the body of a patient dying in coma.

THE TRANSMISSION OF SCARLATINA TO CATS.

By Dr. E. RAPIN,
Of Geneva.

IN 1892 I showed before the Medical Society of Geneva a white kitten which appeared to be suffering from scarlet fever at the period of desquamation. Its brief history is as follows:—

This kitten, only a few weeks old, belonged to a Russian family, in which there were two little girls suffering from scarlatina. The animal was their inseparable companion and soon became very ill. For three or four days it continued to give utterance to plaintive cries, it was very feverish, the skin flushed, and of a rosy hue, the tongue being of a bright red colour. It was given up as lost, so we are told, for I was not myself a witness of the various symptoms. My attention was first drawn to the little animal by noticing that it was freely shedding its fur. This led me to inquire into the antecedents of this morbid state. Alopecia invaded the whole of the body. It first declared itself in the posterior region, so well defined that the head and fore part of the body having retained the fur for a longer period, the little creature, with its mane, presented for the time being the appearance of a miniature lion. The epidermis had a branny aspect although there was no well-marked desquamation.

As I was obliged to undertake a voyage likely to last several weeks, before doing so I obtained another kitten with the intention of making it share the fate of the one under observation. On my return, the Russian family had left Geneva, taking with them their own cat. I learned, without being able to obtain full details, that kitten No. 2 had succumbed.

The case of my feline patient did not elicit any remarks of interest from the members present, and it was evident that owing to the novelty of the subject no detailed discussion was possible; indeed, it belongs to a chapter as yet unread—or almost so—of comparative pathology! Although Spinola questions the existence of scarlatina in animals, he is disposed to concede its occurrence in horses. Recent writers absolutely ignore the existence of this complaint in animals, and both Friedberger and Frohner briefly ascribe reputed cases to error of diagnosis, holding that the animals must have been suffering from erysipelas, petechial fever or other eruption characterised by a red colour. Schneidemühl emphatically dismisses all the observations hitherto made on cats and dogs. If, he says, these domestic animals were susceptible to scarlatina, this complaint would be of frequent occurrence in them, in view of the extremely frequent opportunities they have of coming into contact, either in bed or in a room, with children suffering from scarlatina. Schneidemühl admits, however, that as the occurrence of scarlatina in numerous animals has again been categorically asserted, further observation is necessary. This will perhaps enable us to state whether the infectious complaint observed by Petrowski in the Kirghiz Steppes, in cattle, sheep and goats, is identical with human scarlatina. Dr. Bella, although little disposed to admit the occurrence of real scarlatina in animals, draws attention to one animal which is particularly predisposed to red eruptions—viz., the pig.

Dr. Bella claims to have discovered in pigs all the symptoms of scarlatina at a time when an epidemic of scarlatina was ranging among the children of the district. The disease was severe and the mortality very high. A journalist, who had lost four children in the course of a week, employed the contents of the mattresses as a litter for pigs, instead of burning them as he was advised to do. Two of these pigs died very suddenly after having developed a red eruption. Several examples of a similar kind were remarked during this epidemic.

I had, so to speak, an open mind on the subject when a fresh case, exactly similar to the first, occurred in the family of a patient of mine. I was called to attend Mr. P——, at Grand Lancy, near Geneva, and in the course of my visit I remarked a black and white cat covered with long thick fur, the beauty of which attracted my notice. "It has taken on this beautiful appearance since its attack of scarlatina," said the lady of the house.

Naturally I listened eagerly to this remark. She then told me that in February her little daughter contracted scarlatina, and the cat, then only three weeks old, which the little girl was in the habit of taking to bed with her, fell ill in its turn. For several days it was depressed, hiding under the furniture. Later on, when it commenced to recover its playfulness it was noticed to be losing its fur. The head, neck, and fore part of the body soon became quite bald. Over the remainder of the body, the fur was shed, less copiously perhaps, but still in a marked degree; whenever the animal scratched itself it spread a shower of hair all round it. At this time the skin was covered with a branny desquamation. The kitten became very thin, and it was only after several weeks of desquamation that its general health was restored. It is well to note that an

old dog, which also belonged to the P. family, failed to develop particular symptoms.

Although the transmission of scarlatina from man to animal seems almost certainly to be the result of domesticity, we must remember that in this age of microbes and scientific scrutiny, a more tangible proof, more open to conviction, may be desirable. But the much sought-after microbe having up to the present escaped recognition, we are compelled to have recourse to direct observation, less convincing, perhaps, than researches which have for their aim the discovery and isolation of a specific element, but nevertheless capable of giving positive results. These observations reduce themselves simply to the research and investigation of the conditions under which this disease appears to have been transmitted to animals.

The opinion of Schneidemühl, referred to above, no doubt possesses a certain value and must occur to everyone. Indeed, it does seem strange, if scarlatina be transmissible to animals, that the frequency of contact between cats and those suffering from scarlatina—to confine our remarks for the moment to this species of animal only—should not give rise to numerous instances of contagion!

Laboratory experiments, in all probability performed with the express object of provoking contagion, do not appear to have been very successful, to judge from the absence of published observations in this department of science. There is consequently some ground for regarding scarlatina as an exclusively human affection.

In answer to these arguments, I am inclined to think that many conclusive cases must escape our notice, since a cat suffering from a disease of any kind is not usually an object of immediate interest, or one likely to attract special attention. To the ordinary person the fact of a cat losing its fur renders the animal a nuisance, to be got rid of as quickly as possible.

With regard to attempts at inoculation, we may ask ourselves whether the animal experimented on offered the best guarantee of receptivity. We know that every contagious manifestation requires the co-operation of two factors, the seed and the soil—in other words, that it is not sufficient to put the two together to obtain the desired result. It is necessary, if we are not to get negative results, that both of them should fulfil certain conditions and qualities.

There is one general law in particular, the observation of which is not unimportant in experimental pathology; it is based on the variability of the receptive state, according to the age of the subject. Now this law teaches us that the receptivity for a virus is the greater in proportion to the youth of the subject. Very marked in the early period of life, this receptivity grows weaker with the increase of age until it finally ceases. We find an example of this loss of receptivity in the inoculation of dogs with anthrax. Young dogs appear to be very susceptible to the anthrax virus and are more amenable thereto even than the guinea-pig. On the contrary, at the adult age the dog becomes absolutely refractory to inoculation with this very same virus which would have killed it in its younger days.

Similarly, when mice are inoculated with the attenuated virus of anthrax, the virulence of the virus is restored and even increased if the operation be performed at the birth of the animal, without allowing even a day to elapse.

Who can assert that this is not the case with cats in respect of the poison of scarlatina? As a matter of fact the two cats under observation were both very young.

It occurred to me that it would be interesting to publish these two cases under the conviction—we will not say absolute but sufficiently settled—that they were instances of the transmission of a human complaint to animals. As a result, if we were called upon, for experimental purposes, to state the best means of facilitating the transmission of human scarlatina to the cat, we should first of all choose very young animals. The question of soil would thus be provided for. As to the seed and its sowing, I think we shall have fulfilled all reasonable indications if we induce the person suffering from scarlatina to live in close contact with the subject experimented upon, and by recommending him during this period to add a daily dose of saliva to the milk supplied for the nourishment of the young subject, not forgetting to add at the same time any epidermic elements which he may collect from his own body.

NECESSITY FOR DECLARING THE TRANSMISSION OF VENEREAL DISEASE AN OFFENCE AT LAW. (a)

By DON DIO A. VALDIVIESO Y PRIETO.

WHETHER or no syphilis was introduced into Europe at the end of the fifteenth century, or was transmitted from the days of the early patriarchs, is uncertain. But from that fifteenth century its rapid spread and its alarming mortality and its dreadful effects, even when not immediately fatal, concentrated attention on it, and numerous hospitals were built for the relief and cure of the American disease, the Gallic disease, or the *lues venerea*, as it was indifferently called.

Syphilis was the scourge of the fifteenth century, as drunkenness was of the latter half of the eighteenth century, and as tuberculous diseases are of to-day. The chronological sequence of these three plagues, as also the times of their occurrence, from the first to the two latter, suggest that alcoholism and tuberculosis are of the genealogy of syphilis. I believe in the affinity. An infective chancre, admit or deny, if you will, the existence of a living agent, infects, and perpetuates its like. But we must ever bear in mind that syphilitics are frequently impotent, and that when the disease is transmitted through the mother to the foetus, or to the foetus alone, the latter not infrequently dies *in utero*, and when they do survive uterine life they are scrofulous and deformed lymphatics. The excessive mortality during infancy is, in my opinion, largely due to inherited syphilis, and not so much due to faulty nutrition and unsanitary conditions in childhood; the syphilitic taint makes the delicate little frame a suitable medium for the cultivation of all classes of parasites, and especially for the tubercle bacillus. Undoubtedly the troubles of teething, in healthy children, are much less than those which the syphilitic suffer, in whom the process is complicated by gastro-intestinal and mesenteric troubles, all to be ascribed to the hereditary

(a) Paper read at the International Medical Congress at Madrid.

affection, which accounts for 75 per cent. of the excessive death-rate.

In the second stage of childhood, when approaching the age of puberty, the syphilitic is deficient in physical strength, and his tissues have not the normal resisting power to tuberculous disease. The infected individual passes from a feeble boyhood to a feeble and prematurely old manhood, and at the beginning of his life seeks to make up the deficiency of vigour which he feels by alcohol. To him the influence of drink, when first taken, in moderation, on respiration is most grateful and exhilarating. In a short time he becomes a confirmed drunkard. From an experience of thirty years I conclude that it is not the drunkard that becomes the consumptive—but the consumptive becomes the drunkard. And in some cases I find that so far from hastening death, the use of alcohol prolongs the life of the consumptive. I fully recognise the lethal effects on the people of both alcohol and tuberculosis; but I maintain it is the hereditary taint of syphilis that predisposes to both diseases. The difficulty of meeting the many obstructions that lie in the path of the reformer, and overcoming them, is shown by the many enactments made against drunkenness and tuberculosis—enactments that have had results disproportionate to their severity and number. The evil, syphilis, which is sapping the physical and mental vigour of the population, and predisposing to other diseases, remains practically unaffected. All civilised governments seem to think they have fulfilled their duty in this branch of hygiene when they regulate prostitution, but they make no progress in checking the disease. The papers of licence contain no identification of the person; neither is isolation of the infected person insisted on. Besides, the amount of regulated prostitution in large cities is small in comparison to that carried on clandestinely. In existing regulations no steps are taken to prevent the spread of the disease by men, although it is generally recognised that the principal source of the contagion is not in brothels or licensed women, but in men—men who are cursed with syphilis, and who, if they do have children, find them a weakly progeny, dying in early life, preceding them to the grave to which they themselves are going in such tortures by the suffering of the disease which brings them to an early death. In the interests of the public I hold that it should be declared that:—

1. The law declares the infection of any person with any form of venereal disease to be a crime.
2. That such crime against the person be punished by indemnification and imprisonment for a period of two years.
3. Where the offender could not indemnify the injured person by bearing the expenses of treatment and so forth, that the term of imprisonment or transportation be increased.
4. That the brothel-keepers be made to indemnify any person infected on their premises, or by any of their licensed women; and in case of the insolvency of the brothel-keeper, that imprisonment be substituted for the fine.

THE annual banquet of the Coroners' Society of England and Wales will take place at the Holborn Restaurant, on Thursday, May 28th, at 6.45 p.m.

ORAL SEPSIS AS A FACTOR IN THE CAUSATION OF DISEASE. (a)

By ALFRED PENNY, L.R.C.P.I., L.R.C.S.I.

THIS is the age of asepticism, and yet, strictly aseptic as we are, in one particular we are as septic as were our progenitors in 1802. I refer to the extraordinary manner in which local septic conditions in connection with diseased teeth are overlooked as a possible cause of disease. Take, for instance, the two commonly-accepted views as to the relationship between diseased teeth and faulty digestion. First, the mechanical one, that the food is imperfectly digested because mastication is imperfectly performed. Secondly, that the teeth are diseased because the health is bad and nutrition impaired. Books on medicine impress on the student the importance of examining the teeth and gums in cases of suspected lead poisoning, syphilis, scurvy, and rickets, but with this passing comment dismiss the subject. Again, in the list of causes of such inflammatory conditions as tonsillitis, stomatitis, and pharyngitis, no mention whatever is made of diseased teeth as a possible etiological factor.

As an example, take stomatitis, a very common complaint in children. This disease is variously ascribed to errors in diet, unclean feeding vessels, indigestible food, prolonged suckling, irritant food, nutritional disturbances, &c., but no mention is made of local septic trouble in the mouth. Ulcerative stomatitis never appears before the teeth do.

The surgeon who takes every possible precaution to render his patient aseptic before operating, whose whole life is spent in combating sepsis, will perform operations of the gravest character on the stomach and intestines, on the throat and mouth and surrounding parts, while the patient's mouth is full of septic and necrotic teeth.

The dentist will extract teeth and leave open wounds in a place most prone to infection; he dismisses his patient without antiseptising the mouth, and gives him no directions about doing so.

Now, if diseased teeth and septic mouths were rare one would not wonder at such an oversight, but oral sepsis is the commonest form of sepsis among rich and poor alike. And it is a most virulent form of sepsis, for a diseased tooth is a diseased bone, and the sepsis connected with diseased bone, especially necrosed bone, is the most noxious of all forms of sepsis. The organisms in connection with it are pus-forming organisms of the most virulent kind, and in addition, the infection in dental necrosis is of a mixed variety, as it consists in the production of the most active pathogenic organisms, namely, streptococci and staphylococci.

Among those who have studied the matter from a bacteriological aspect are Miller, Vignal, Jung, and Professor Arkovy, of Budapest. The latter found, as the result of the most painstaking and careful observations, that one organism was constantly present in diseased pulps, *i.e.*, the *Bacillus gangrenæ pulpæ*, which of itself was capable of producing gangrene of the pulp and softening of the teeth, even in an alkaline medium. Compared with other organisms it constituted

(a) Abstract of an Address read before the Chelsea Clinical Society, December, 1902.

95.3 per cent. of the total organisms. The other organisms found were:—

| | | |
|---------------------------------|-------|----------|
| Staphylococcus pyogenes aureus | 34.8% | of cases |
| Streptococcus pyogenes | 23.2% | „ |
| Staphylococcus pyogenes albus | 18.6% | „ |
| Bacillus pyocyaneus | 9.3% | „ |
| Staphylococcus pyogenes citreus | 4.6% | „ |

with nine other organisms, mostly harmless.

Such being the case, and considering that we are dealing with a condition which is the most common and prevalent of all forms of infection, is it not a very serious matter, and one calling for the most careful investigation on the part of the surgeon, the physician, and the dentist, especially the dentist, whose opinions on the subject of conservative dentistry induce him to save and preserve with the most conscientious motives diseased stumps and carious teeth for his bridges and plates? I will go more fully into this point later.

With such a condition of oral sepsis one is bound sooner or later to find local and other manifestations supervening, such as gingivitis, pyorrhœa alveolaris, abscesses, osteitis, osteomyelitis, and necrosis, and maxillary abscess. The tonsils and pharynx may be infected, and by extension of inflammation the post-nasal space, Eustachian tubes, and middle ear also. The lymphatics may carry the mischief to the glands, causing glandular enlargements and abscess; and even ethmoidal suppuration, septic phlebitis, thrombosis and meningitis have been known to occur.

It is in the stomach and intestines, however, that the most marked effects of oral sepsis are to be found. And a careful study of cases of chronic dyspepsia that had been treated on the old lines with bismuth, gentian and soda, and other anti-dyspeptic drugs has completely convinced me that a large proportion of such cases are really septic in origin, and that treatment applied to remedy the condition of oral sepsis leads to the most astonishing and gratifying results.

These pus organisms are continually being swallowed, sometimes for years, and sometimes in large quantities, in proportion to the number of diseased teeth and the degree of oral sepsis present. The stomach, therefore, is bound to be deranged, the normal healthy process of digestion interfered with, and, if the mischief is of long continuance and severity, the secreting glands atrophy and the interstitial tissues increase, and chronic gastritis and glandular atrophy result.

The main deterrent to this state of affairs is the presence of free hydrochloric acid in the gastric juice, but although the free acid is a powerful bactericide, its powers are limited, and it must be remembered that it only exerts a direct bactericidal action about an hour or so after food has been taken. Normally, large numbers of organisms enter the stomach, but only a portion of them are destroyed by the gastric juice. If the acidity of the gastric juice is diminished, as it is in chronic indigestion and in gastric catarrh, its bactericidal power is proportionally diminished, a large number of pyogenic organisms remain to exert harmful influence, and the condition of affairs existing is one of an increasing dose of a toxic poison with rapid diminution in the secretion of its antidote, free hydrochloric acid, and ultimately a septic infection of the gastric mucous membrane, atrophy of the glandular secreting apparatus and increase in its interstitial tissue.

It is advisable, therefore, in all cases of dyspepsia carefully to examine the teeth. I would go even further than this and advise an examination being made in every case. Here is a case in point:

E. J., æt. 19, came complaining of pain and swelling in the left knee-joint, right elbow, and in the lumbar region, depression and languor, bad taste in the mouth, loss of appetite, and nausea and insomnia. His face was pale and ashy-looking, and he seemed thoroughly ill. The tongue was coated and the pulse slow and feeble. He had been out of health for some considerable time, and the joint affection was of quite recent development. I examined his mouth and found three black necrotic-looking hollow teeth, and a couple of septic stumps, full of a most foul-smelling food *débris*. I advised him to thoroughly disinfect his mouth and teeth with carbolic acid and to remove all septic material from the tooth cavities, and to rub the gums with 1-40 carbolic solution. I also gave him liq. hydrarg. perch. as an internal antiseptic. This was on October 27th. November 3rd, one week later, there was hardly a trace of pain or swelling in the joints, and he was looking and feeling much better. I sent him to a dentist to get his teeth removed.

November 10th.—Patient quite well; tongue clean; joints not painful or swollen. Cachectic appearance gone; patient looks quite well. The remarkable point in this case was the extraordinary change in the patient's appearance and general health after the mouth and teeth had been thoroughly antisepticised, and the rapid way in which the joint affection cleared up. There had evidently been a good deal of septic absorption.

The following is an example of a bad case of indigestion from an apparently very slight cause, but of a septic nature. A girl, æt. 16, complained for some months of flatulence and gastric pain, and pain under left shoulder-blade, bad taste in the mouth, languor and depression and coated tongue and headache. At first I treated her in the ordinary way with bismuth and gentian, &c., and put her on a milk diet. However, she made no progress. Looking at her tongue one day I thought I would examine her teeth. They were all apparently quite sound. On tapping them, however, I found one back molar very painful with a large cavity at the back full of decomposing food. I cleared this out, got her to antisepticise the cavity, and shortly afterwards had the tooth extracted. All her bad symptoms cleared up after that and she is now quite well.

This case was one of the first that opened my eyes to the necessity of looking to the teeth as a possible factor in the production of septic dyspepsia. I could mention other cases of a similar nature. It is not at all an easy matter in many cases to get your patient to realise that his or her diseased teeth are the *fons et origo mali*.

If you take a probe with a piece of cotton wool on it and remove some of the septic material from a diseased tooth and ask the patient to smell it, his doubts will vanish, and the stronger the odour the more quickly will he be inclined to agree with you.

A cavity in a tooth is always a receptacle for particles of food. A tooth-brush will not remove the septic particles, which remain and act as a pabulum for the growth of pyogenic organisms. If you remove all food *débris* from the cavity and swab it out with carbolic acid, and insert a carbolised plug, you will effectually dispose of the sepsis;

otherwise there is bound to be infection of the adjacent gum in course of time, and if many teeth are diseased and neglected, is it not reasonable to admit the possibility of this septic condition involving the mouth, tongue, tonsils and pharynx with varying degrees of inflammation proportionate to the degree of sepsis present and the length of time it has prevailed, rather than look to such remote and hypothetical causes as exposure to cold, bad drainage, disordered digestion, or constipation, &c.?

We are all to blame, but to my mind the dentist is the most blameworthy. Every day he violates the unwritten law of asepsis, and in many instances sends his patient away with a more septic mouth than he had when he came to him. If a dentist had a piece of diseased bone removed from his hand, say, and the surgeon did the operation without using an antiseptic, or afterwards failed to put an aseptic dressing on the wound, that surgeon would have a bad time of it. But the dentist does a worse thing every day. He will extract a tooth and dismiss his patient with an open wound in a place more prone to infection than any other part of the body. If a tooth is broken down with disease he will (provided the tooth does not pain his patient) save every particle he can of the diseased stump and put a gold cap on it, and effectually lock up the pus organisms for another day. That abomination of desolation known as "bridge and crown" work, which represents the triumph of modern American conservative dentistry, is the same thing on a more extensive scale. Here you have an apparatus that cannot be removed by the patient, and, what is more, cannot be thoroughly cleaned, and all this covering a number of diseased stumps, and this may be worn for years. You can imagine the septic condition of such a mouth. A medical friend showed me his teeth after they had been artificially renewed in this way. His mouth looked like a gold mine, but his breath smelt like the emanations from a sewer.

Here is one of my own cases, somewhat similar in nature:—

Last year a gentleman consulted me complaining of the usual train of gastric and local symptoms associated with oral sepsis. He had two necrotic-looking hollow teeth which I advised him to get extracted without delay. They were removed, but the dentist gave him no directions about antisepticising his mouth. He came back to me about a week later with swollen gums, periostitis in the lower jaw, and swollen glands which suppurated. I opened two big abscesses, and made his mouth as aseptic as possible. But the mischief had got into the bone and he got necrosis of the inferior maxilla, and was very ill for two months.

The following is an example of sepsis following the so-called conservative dentistry:—

General Symptoms.—Salivation, gastric catarrh and discomfort. Oral condition, local gingivitis in connection with a gold cap covering a crown. On removal of the cap, its lower edge was found to cover a small carious cavity in the neck of the tooth. The symptoms disappeared on removal of the cap. Imagine the condition of sepsis one would get in a case where the process of crown and bridge work involved, say, eight or nine diseased teeth.

There is no doubt, I think, that oral sepsis is a powerful factor in the causation of disease, and that as such it has been extraordinarily overlooked.

Once its significance is grasped and duly recognised, some, if not many conditions that have hitherto baffled the diagnostic skill of the physician, surgeon, and general practitioner will be easily elucidated.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SURGICAL SECTION.

MEETING HELD FRIDAY, MAY 8TH, 1903.

MR. E. H. BENNETT in the Chair.

THE PRESIDENT asked if any Member or Fellow would wish to ask any question concerning any of the living or card specimens exhibited.

Mr. TOBIN's specimen of "Ulcer Treated by Excision and Grafting."

Mr. GORDON said that he had operated on several occasions for chronic ulcer of the leg, using Thiersch's grafts. He wished to ask Mr. Tobin if he had followed up his cases for some length of time. He said this because in a case in which he (Mr. Gordon) had operated the ulceration had recurred after the patient had left hospital, and this in spite of the fact that he had kept the patient lying down for three months after the grafting operation.

Dr. W. S. HAUGHTON read a paper on
THE PRIMARY TREATMENT OF FRACTURES BY PLASTER OF PARIS.

After some preliminary remarks, Dr. Haughton described his method of applying plaster, which was a modification of the old Bavarian splint. The splint being made in two halves, like a pair of stockings, stitched along back, into which plaster was poured, thus securing homogeneity, thin oak chips were used to strengthen splint. The advantages claimed were: (1) *Painless treatment*, once plaster had set after reduction of deformity; (2) absolute maintenance of reduction, by including joint above and below fracture; (3) better results in consequence; (4) in compound fractures, the method diminished discharge from wound, requiring but few dressings; (5) *accessibility* for massage or other treatment deemed advisable; (6) much less attention required by surgeon; (7) greater ease in nursing; (8) impossibility of patient doing limb any harm; (9) earlier convalescence induced by getting patients up in plaster to walk about; (10) economy of patient's time, and, in hospital cases, of hospital's funds.

Professor BENNETT said he was glad Dr. Haughton did not use the roller bandage, as he did not approve of it and thought it dangerous. He quoted Helferich's work in support of his argument.

Mr. JOHN LENTAIGNE said that he had treated a large number of fractures by the immediate application of plaster of Paris during the last twenty years. In many cases he had employed the roller gauze bandage, in the meshes of which the plaster of Paris was held, and he had had none but the best results. Among his cases were more than twenty of compound fracture of both bones of the leg, and yet all these cases had been quickly turned into simple fractures and healed in a most satisfactory manner. The method was quite painless. If there were any pain or any evidence of interference with the circulation the splint should at once be cut off, and it then formed two lateral or antero-posterior splints quite homogeneous and in no way resembling a roller bandage as ordinarily used without plaster. The patient should also be kept under observation for forty-eight hours at least, and in applying the splint the extremity of the limb, as the toes in the case of the leg, should be left uncovered so that the circulation could be carefully watched. He had never had an accident from the use of plaster of Paris, although he had known of very grave accidents in other hands where other methods were employed. In simple fractures his cases were generally allowed to get up in a few days.

Mr. R. L. SWAN said he had watched Dr. Haughton's method at work and admired it so much that he had adopted it himself.

Mr. PATRICK DEMPSEY read a paper on
CARCINOMA OF THE LARYNX.

The more common early symptoms were mentioned, and stress was laid on the particular localisation of the growth. Mr. Dempsey quoted statistics showing brilliant results achieved by thyrotomy, when the disease had been diagnosed at an early stage, and read notes of a case of epithelioma of left vocal cord in which he himself had operated twelve months previously, and in which there were no signs of recurrence.

Mr. R. H. Woods discussed the paper, and Mr. DEMPSEY replied.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, MAY 8TH, 1903.

Dr. F. C. PURSER in the Chair.

MR. STORY and Dr. EARL exhibited a specimen showing ossification within the capsule of the crystalline lens. The specimen of true bone was found within the capsule of a partly calcareous lens, which was in a disorganised globe. The bone was distinctly connected with the vascular tissues of the globe, and pigment granules were present in close apposition to the bone. Ossification of the actual lens is a physiological impossibility, and no authentic case has ever been recorded.

Dr. EARL exhibited two unilocular hydatid cysts from a liver. One was sterile, and each was about the size of a hazel-nut.

Dr. DOBBIN showed the

LIVER AND HEART FROM A SYPHILITIC SUBJECT.

A police sergeant, *æt.* 52, dropped down suddenly dead. On post-mortem examination the liver and heart were the only organs found diseased. The liver was lobulated irregularly, and hard to cut. On section, two gummata, yellowish in colour, were seen. These microscopically showed round-celled infiltration and fibrous tissue. The left ventricle was hypertrophied, and its walls contained gummata; the endocardium was thickened and whitened. The microscope showed round-celled infiltration, giant-cells, and fibrous tissue formation and obliterative endoarteritis.

Drs. Earl, Travers Smith, Bennett, and Kirkpatrick spoke, and Dr. DOBBIN replied.

Dr. NEVILLE exhibited specimens of (a) salpingitis isthonica nodosa; (b) endothelioma cervicis uteri; (c) placenta of seven months from a woman with chronic nephritis; (d) uterus with two forms of cancer (adeno-papilloma of fundus and adeno-carcinoma of cervix); and (e) microscopical section of myxoma chorii.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MAY 6TH, 1903.

SIR THOMAS FRASER, F.R.S., President, in the Chair.

Dr. CHALMERS WATSON showed a case of keratosis pilaris treated with myelocene, in which very considerable improvement had resulted.

Mr. DAVID WALLACE showed a patient after subcutaneous injection of paraffin to remedy a deformity of the nose. He had used a paraffin with a melting point of 104° F., and introduced the syringe from the bridge of the nose downwards, injecting the paraffin at the lowest point first and withdrawing the syringe, injecting as he went. The syringe used was an ordinary serum one, covered with a piece of indiarubber tubing to prevent cooling.

Dr. NORMAN WALKER showed two patients suffering from lupus erythematosus, whom he was treating by exposure to the rays of an arc lamp. He had acted on a hint got from another patient suffering from the same disease, who told him that when he went on a fishing holiday, if the sun was very bright and his face in consequence much exposed to the glare from the water, the lupus erythematosus was greatly improved. In Dr. Walker's two cases the disease had almost disappeared

after eleven sittings of thirteen minutes. One had been previously treated by the X-rays, but, in accordance with the speaker's experience, these rays did no good, but rather harm in this disease.

Dr. W. H. MILLER showed a girl, *æt.* 16, with enormous mammary hypertrophy. On examining the breasts many indurated masses, apparently corresponding with lobules of breast tissue, could be felt. The skin was not adherent, the nipples were not retracted, nor were the axillary glands enlarged. The duration of the condition was about fifteen months. Menstruation had been established three years previously, and the periods were always profuse. Severe pain in the breasts was a marked feature in the case.

Mr. ALEXIS THOMSON showed a patient after high excision of the rectum for carcinoma with preservation of the sphincters and complete control of the function of the lower bowel.

Mr. C. W. CATHCART showed (i.) a patient after Kocher's operation of gastro-duodenostomy for pyloric obstruction. The feature of the operation was that the anastomosis was made between the anterior surface of the pyloric portion of the stomach and a point in the duodenum just below the orifices of the bile and pancreatic ducts. In order to get the parts pulled forward out of the abdominal wound in doing the operation it was necessary to divide the peritoneum to the right of the duodenum. The advantages of this method was (1) that owing to the short piece of bowel excluded from the course of the digestive canal a *circulus vitiosus* was unlikely to occur, and (2) that the acid gastric juice was at once neutralised in the intestine by the alkaline secretion of the pancreas. The operation was, however, only suitable for cases of simple fibrous stricture, as was the case in his patient. (ii.) A patient after compound fracture of the femur caused by two wheels of a loaded waggon weighing nine tons passing over the thigh. The remarkable feature was the preservation of the limb after so severe a crush.

Mr. CATHCART demonstrated an adaptation of an ordinary three-way stopcock for use in washing out the bladder or stomach.

Dr. F. D. BOYD demonstrated Bancroft and Haldane's apparatus for estimating oxygen and carbonic acid in small quantities; the instrument is constructed exactly on the principle of a ureometer. He had tested the amount of carbonic acid in saliva with the view of discovering whether this factor was an important cause of flatulence and pain in hyperchlorhydria. He found that normal saliva gave .3 per cent. of carbonic acid when treated with hydrochloric acid, and .7 per cent. if treated with tartaric acid. In hyperchlorhydria the amounts were .5 and .7 per cent. respectively, so that the quantity of gas thus evolved could not be a cause of the pain and flatulence in this disease.

The PRESIDENT read a paper on "Lipæmia in Diabetes Mellitus," which will be found on page 503.

The paper was discussed by Dr. AFFLECK, who dwelt on the fact that coma may show itself in many ways; he was always rendered anxious by any change in the symptoms of a case of diabetes, as it might be the precursor of coma.

Dr. LEWIS C. BRUCE gave an account of "Clinical and Experimental Observations on General Paralysis," in continuation of a paper previously read before the Society.

He had eight recent cases of disease with the serum of general paralytics taken during the period of remission. Three of these were apparently cured, and had been at their usual work for three years, eighteen months, and nine months respectively; one was relieved; four were not improved. In the first three, coincidentally with improvement, the leucocytes fell below 10,000, and the polymorphonuclear leucocytes below 50 per cent. Owing to a previous observation that the blood of general paralytics contained a substance agglutinating the bacillus coli, he had treated two cases with anti-bacillus coli serum, which gave rise to hyper-leucocytosis. He had discontinued this serum, however, because he had subsequently discovered that the blood of general paralytics agglutinated organisms of other species. He had

made observations on the leucocytes in the different stages of the disease, these being an extension of his former work. It was found that during the first stage the polymorphonuclear leucocytes were 70 per cent., and that this number steadily decreased to about 40 per cent. in the third stage. The lymphocytes pursued an exactly opposite course. When the disease was active there was always an eosinophilia of from 5 to 15 per cent. Starting from the known fact that intercurrent acute illness caused remission of the symptoms of general paralysis, he had tried the effect of streptococcus pyogenes serum in three cases. In one the effect was *nil*, both as regards reaction and mental improvement. In the other two cases there was marked mental improvement with production of a polymorphous leucocytosis and diminution of eosinophilia. This, however, was but temporary, and as the reaction wore off the symptoms and blood changes returned. Two subsequent injections produced similar results, but thereafter immunity appeared to be established not only against streptococcal infection but against staphylococcus aureus serum. Antistreptococcus serum gave slight improvement in two patients, in whom it caused a leucocytosis. Dr. Bruce put forward his cases tentatively, and as going to prove the toxic origin of general paralysis.

Drs. Clouston, Chalmers Watson, and Ford Robertson discussed the paper.

HARVEIAN SOCIETY OF LONDON.
MEETING HELD THURSDAY, MAY 7TH, 1903.

DR. W. WINSLOW HALL, President, in the Chair.

MR. T. CRISP ENGLISH read a paper on
SOME POINTS IN THE DIAGNOSIS OF ACUTE ABDOMINAL CASES.

Attention was first drawn to the stage of reaction met with in acute abdominal cases, a stage occurring shortly after the onset, and marked by the diminution or cessation of all acute symptoms. If the patient is first seen during this quiescent period, as frequently happens, a serious view may not be taken of the case, and fatal delay may follow. Illustrative cases were given. The effect of stimulants in producing temporary improvement in the patient's condition, and masking the symptoms, was pointed out, the action of morphia in this respect being universally known. Large doses of brandy and strychnine will intensify the quiescence of symptoms after recovery from the initial shock. The general aspect of the patient is of much importance, but the temperature is quite untrustworthy, being extremely variable, and in many cases quite normal. The pulse is probably the most trustworthy guide, and its importance lies in recording it for a few hours. Quickness of the pulse-rate, associated with a falling or subnormal temperature, is of especial significance. Diminution or absence of liver dullness as evidence of free gas in the peritoneum is of greatest value when occurring in the mid-axillary line, or when found shortly after the onset of symptoms in a contracted and board-like abdomen. The various conditions giving rise to this sign were discussed. Leucocytosis in the diagnosis of acute peritoneal lesions is more of theoretical than of practical value, and in many cases may be positively misleading. It seldom tells us more than can be determined by a careful clinical examination. Various points were raised in connection with perforated gastric and duodenal ulcers, appendicitis, intestinal obstruction, and acute pelvic affections. Reference was then made to a group of cases which may prove misleading, namely, those in which acute symptoms appear shortly before the onset of the menstrual period. These symptoms may be abdominal pain and rigidity, vomiting, and rise of temperature. Sometimes perforated gastric ulcer, sometimes appendicitis, may be closely simulated; but the symptoms clear up with the onset of menstruation.

MR. EDMUND OWEN had had practical experience of the difficulty of distinguishing acute peritonitis as the actual cause of urgent intestinal obstruction. He agreed that it is often impossible to be sure of diagnosis,

especially on first seeing a patient. The thermometer gives but slight help in abdominal cases as a rule; but much is to be learnt from the aspect and from the pulse. A falling temperature with a quickening pulse are of extremely bad augury. Mr. Owen spoke strongly against the custom, now happily dying out, of admitting cases of intestinal obstruction into medical wards as a matter of course. He was glad to say that physicians are becoming more prompt at calling in surgical aid. He emphasised the importance of examining all hernial orifices in cases of abdominal obstruction, and instanced the case of a lady who promptly recovered from a critical condition as soon as a flaccid and old-standing femoral hernial sac had been opened. She had positively affirmed that nothing was wrong with that part; but at the back of a mass of omentum was found a small piece of strangulated intestine on the verge of gangrene.

DR. SIDNEY PHILLIPS mentioned several conditions which simulate intra-abdominal disease, among them rupture of muscular fibres of the abdominal wall, myalgia, diaphragmatic pleurisy, and uræmia. Among actual diseases within the abdomen producing symptoms simulating perforation must be remembered acute pancreatitis, and also thrombosis in the veins within the abdomen, an example of which he had recorded in the "Transactions of the Clinical Society," Vol. 28. Dr. Phillips thought that the bell sound heard over a wide area in the abdomen is of value in the diagnosis of perforation; and the existence of stomach resonance in the left axilla, as high as the fifth rib, shows that the stomach is distended and is not perforated.

MR. P. L. DANIEL read a paper on
GASTRO-ENTERITIS OF OBSCURE ORIGIN SIMULATING,
AND SURGICALLY TREATED AS, PERITONITIS.

He called attention to the fact that enteritis with or without gastritis may in adults cause such intense collapse, with abdominal symptoms, but without diarrhoea, as to suggest peritonitis, an operation being sometimes performed for the relief of supposed perforation. He read notes of three cases, on two of which laparotomy was performed, while the third died twenty-four hours after the onset of the symptoms, and also the post-mortem record of the two fatal cases. The lesions in these patients were those of acute gastro-enteritis, the origin of the process in one case seeming to be due to septic gums. Mr. Daniel agreed with Boas' opinion that there is a special infective form of gastritis or gastro-enteritis characterised by (1) the severity of the symptoms, (2) the course of the fever. But probably the condition is due not to the *Bacillus coli communis*, as suggested by Boas, nor to the *Bacillus enteritidis* as believed by Gaffky, but to micrococci introduced from above, from the mouth, nose, middle ear, or oesophagus. Mr. Daniel thought that too much importance is attributed to the *Bacillus coli communis* and other normal inhabitants of the intestines in the production of intestinal and peritoneal lesions. The intensity of the symptoms in the cases under discussion is probably due to the invasion of the mucosa and submucosa by infective micro-organisms, their entrance being rendered possible by chronic epithelial changes brought about by previous gastric or intestinal catarrh. This catarrh, in spite of the presence of normal intestinal bacteria, does not show the characteristic symptoms of the infective cases until the invasion of the mucosa by the infective cocci. The symptoms of the infective process may be acute, subacute, and recurring, or chronic, depending upon (1) the dosage, so to speak, from the primary focus above; (2) the other factors influencing disease in the gastro-intestinal tract. The importance of oral and otitic suppuration is slowly becoming recognised as a prominent factor in obscure infective and septic processes. The misleading condition in these cases is undoubtedly the absence of diarrhoea. The diagnosis is rendered possible by the careful consideration of the history of chronic gastric trouble, by a process of exclusion, and by the following facts:—(1) The presence of any focus of suppuration in the upper alimentary or respiratory tract; (2) the presence of distressing thirst; (3) the great amount of

mucus in the vomit, and the not infrequent presence of blood; (4) the presence of marked hyperæsthesia in the epigastrium and about the umbilicus, without proportionate pain on deep palpation; (5) the absence of muscular rigidity in the abdominal wall; (6) the absence of the characteristic facies and attitude of peritonism; (7) the intestinal obstruction simulated not being absolute. The treatment suggested is (1) to get rid of any suppurating and septic foci; (2) the administration of large quantities of bland fluid, excluding milk, such as egg albumen, barley water, &c. If the patient's condition permit, gentle but thorough lavage with warm saline solution may be adopted; (3) if the collapse does not pass off with the usual remedies, infuse two pints of a 2 per cent glucose solution, and repeat if necessary. Complications may be local or systemic, and especial stress was laid on the nephritic changes; strong presumptive evidence tends to support the claim that nephritis is often due to chronic enteritis. Reference was made to the relationship between uræmia, uræmic diarrhoea, the rashes of nephritis, and chronic enteritis. Enteritis, instead of being only a symptom of septicæmia, ulcerative endocarditis, &c., is quite possibly the portal by which the germs obtain admission to the lymph stream.

Mr. EDMUND OWEN was interested to hear that so little practical value was attached to the blood count, both by Mr. Daniel and Mr. Crisp English.

Mr. JAFFREY said that the blood count is of use in the diagnosis of suppuration if there is time for two or three counts to be made, and if there is no thick cyst wall.

Dr. Sidney Phillips and Dr. Dutch made remarks on the paper, and Mr. P. L. DANIEL replied.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

GENERAL MEETING HELD ON FRIDAY, MAY 8TH, 1903,
AT THE MEDICAL SOCIETY'S ROOMS, 11, CHANDOS
STREET, CAVENDISH SQUARE, W.

The President, Dr. WYATT WINGRAVE, in the Chair.

DR. JOHN MALCOLM FARQUHARSON was duly elected a Fellow of the Association.

The following cases and specimens were shown:—

Mr. CHICHELE NOURSE: A case of old-standing lupus of the larynx, which had required tracheotomy, in an elderly woman.

Dr. JOBSON HORNE inquired if, in this patient, there were any evidences of tuberculous disease in the lungs or elsewhere, and Mr. NOURSE replied in the negative.

Mr. CHICHELE NOURSE: A case of tertiary syphilis of the larynx, in a man, æt. 51. Treatment on the usual lines had resulted in a very satisfactory recovery.

The PRESIDENT congratulated Mr. Nourse on the quick response to treatment in this case; and Dr. VINRACE remarked on the very complete recovery obtained.

The PRESIDENT: A case of lupus of the nose, palate, and larynx in a girl.

Dr. KELSON: A case of laryngeal fistula.

Dr. VINRACE remarked that in this case the arytaenoid eminences, when viewed directly through the fistula, were really larger than they appeared in the mirror.

Mr. CHICHELE NOURSE: A case of new growth on the nose externally presenting an unusual structure.

The PRESIDENT regarded this growth as almost unique pathologically. It might be described as a "papillary adenoma," innocent in its nature, and originating probably in the duct of a sweat gland or an aberrant "rest."

A microscopic specimen of the growth was exhibited by the PRESIDENT.

The PRESIDENT: (1) Specimens illustrating the histology of the accessory sinuses; and (2) specimen of ceruminous gland of the external auditory meatus.

Dr. JOBSON HORNE: Macroscopic and microscopic preparations illustrating endotheliomata of the upper air passages.

Dr. DUNDAS GRANT inquired of Dr. Horne the clinical

appearances of one of the growths shown, which had affected the larynx, and its duration.

Dr. JOBSON HORNE, in reply, stated that this particular growth had existed for over two years, and that in appearance it was a fungating, breaking-down growth like a malignant tumour.

Dr. KELSON asked for a definition of the recently much-used word "endothelioma," and inquired as to the behaviour of such a growth.

Dr. JOBSON HORNE regarded the endothelioma as of local malignancy; it would recur locally if removed.

Dr. PEGLER inquired whether formalin had been used in the preparation of the specimens shown, and Dr. JOBSON HORNE replied in the affirmative.

The PRESIDENT remarked about these endotheliomata that some were of rapid growth, while others increased but slowly. They were like malignant tumours certainly, and were not papillomatous in nature, as they grew down deeply into the tissues.

Dr. P. H. ABERCROMBIE (for Dr. HOLLOWAY): Case of hypertrophy of the lingual tonsil in a woman, æt. 28. It was proposed to remove the swollen part with the curved tonsillotome.

This case was discussed by the President, Mr. Nourse, Dr. Vinrace, Dr. Jobson Horne, and Dr. Kelson.

Drs. VINRACE and JOBSON HORNE were against operation in this case, as likely to be followed by hæmorrhage.

Dr. KELSON suggested the possibility of a foreign body as a cause for the lingual tonsil swelling and redness.

Mr. CHICHELE NOURSE exhibited a new form of infundibular probe and cannula for the frontal sinus; also a probe and cannula for the sphenoidal sinus.

The President, Dr. Vinrace, and Dr. Pegler discussed Mr. Nourse's instruments.

Mr. CHICHELE NOURSE read the notes of the sequel of a case of gumma of the larynx shown about a year ago. The patient had died of thoracic aneurysm.

The PRESIDENT described a slight modification of Moure's operation, applicable to children. The method consisted in the placing of an Adams clamp in the nostrils, after the septal incisions had been made, and the deviation rectified. The clamp acted as a splint, and tended to arrest bleeding.

Dr. PEGLER spoke with reference to the above modification of Moure's operation, and the PRESIDENT replied.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

MEETING held Saturday, May 2nd, in the Medical Institution, Liverpool. C. A. BALLANCE, Esq., F.R.C.S. (Vice-President), took the Chair for the first half of the meeting, and then vacated it in favour of Dr. HUGH JONES, of Liverpool.

Professor ANDREW PATERSON described the "Development and Morphology of the Temporal Bone," in which the mode of evolution of the ear was forcibly illustrated. First, this is an invagination of the surface epiblast connected with the brain and communicating with the surface (elasmobrancho). Then a complete severance of connection with the surface (bony fishes); then the formation of tympanic cavity, membrana tympani; stapes and columella in addition (reptiles and birds); then the addition of branchial elements, malleus and incus, external meatus and pinna (mammals). Its complexity and interest are still further increased by the occurrence of mastoid antrum, mastoid process, and cells. The spiral cochlea of mammals is an obscure and interesting question. Again the branchial apparatus takes a very secondary share in the formation of the ear, and this only in mammals. Mr. Fagge and Dr. Herbert Tilley asked if it were possible that a mastoid antrum might be absent in a temporal bone, and the latter gentleman cited a case in which this seemed to have been the case.

Dr. ALFRED CAMPBELL: "The Cortical Centre of the Auditory Nerve" (models and microscopic section). He stated that in a suitably stained section taken from the middle of temporal lobe, three definite types of

cortical structure may be observed, and by careful study of these in successive series it is possible to define with absolute exactitude two definite areas—(1) the transverse temporal gyri of Heschl, (2) the posterior three-fifths of the superior temporal convolution. From anatomical, embryological, experimental and clinico-pathological data he believes that the first area represents the arrival platform for the primary reception of auditory stimuli, while the second represents that part of the cortex which interprets and elaborates these stimuli. Histological, developmental, and clinico-pathological facts were adduced in favour of these areas having the functions assigned to them. The fact that a lesion in left hemisphere does not produce complete "word-deafness" seems to show that the right hemisphere shares the function, but to a less degree. The author's histological researches showed no differences between the auditory areas in the two hemispheres, and hence he could say nothing about the exact localisation of a "word-hearing centre." The paper was illustrated by a magnificent series of sections, microscopic drawings, casts, &c.

Dr. HUGH JONES: "Two Relations of the Facial Nerve (?) hitherto described" (specimens). The author pointed out various relationships which would enable the operating surgeon to avoid injury of the facial nerve during an operation, and this without recourse to any of the numerous measurements which have been laid down from time to time, and which are of little value when once an operation has been commenced and landmarks are thereby destroyed.

Mr. ARTHUR CHEATLE: "Quinine Deafness and its Prevention." It was pointed out that the deafness was produced by overdoses of quinine, and that probably anæmia was the pathological cause of the deafness. Once established, the deafness was permanent and without remedy, hence the treatment must be preventive. Medical, as well as laymen, especially in malarial regions, should be warned of the evil effect which large doses of quinine may have upon hearing. When given, quinine should be guarded by full doses of hydrobromic acid.

Dr. THOMAS BARR thought the effect of quinine was especially marked in people whose hearing was deficient.

Dr. WILLIAM MILLIGAN had found nitrites of use in the treatment of quinine deafness, probably on account of its relieving the anæmia.

Dr. DUNDAS GRANT believed the evil effects of quinine were due to congestion.

CASES.

Mr. CHARLES LEE: Case of extra-dural abscess following acute otitis media. The radical operation was done with complete success, and one drachm of pus evacuated from an extra-dural abscess in the middle cerebral fossa. Convalescence was retarded by a sharp attack of erysipelas, but patient made complete recovery.

Dr. WILLIAM MILLIGAN showed a case in which eight days after radical operation had been performed for the cure of chronic suppurative otorrhœa, skin-grafting was carried out, but no packing had been used and yet a perfect result had been produced. He also showed a second case in which the antro-tympanic cavity had been packed for five weeks after the complete operation. An equally successful result had been obtained.

Mr. C. A. BALLANCE pointed out that the sole object of grafting was to accelerate the time of healing, and its value in this respect could not be over-estimated.

Dr. PERMEWAN: Caries behind posterior border of mastoid associated with middle-ear disease, but without perforation of the membrane. The disease was post-influenzal. The author opened the abscess over the mastoid and found a hole large enough to admit tip of little finger, $\frac{3}{4}$ in. behind the meatus, from which pus exuded and which communicated with the inside of the skull (posterior fossa). The patient recovered rapidly.

Mr. FAGGE said that in influenzal cases the local signs of pain and swelling of the drum were often so slight as to be misleading, and that the pneumococcus was

often to be found in the cases which were liable to intracranial complications.

Dr. PERMEWAN: "Section of malignant growth of the middle ear." A polypoid growth with constant suppuration had existed for more than twenty years.

Mr. ERNEST STOCKDALE: "Two specimens and microscopic sections of epithelioma of the pinna."

Mr. PHILIP NELSON: Casts of upper and lower jaw from a case of chronic middle-ear catarrh.—B. Q., a mouth breather, presented the condition as shown by casts. Extreme V-shape of upper jaw, with high, arched, cleft-like palate. Lower jaw projected $\frac{1}{2}$ in. in front of upper, so that no teeth were opposed. Condition was due to adenoid growths, from which she had suffered since infancy. Injury to hearing and facial deformity shows importance of early and thorough removal of adenoids. Casts were kindly made by Mr. L. Osborne.

Dr. HUGH E. JONES: Cases after operation, illustrating (a) temporo-sphenoidal abscess; (b) superficial cerebellar abscess; (c) basal meningitis; (d) sinus thrombosis; (e) extensive destruction of bone in hereditary syphilis and scarlatina; (f) cases of the complete post-aural operation with or without grafting; (g) specimens (pathological and anatomical).

Lunacy Department.

LUNACY IN INVERNESS-SHIRE.

THE proposal of Inverness District Lunacy Board to acquire the estate of Kinmylies for additional accommodation for patients has had a strange sequel, *viz.*, the calling of a special meeting of Inverness Town Council to consider what steps should be taken in the matter.

Overcrowding exists in the asylum to the extent of over thirty patients, notwithstanding the special efforts which have been made during the past two years to board-out all suitable patients. No less than sixty-five patients were thus removed from the asylum, but without marked effect on the influx. Increased accommodation being therefore urgently required, Dr. Keay, the medical superintendent, in a lengthy report issued to the members of the Lunacy Board, strongly recommended the acquiring of buildings already in existence, and in support of his recommendation, stated it was in accordance with the latest and most approved ideas in the treatment of the insane, as may be seen not only on the Continent, but in new asylums at Aberdeen, Edinburgh, and Dumfries. He detailed the principles of this method, and for example cited the Alt Scherbitz Colony in Saxony, where the authorities, instead of building a large asylum, bought a village and occupied the existing houses as they stood. He also reported:—

"It is found that in these colonies the patients are less excited and troublesome, more contented and happy, that they recover more quickly, and, lastly, that they are more cheaply maintained." Much may be said in favour of this method of asylum construction, but we fear it may be pushed for more than it is worth. Dr. Keay is of opinion the buildings at Kinmylies are admirably adapted for a colony of about eighty patients, and recommends their purchase at a cost of about £14,400; also on the score of economy. He also referred to the deficiency in their present supply of milk, and in the number of houses for married officials, which would both be removed by acquiring this estate, not to speak of the profits to be derived from the farm thereon. The additional land would certainly prove an acquisition to the Asylum, if only as a valuable source of providing employment for the patients.

This proposal of the District Lunacy Board has evidently opened up pastures new to the Town Council, so, at least, they seem to consider it; but their action in a matter where they have no *locus standi* must only have tended towards making them the laughing stock of the community. More than one member pointed a finger of ridicule at, and questioned the legality of, their proceedings, but still they blundered ahead and discussed the actions of the Lunacy Board. We hope the Lunacy Board will maintain their dignity and brook

no interference, however ridiculous, by any other public body, who have no right to interfere. We feel sure they would not discuss the actions of the Town Council, and that they are striving to carry out their work in as effective and economic a manner as possible, and in a manner that would reflect credit even on the Town Council.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 16th, 1903.

RETINAL DETACHMENT AND TREATMENT.

Müller exhibited a patient to the members of the *Gesellschaft der Aerzte*, whom he had treated very successfully by an ingenious operation for detachment of the retina. According to the patient's history he was highly myopic till 1891, when he suddenly lost his sight.

The myopia before this sudden blindness was estimated at 9 dioptries. The accident was diagnosed as detachment of the retina, which was treated in the orthodox way—*viz.*, diaphoretics, rest, and occlusion bandages, but without any success.

Total destruction of vision appearing inevitable, he opened up the external coverings of the eye after Krönlein's operation for resection, and then made an opening in front of the sclera ten millimetres long without injuring the chorion.

After thus clearing by resection a large opening through the tough walls of the eye, he took a fine knife and ran it quickly through the choroid into the detached space, from which exuded a quantity of subretinal fluid. All bleeding vessels in the choroid were tied with very fine silk thread.

The patient before the operation could not discern the fingers, but after the fluid was withdrawn he was able to count them at three metres distance.

The wound has now healed, leaving a central scotoma.

Müller has performed the same operation in two other cases with an equally satisfactory result—one of them eleven months, the other fifteen months, ago. He is inclined to infer from these results that the operation is a practicable one, and should be resorted to in cases of a high degree of myopia where the macula is in danger and blindness likely to ensue. Klein asked what effect the operation had on the refraction of the organ, and whether the present index in the myopia had been taken. Müller replied that the refraction in this case was an alteration of 12 to 13 dioptries. The previous patient operated on was a myopic of 9 dioptries, which has since the operation been converted into a hypermetropia of 4 dioptries.

DIVERTICULUM OF THE ŒSOPHAGUS.

Schlesinger next brought forward a man, *æt.* 69, who, according to his own history, fell from a scaffolding about fifteen years ago, since which time he has experienced a gradually increasing difficulty in swallowing. About eleven days ago he became quite unable to swallow either fluids or solids, but while able to swallow he had noticed a short time after each meal that a part of the food he had just taken was vomited. This ejection was without effort, the food tasting just as he had swallowed it, and when analysed it was found to contain neither hydrochloric acid nor pepsin.

The œsophagoscopic examination revealed a diverticulum in the posterior right wall of the œsophagus. A radiographic examination was made after the patient had taken a quantity of bismuth and milk, which

showed a distinct outline in the radiogram. The diverticulum held a quarter of a litre of the fluid.

According to the etiology of these morbid changes it is unusual to have the history of an accident as the initial cause. Although there are now thirty on record, none of them possess this peculiarity, although, strangely enough, all the other thirty recorded cases had their seat in the anterior wall of the œsophagus.

RUPTURE OF GALL-BLADDER.

Schnitzler showed two females who had undergone laparotomy for rupture of the gall-bladder. The first was fifty-five years of age, and was operated on seven days after the accident. In this case seven litres of bile were found in the abdomen. The walls of the gall-bladder were greatly thickened, and in its lower segment was an aperture the size of a bean, while the bladder itself contained a calculus as large as a walnut.

The other patient was fifty-three years of age, and was operated on for a hæmorrhagic ulcer ventriculi. The indication for the operation in this case was excessive loss of blood.

CYSTINE CALCULI AND NEPHROTOMY.

Leichtenstern brought forward a case of cystinuria with the formation of concretions in the right kidney. The patient was *æt.* 34, and had complained since he was sixteen years of age of a pain in the right loin which within the last five years had become more troublesome on account of an increasingly frequent desire to pass water.

Chemical examination revealed cystine and albumin coming from the right ureter. Palpation confirmed the existence of a large swelling about the size of a man's fist in the lower segment of the kidney. It was of an irregular, hard, sensitive nature. The radiograms by Dr. Kienböck show a well-defined shadow that confirmed the diagnosis of stone in the pelvis of the kidney.

The operation revealed a large coral-like stone composed of cystine about the size of a plum, the processes whereof penetrated the walls of the pelvis and protruded into the abdominal cavity.

Besides this large stone there were twenty-eight other and smaller ones. The wound healed rapidly and the patient recovered perfect health.

A peculiar circumstance connected with this case is the fact that his brother suffers severely from nephritic colic, which is probably calcareous, and has been diagnosed as cystinic in nature.

Kienböck remarked that the radiosopic examination would have sufficed for the diagnosis of this case without any other evidence, as the contour was so distinct, and the phenomena peculiar to cystine, which latter, on account of its high specific gravity in the radiogram, differed altogether from the clear oxalate or phosphate calculi, with concentric rings instead of dendric figures.

SPONTANEOUS RUPTURE OF STONES IN THE BLADDER.

Kapsamer related the history of an elderly patient, *æt.* 74, who had suffered for some time from prostatic hypertrophy and stone in the bladder, and who was suddenly attacked with an extraordinary pain in the bladder resembling cramp. Owing to the persistence of the acute pain suprapubic cystotomy was performed and forty-nine fragments of stone removed, the urine remaining perfectly clear. The fractured surfaces of the stones were quite smooth and homogeneous, with no phosphatic sheaths, and apparently had previously formed ten separate stones which, from their facets, had been complete in themselves, but owing to the powerful contractions of the bladder during the period of pain had been broken up into forty-nine pieces.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

ST. GERVAIS-LES-BAINS. (HAUTE-SAVOIE.)

ST. GERVAIS, the most interesting health-station of the Haute-Savoie Département of France, is conveniently situated near Le Fayet railroad terminus, having ready connections with Geneva, Annecy, and Aix-les-Bains. A tramway-line commencing at Le Fayet connects it also with Chamonix. Its superb position on the Bon-Nant Gorge, at the entrance of the picturesque Mont-Joie Valley, its proximity to the Mont-Blanc range, and the tonic purity of its air would commend St. Gervais to the artist and the health-seeker independently of the therapeutic value of its mineral springs.

The St. Gervais bath establishments and hotels have an altitude of 2,000 feet above sea-level; but, owing to the air currents coming down from peaks, glaciers, and forests of far higher altitude into the Mont-Joie valley, St. Gervais (while completely sheltered from unpleasant winds) offers to its visitors a mountain atmosphere excelling that of many more elevated districts. These converging currents, especially in the afternoons, convey down to St. Gervais an atmosphere remarkably dry and pure, impregnated with the perfumes of the plants and pines of high Alpine regions.

The Mont-Joie Valley abruptly terminates at the St. Gervais plateau, 700 feet above the Arve River, the Bon-Nant torrent plunging down this distance in a series of cascades into the gorge in which are located the Grand Hôtel de la Savoie and the thermal establishment. Near the foot of the lowest of these cascades, the three mineral springs emerge from a quartz formation of the Mont-Blanc range. Slightly differing in chemical constituents, the three springs show steady temperatures of from 38° to 40° centigrade. Their mineralisation is medium, being about 4.85 grains per litre. An average analysis may be stated thus: Chloride sodium, 1.65; sulphates soda, lime, and magnesia, together, 3.00; bicarbonate lime, 0.60; bromine sodium, 0.031; sulphate lithine, 0.102. It is the relatively high proportion of lithine which gives to St. Gervais a prominence amongst European lithia springs.

The St. Gervais waters are employed, internally and externally, very efficaciously for diarrhoea, constipation, piles, liver congestions, abdominal plethora, urinary, uterine, and ovarian complaints. They are specific for skin diseases, simple or complicated, and are also very beneficial in various arthritic and respiratory troubles. For neuro-arthritic children they are highly recommended. Professor Landouzy briefly sums up the peculiarities of St. Gervais:—Its *medication* is sedative and reconstituent. Its *spécialisation diathésique* is anti-arthritic. Its *principal functional spécialisation* is for patients having cutaneous affections.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

NEPHRECTOMY FOR CALCULOUS PYO-NEPHROSIS.—Mr. BATTLE operated on a short, stout man, æt. about 50, for pyo-nephrosis by the lumbar incision. The history of the case was peculiar. The patient had been quite well until December 30th last, when he for the first time had pain in his side and some illness, which confined him to bed for a fortnight; he then improved, and having lost his pain decided to resume work, but found he was not able to do much; he appears to have noticed that there was a whitish

deposit in his urine on standing, but he did not attach much importance to this, but having a return of the pain he attended the out-patient department of St. Thomas's Hospital, where pyo-nephrosis was diagnosed and he was admitted under the care of Dr. Hector Mackenzie. It was then found that he had a considerably enlarged kidney, and was passing pus in the urine to a large amount; there was also a slight rise of temperature. The diagnosis was confirmed and the condition was considered to be due to calculus. Mr. Battle, in consultation, agreed that the only satisfactory method of treatment was excision of the kidney. The operation of nephrectomy by the lumbar method was therefore performed. It was a difficult operation because the distance between the last rib and the crest of the ilium was so very short. The kidney was found to be very large and much matted to the tissues around. It was cut down upon so that the actual tissue of the organ could be recognised and then separation of the diseased organ was commenced. When the short space had been cleared a trochar and cannula were used, and a large quantity of thick yellow pus drawn off. The process of separation was then continued, but proceeded slowly on account of the small opening through which the hand could be introduced and the greater expansion of the upper part of the kidney under the diaphragm. Another difficulty was caused by the loculated character of the interior of the kidney, which rendered it difficult to empty it, but ultimately the separation was effected and the kidney removed at the hilum. It was cut across from before backwards, and so the vessels were secured as they showed themselves; by this means a number of small ligatures were substituted for one or two large ones, which practice is so apt to cause a sinus afterwards. The amount of pus measured after draining away was eighty ounces; inside the kidney was a handful of calculi broken up and presenting many branched processes. A drainage-tube was introduced and the wound closed with deep and superficial stitches. Mr. Battle said that it was evident that this was one of those cases of what might be called "silent" stone; up to the end of last year the patient had absolutely no symptoms, and as a handful of calculous material was taken out of the kidney, after the nephrectomy it was quite obvious that it must have been forming years before that. When it did attract attention it had already produced so much destruction of the kidney that nephrectomy was the only thing to be done. An excision of the kidney in a case where there is much matting of the surrounding parts is, he considered, often a very difficult operation, and is rendered much more so when the space between the last rib and the crest of the ilium is as small as in this; besides the risk of tearing the peritoneum, there is the danger of injury to the intestines either by tearing or by bruising, whilst the main vessels are sometimes involved and exposed to injury. Convalescence was uninterrupted, and the amount of urine passed was satisfactory from the first and soon became normal; the patient left the hospital a month after the operation.

Royal Colleges of Physicians and Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow.

THE following gentlemen, having passed the requisite examinations of the Conjoint Board, were admitted Diplomates in Public Health:—Thomas Cathcart Caldwell, M.B., Ch.B., Robert James Geddes, M.B., C.M., Andrew Gilmour, M.B., Ch.B., Robert Ashleigh Legg, M.B., Ch.B., Charles William Stowe, M.B., Ch.B., John Hume, M.D., Hubert Astley Knight, M.B., Ch.B., and Walter Barrie Turnbull, M.B., C.M.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 20, 1903.

THE FOURTEENTH INTERNATIONAL MEDICAL CONGRESS.

THE reports of the representatives of the various medical journals at the recent International Medical Congress at Madrid are practically unanimous in describing the arrangements for the members as scandalous. With characteristic Spanish procrastination most of the arrangements for the transport and reception of the visitors were left incomplete until it was too late to remedy any shortcomings, and, as experience proved, they were numerous. Inasmuch as the social side of these meetings has come to constitute almost their sole *raison d'être*, a disastrous failure such as occurred at Madrid cannot fail to go far to bring them into discredit. The pathetic narrative of the peregrinations of belated visitors in search of apartments, the scandalous advantage taken of their painful position to practise all kinds of impositions upon them, and the general unpreparedness of the executive committee make up a condition of things unparalleled in the history of these congresses. Nor was there much on the scientific side to compensate for the inconveniences to which members were subjected. The discussions at most "marked time," and we are unable to single out any particular contribution which is likely to be remembered in years to come. Of course, it would be too much to expect that every congress should elicit a contribution of the importance of that brought forward by Dr. Roux at the Hygiene Congress at Budapest, in 1893, when the value of the anti-diphtheritic serum was first made public, nor can every congress be marked by such a startling incident as the introduction of a futile cure for tuberculosis by an investigator of the eminence of Professor Koch, who so unwisely allowed his hand to be forced at the Berlin Congress in 1890. The interval which has elapsed since

his famous pathological bombshell at the recent Hygiene Congress in London was too short to allow of any convincing refutation of the views which he there launched on a startled world. If the International Medical Congresses of the future are to rank as successes much more care will have to be devoted to the provision of facilities for travel and accommodation. At this particular congress a new and unwelcome innovation was made, in that persons not possessed of a medical qualification were admitted to participation, thus changing the scope and status of the meeting. These congresses, no doubt, fulfil a very useful purpose by bringing together men who are working with the same object in view, and the value of the personal acquaintanceship thus begotten is one which ought on no account to be underestimated. At the same time, unless they are to fall into disrepute care will have to be taken to secure contributions of permanent value, and if the interval of three years be not sufficient to allow of this being done, it had better be extended. It may be urged, on the other hand, that the fortunate investigator cannot be expected to jeopardise his claim to priority by postponing his communication until the meeting of a congress, but this contingency might easily be provided against by permitting intending contributors to deposit sealed documents in the hands of the standing committee, establishing the results achieved by them at the date indicated. In view of the extremely onerous nature of the work which the organisation of these congresses entails it is open to question whether the standing committee should not comprise a certain number of paid officers whose duty it would be to arrange what may be termed the commercial details thereof. We have reached a stage at which the present organisation will have to be remodelled under penalty of the series coming to an untimely end.

THE INCREASE OF LUNACY IN IRELAND.

A PAPER which will be of much interest to alienists, especially in Ireland, appears in the current number of the *Edinburgh Medical Journal*, by Dr. John Macpherson, Commissioner in Lunacy for Scotland. It deals with insanity in relation to fertility, and is written with the object of bringing to public notice the important points which can be learnt from the statistics of lunacy when read in conjunction with the general statistics of a country. For this purpose the statistics of Ireland have been chosen because, as the writer says, the apparent increase of insanity there in proportion to the population is marked, and because the social conditions of that country as regards emigration are less complex than in Great Britain. Dr. Macpherson, in the course of his paper, brings out some remarkable facts. In his statistics he groups lunatics and idiots together, as he finds it impossible to satisfactorily differentiate between them in the Census returns. In 1851 the proportion of cases of lunacy and idiocy to the population was 1 in 657; in 1901 it was 1 in 178. This means that while the population of Ireland has decreased in fifty years by 31.9 per

cent., the number of insane has increased by 108 per cent. For this increase Dr. Macpherson offers four reasons—the depopulation of the country, the low marriage rate, the alteration in the age distribution of the population, and the low natural increase of births over deaths. It is not necessary here to refer to the causes of depopulation; the fact is sufficient that in twenty years ending March 31st, 1901, 1,199,098 persons left the country. It may, however, be at least questioned as to whether the increase of lunacy would not have been far greater if the population had remained what it was in the fifties and the social and political conditions of the last thirty years had also remained unchanged. Dr. Macpherson is, however, inclined to attribute to depopulation indirectly the present statistics of lunacy in Ireland. In 1881, the number of married women between 15 and 45 years was 37.1 per cent. of the women living between these age periods; in 1901, it had fallen to 32.5. Similarly, the number of married men over 20 years of age per cent. of the population in 1881 was 52; in 1901 it was 45.3. Moreover, in 1861, the sexually efficient, *i.e.*, all people married or widowed in the population between the ages of 15 and 55, constituted 24.9 per cent. of the total population; while in 1901 they constituted 21 per cent. Tables of the age distribution of the population show that while the proportion of persons under 15 years of age is diminishing, the proportion over 55 is increasing, a condition which is the effect of a low birth-rate and a high death-rate. The natural increase of the country, *i.e.*, the excess of the birth-rate above the death-rate, has also diminished, and in certain counties appears to diminish *pari passu* with the increase of lunacy. In some of the counties of Leinster at the present time the natural increase is 26 per 10,000, while the number of lunatics and idiots is 69 per 10,000. According to the writer, the Irish birth-rate is now the lowest in Europe, with, perhaps, the exception of France, a statement which, if true, will cause considerable surprise to many who are accustomed to associate the country with fertility. All these facts Dr. Macpherson attributes to depopulation, and sees in them the predisposing causes of an abnormally high proportion of lunatics. His paper affords much valuable information and subject matter for thought, and though we are unable to agree with him that over-population—for that was the previous condition of Ireland—is a preventive of insanity, and hence cannot accept emigration as the prime cause of the present state of affairs, we consider that in drawing attention to the diminished marriage rate, the alteration in the age distribution of the population, and the low natural increase of births over deaths, and in the connection he traces between these figures and the increase of lunacy, he has done a considerable service to the public.

THE NEW REGULATIONS OF THE LONDON UNIVERSITY DEGREE IN MEDICINE.

THE policy of the reconstituted University of London demands careful consideration, inasmuch

as it is of a kind calculated to affect somewhat profoundly the inner life of the medical world. Principles have been adopted that must sooner or later modify the whole attitude of the medical profession of the United Kingdom towards the subject of qualification. The two main facts which it is proposed to discuss in the present article are, briefly, the lowering of the examination standards of the degree in medicine and the increased fees. As regards the first-mentioned proceeding, we welcome the abandonment of artificially extreme standards of examination warmly as a step in the right direction. The fitness of a man for the practice of medicine and surgery cannot be correctly gauged by his capacity for "cramming" into his brain for a limited period a huge mass of other people's wisdom, to say nothing of their unconfirmed observations, theories, and speculations. Another radical defect in our present high standard examinations is the elevation of subordinate and ancillary branches of knowledge to the same dead level, whereby the student is invited to become for the time being a mnemonic gymnast in a score of subjects, some of which are connected only remotely with his future practical life work. All these faults, to say nothing of the inherent tendency of high standard advocates to substitute the abstract for the practical, have been for a considerable period inseparably connected with the degrees conferred by the Medical Faculty of the University of London. The fact that the Senate of the newly-constituted University have pinned their faith to a lower and more practical standard will be hailed with satisfaction by that large section of the profession which approves a solid groundwork rather than a showy superstructure in medical education. Undoubtedly some amount of hardship will be inflicted upon men who have taken the degree upon the former high standard terms, but a grievance of that kind forms an almost invariable drawback to all salutary reforms. For our own part we see no reasonable excuse for the existence of these so-called higher standard examinations. Indeed, when the possession of their degree is made essential to the holding of a hospital appointment, they at once become the instrument of gross unfairness and injustice. Unfortunately the executive committee and governors of many medical charities in various parts of the United Kingdom, but more especially in the great urban centres, lend themselves to the maintenance of that kind of class distinction which is absolutely unworthy of the liberal profession of medicine. A single qualification is good enough for lawyers—why should medical men want more? On the ground, therefore, that the London University, by lowering the standard of examination, is hastening the advent of the "one-portal" system of qualification, we welcome their new departure. Sooner or later the granting of a London "M.D." on reasonably easy terms, *ceteris paribus*, must inevitably swamp the smaller qualifying bodies. The superior attractiveness of a degree as against a mere diploma has been proved to demonstration for many a year past by the steady exodus of English students

to Scottish and other provincial universities. At length the greatest and richest city in the world has realised the necessity of having a teaching university of her own conducted upon modern lines. The lowering of the examination standard we regard as a wise step, calculated to add to the popularity and usefulness of the new Medical Faculty. We regret that a similar warmth of approval cannot be extended to the raising of fees. The history of almost all the bodies empowered to grant medical qualifications shows that a constant and increasing scale of fees has been imposed upon candidates. In many cases the wealth of individual corporate bodies has been thereby vastly increased. Examination fees, and, to a less extent, education fees, must be regarded broadly in the light of a tax upon education. Under present social conditions the tax may be necessary and unavoidable. It may be recalled, however, in this connection that before the days of free Board Schools, the tax formerly paid by individual parents in the shape of school fees is now paid by the State. An extension of that principle to all branches of secondary and technical education would throw open the University, free of cost, or, at any rate, at greatly reduced fees, to all deserving students. Special conditions would naturally be framed so as to exclude undeserving or unfitting persons from participating in the benefits of higher State education. It is to be hoped that the London University will sooner or later recognise the necessity of abolishing, or at any rate of reducing to a minimum, the money qualification which is practically imposed upon applicants for admission by a high scale of fees. The youthful Senate cannot be expected to sally forth into the world armed with an unassailable panoply of wisdom. At the same time the medical profession may congratulate themselves that the London University is strong enough to throw aside some, at any rate, of the time-honoured shackles that still limit the sphere of usefulness of some of the more ancient institutions of a similar kind.

Notes on Current Topics.

The Spectacle-Makers' Diploma.

THE hopeless disorganisation of the medical profession is nowhere more strikingly shown than by the invasion of one of their most highly technical fields by the Spectacle-makers' Company. As everyone knows, that trade guild has for a long time issued diplomas which entitle their holders to inscribe a number of letters after their names, and to prescribe eyeglasses and spectacles above and beyond their proper sphere, which is that of the mechanical workman. The *City Press* of May 9th has an article upon the "Science of the Eye," in which the following passage occurs:—"A diploma bearing the signatures of, say, Professor Sylvanus Thompson, Dr. Lindsay Johnson, and Mr. Thornthwaite—the first-named representing science in general; the second optical science in particular; and the third the industry—

is recognised the world over as possessing a value no one will dare to call into question." We are afraid that members of the medical profession who hold old-fashioned ideas of the dignity of their calling will venture to call into question very strongly the action of Dr. Johnson in permitting his name to be hawked about in this fashion, let alone the injury he is doing to his fellow ophthalmic surgeons by sanctioning their trespass on legitimate medical work. The Ophthalmological Society tacitly endorses Dr. Johnson's attitude with regard to the City trade guild, for, we understand, that gentleman still continues to be a member of the learned Society, in spite of the fact that his signature is a common object in shop windows, where it figures upon the diploma of the Spectacle-makers', of which the shop-owner is the proud possessor. The force of our objection lies in the fact that the holder of the diploma examines eyes for errors in refraction, so that he may prescribe as well as make glasses for his customers. The Guild, it is true, append a condition that all cases of disease of the eye must be referred to a surgeon. How is a medically unlearned optician to detect diseases that often demand the highest possible technical skill for their recognition? The last touch of absurdity, however, is furnished by the North of England opticians, who urge that the diploma scheme fails in its full effect because it does not ensure that holders of the diploma have a competent, practical knowledge of optics and of sight testing. "The diplomates of the Company," they say, in a memorial addressed to the Spectacle-makers', "are at present open to the reproach that, in spite of the high standard of knowledge implied by the possession of the diploma, their qualifications in respect to exact sight-testing are not proven." This point might be investigated with advantage by the Ophthalmological Society, and the whole question may be commended to the notice of the Ethical Committee of the British Medical Association, which has shown of late some signs of interest in matters of the kind.

The Modern Diagnosis of Tuberculosis.

Now that so many cases of tuberculosis are capable of cure under modern methods of treatment it is more than ever desirable to recognise the earliest stages of the disease. Of recent years science has given us two additional weapons of diagnosis in the shape of the Röntgen rays and the detection of the specific organism of the malady. The X-rays are useful mainly, if not altogether, in lung consumption. They indicate with precision the extent and position of the disease as well as the progress of the case. Moreover, in the early stages they often afford indirect evidence of value by demonstrating the loss of elasticity in the lung, as shown by the diminished respiratory excursion of the diaphragm on the affected side. The presence of tubercle bacilli in the sputum is proof positive of the existence of tuberculous disease in the lungs or air passages. It is therefore of the utmost importance to examine the sputum at frequent intervals when

any doubt surrounds a diagnosis. It is also important to examine pleuritic effusion for the bacillus, as many cases of pleurisy end in phthisis pulmonalis. Dr. J. Odery Symes, of Bristol, has recently published an account of an interesting case of fatal tuberculous pericarditis which was frequently tapped during life and the tubercle bacillus readily detected. A similar bacteriological test may be applied to the fluid exudate of other serous cavities, as, for instance, the meningeal, the abdominal, and the articular. With these modern aids to diagnosis the careful physician should be able to detect with certainty a largely increased proportion of early cases of tuberculous disease. It seems likely, however, that a certain margin of cases will defy all ordinary diagnostic methods, that is to say, of course, in the early stages. The wise dictum of the great physician to the effect that all of us now and then overlook a case of early phthisis is therefore likely to hold good until tubercle is banished from the face of the earth by the systematic attack of preventive medicine.

Primary Carcinoma of the Vermiform Appendix.

It would seem as though we had still much to learn regarding the pathology of the cæcal appendage. Dr. A. W. Elting, in the current number of the *Annals of Surgery*, furnishes a careful study of carcinomatous growths of the vermiform appendix, and arrives at the following conclusions: Primary cancer of the appendix is not of such rare occurrence as has been hitherto supposed. Every appendix removed at operation or autopsy, if it presents any evidence whatever of disease, should be examined microscopically. There is a relationship between primary carcinoma of the appendix and chronic appendicitis. Primary carcinoma of the appendix is said to show a tendency to develop at a comparatively early period of life, but does not show marked tendency to extend or give rise to metastasis. The symptoms are usually those of a chronic appendicitis, and while we learn that the diagnosis is in the great majority of cases impossible, "treatment should always be operative."

The Universities and Scientific Research.

Up to the present the centres of scientific research have been the laboratories attached to the universities and medical schools. There has been no such thing as a direct endowment of research work. This work has been in the hands of professors, whose main work, and that for which they were paid, was teaching. Their research, however important it may have been, was technically auxiliary to instruction. It is true that there are a few establishments, such as the Pasteur Institute in Paris, and the Jenner Institute at home, where this does not hold, but up to the present there has been no tendency to dissociate original study from teaching. That this tendency will become strong in the future we may judge from the condition of affairs now rising in America. In connection with the Univer-

sity of California, a professorship in physiology has recently been established which carries with it no teaching duties; the incumbent is expected to devote his time to research work. The inauguration of the Rockefeller Institute marks a further step in the severance of inquiry from instruction, and the appointment of Dr. Flexall, lately Professor in the University of Pennsylvania, to its directorship emphasises the fact [by his withdrawal from work at the University. Now that the principle of endowing research is admitted, there is no doubt the practice will grow; nor is this to be regretted, although the loss to the schools will in the first instance be very great. The great leaders of science, however, will be freed from the tedium of instructing elementary students—a work which, in many cases, can be better done by men of other gifts. At the same time every precaution must be taken that advanced students shall get full opportunity for original work at all institutions set apart for research work.

Alcohol and Proprietary Foods.

The public seem to get more and more addicted to the custom of treating themselves to courses of one or other of the extensively advertised proprietary foods. And medical men too often exercise little caution in assuring themselves of the composition of these preparations before allowing their patients to use them. In convalescence from acute illness, when the variety of foods available is necessarily small, one is too apt to allow the dietary to contain a certain amount of some of the most vigorously "pushed" of these foods. Or, on the other hand, during the course of a long and wasting illness, such as consumption or cancer, a patient, with his physician's tacit consent, makes one of them a principal article of diet. Dr. Harrington, of Boston, recently had his attention 'accidentally' called to this subject by the fact that one of his patients was noticed to be for some time in a continual state of intoxication, for which no cause could be assigned, until suspicion fell on a certain patent food. On analysis, it was found to contain a large percentage of alcohol. On examination of specimens of other widely-used preparations he found that many others of them contained large quantities of spirit. (a) For example, "Liquid Peptonoids" contains 23.03 per cent. of alcohol, and the maximal quantity recommended per diem for an adult would yield the same quantity of spirit as three and a half ounces of whisky. "Panopepton," described as "a restorative from fatigue," and "the best food in acute diseases," contains 18.95 per cent. of alcohol. Various of the other foods examined, most of which are better known on the other side of the Atlantic than here, e.g., "Hemapeptone," "Nutritive Liquid Peptone," "Hemaboloids," "Malford's Predigested Beef," contain quantities of alcohol varying from 10.60 to 19.72 per cent. The great

(a) *Boston Medical and Surgical Journal*, March 12th, 1903.

danger of establishing alcoholic habits, as well as the present injury inflicted by the administration of such large quantities of unnecessary stimulant, should make the physician very careful of the nature of any proprietary food he allows his patients to take.

Massage of the Failing or Suspended Heart.

CERTAIN lay newspapers in the United Kingdom have for some time past been publishing telegraphic accounts of some experiments conducted by Dr. R. C. Kemp, of New York, with the view of stimulating a failing heart, or of one that has actually ceased beating. These despatches usually appear under a sensational heading, such as "Reviving the Dead," and it is difficult to conceive how any useful public end can be attained by their appearance in non-professional journals. The massage of the heart described by Dr. Kemp has been before the medical world for many years. He appears, however, to have developed his method in the case of the lower animals by making an incision between the ribs so as to allow two fingers to be thrust into the pericardiac cavity. The heart is then massaged rhythmically by pressure between the fingers and the chest wall. At the same time a saline fluid is injected into the veins and air is pumped into the trachea by means of a special apparatus. It is stated that this method has succeeded in resuscitating dogs in whom cardiac pulsation had ceased. An unsuccessful trial is said to have been made in the case of a man about a year ago. However much medical men may admire the courage of progressive surgeons, they will, as a body, cordially unite in condemning the publication of matters of purely scientific interest as sensational "copy" for the columns of lay newspapers.

A Recalcitrant Practitioner.

IT is, of course, very annoying to find that by an oversight one has incurred a penalty under the law requiring the notification of cases of infectious disease, but under the circumstances the proper course is to "smile and pay." The wisdom of this plan apparently did not commend itself to Dr. R. W. Fraser, assistant to Dr. Davies, of New Tredegar, for when he was fined three guineas and costs for failing to notify a case of diphtheria, with the absurd alternative of a month's imprisonment, he elected the latter, and he actually allowed himself to be placed in durance vile. Sundry friends paid the fine without asking his permission, and he shortly became accessible to the interviewer, to whom he explained that he had actually written the certificate, which had been overlooked in consequence of an urgent call, only to be discovered some days later in a pocket. Such incidents as these are not calculated to facilitate the administration of the law, and we think that the penalties really ought only to be enforced against those who wantonly or deliberately disregard the law, and should not be harshly applied to practitioners guilty of a mere oversight, especially as the concomitant obligation on the parent or householder is virtually never enforced.

The Soap Liniment Prosecution.

THE prosecution of a firm of chemists for selling soap liniment prepared with methylated spirit in lieu of the rectified spirit stipulated in the British Pharmacopœia, while good in principle, strikes one as somewhat beside the mark, provided always that no fraud was attempted; in other words, that the methylated product was not sought to be palmed off as the standard product. It is quite impossible to advance that, as a liniment, the methylated product is less therapeutically valuable than the product made with rectified spirit, and one is surprised that in the Pharmacopœia provision is not made for the employment of the cheaper solvent. In hospital practice, for instance, it would be a wicked waste of funds to dispense the rectified spirit liniment, although in private practice there is no reason why patients willing to pay for the odourless preparation should not be allowed to indulge their preference. The question really seems to turn upon whether or not the liniment was sold as being the official preparation, and as to this the reports before us afford no trustworthy guide.

Art and Medicine.

IT cannot be said that the 135th Exhibition of the Royal Academy affords conspicuous evidence of any close association between Art and Medicine. Among the portraits there are few of medical men, the most noteworthy being Mr. Herkomer's portrait of Sir Hermann Weber, and Mr. A. Spencer Watson's portrait of Sir K. Douglas Powell. There are also portraits of Lieutenant-Colonel Horace Manders, V.D., R.A.M.C., Dr. J. Storrs Brookfield and Dr. H. B. Donkin. In the sculpture gallery there are busts of Sir John Williams, Sir Henry Thompson, and the late Sir William MacCormac. Mr. Elkanah Holdroyd has a delicate little water-colour of Rahere's tomb in the church of St. Bartholomew the Great.

Dust and Disease.

THE chronic mechanical irritation set up by dust has long been recognised as an important cause of the initiation and maintenance of various morbid processes, more particularly in connection with the respiratory passages. Many occupations are peculiarly associated with the production of much irritant dust, and a large group of so-called trade diseases are directly dependent on the presence of organic and inorganic dust. Every measure, therefore, aiming at the diminution of dust must be welcomed as a prophylactic measure of the greatest importance to members of the great working class. We are particularly glad to find that the Council of the Society of Arts are offering a prize for the best dust-arresting respirator for use in dusty processes and in the service of dangerous trades. The apparatus must be light and simple in construction, inexpensive, and such as will admit of frequent renewal of the filtering medium or of the respirator as a whole, or so constructed that it can be readily cleaned. It must be effective and allow no air to enter by the nostrils or mouth except through the filtering

medium. It should not permit expired air to be rebreathed. The filtering medium, though it should be effective in arresting dust particles should not offer resistance to the respiratory act, and must allow of being worn for hours conveniently under the usual conditions of work. It is, of course, very desirable that it should not be unsightly. We hope medical men will not be lacking in a display of ingenuity which should do much to render many trades more hygienic than they are at present.

Delusive Consumptive Cures.

CONSUMPTION is the most dreaded of human scourges. It claims its victims at every age and from all ranks of society. From it we lose many of the most valuable lives, as well as having to endure widespread national suffering. Scarcely a home but can record a loss from tuberculosis. It is very reasonable, therefore, that everyone with a spark of sympathy in his soul should eagerly await the coming of some effectual means for arresting this fell disease. And much is slowly and quietly being accomplished, although in comparison to the loss which still progresses unchecked it seems but as nothing. But our present purpose is simply to protest against the almost inhuman methods of certain members of the Press in preparing, and the reckless and irrational conduct of some editors in admitting to their papers, articles devoid of trustworthy information or based on immature or actually misleading experiments, the chief object of which seems to be to encourage a hopeless hope and deepen the despair of many a dying sufferer.

The King's Sanatorium.

MUCH secrecy and many uncertainties seem to have encircled the founding of the King's Sanatorium. For long various rumours have been in circulation regarding peculiar difficulties which have beset the directors of the movement. At last, however, we are officially informed that a site has been acquired from Lord Egmont, at Lord's Common, Eastbourne, six miles south of Haslemere, and about three from Midhurst. The estate is said to be 150 acres in extent. As far as we can ascertain it is peculiarly suited for its purpose, although far from being readily accessible. Considerable difficulty has been experienced in obtaining a suitable supply of water, but this has now been overcome. Mr. H. Percy Adams, F.R.I.B.A., is preparing plans, the Advisory Committee having apparently found all the 180 schemes submitted from all parts of the earth unsuitable for King Edward VII.'s Sanatorium.

It is stated that a writ has been served on Mr. Stephen Coleridge at the instance of Dr. W. M. Bayliss, Assistant Professor of Physiology at University College, London, who is bringing an action for libel and slander based on certain statements made in the speech delivered by Mr. Coleridge at the annual meeting of the National Anti-Vivisection Society on May 1st.

Mrs. Jane Welsh Carlyle.

It would seem that the fall of the curtain is now accounted no sufficient reason for the arrest of discussion of the manners and methods of the players on life's stage. Indeed, it is fast becoming a fashion not only in biographical literature, but in medical study, to dissect the diseases and analyse the mental morbidities of those the world considers worthy of remembrance. And within due limits, no doubt, such is not only reasonable, but even desirable. Certainly, the charity which covers a multitude of sins will not suffer thereby; and when reverently and sympathetically presented, the sufferings and shortcomings, arising from physical and mental disabilities, of those who have passed may prove of service, and afford comfort to those still tied and bound by the limitations and deficiencies of mind and body. We therefore consider that Sir James Crichton-Browne has done both the dead and the living a great service in having dealt with much delicacy, but also with keen scientific insight, in his luminous introduction to the "New Letters and Memorials of Jane Welsh Carlyle," on the psychological aspects of Mrs. Carlyle's life. Sir James there points out that the much-discussed wife of the great philosopher "passed through a mild but protracted attack of mental disturbance, which would be technically called on its psychical side climacteric melancholia, and on its physical side neurasthenia." It is interesting to remember that Mrs. Carlyle was the daughter of a hard-working country doctor. Of this we may be sure, that no accurate estimate of matters dealing with the Carlyles can be made without allowing full weight to their exceptional psychological features. Will the time ever come when it shall be considered proper and even essential for the introduction to a biography to be written by a medical man or practical psychologist?

The Cult of the Child.

WORDSWORTH'S line stands true for all time: "The child is father to the man." But it has remained for recent days to realise the practical bearings of such a truth in the conduct of a child's life. Mrs. F. A. Steel, in the current issue of the *Saturday Review*, assumes the office of parents' director. We are well acquainted with this lady in the rôle of brilliant novelist and attractive essayist, but as the careful student and revealer of the mysteries of childhood we fear she has strayed into pastures new, and such as cannot be profitably furrowed by the unsympathetic and caustic irony of her materialistic pen. Mrs. Steel's aloofness from the real meaning of child-life is clearly manifest when she says: "Whether as a physiological fact to be explained, an intellectual atom to be educated, or a legal entity to be ruled, the child lives only in relation to a future development. It is, briefly, an aspirant to adult-life." Mrs. Steel seems to have been peculiarly unfortunate in her researches, or, lacking in maternal instincts, has not succeeded in penetrating the crust of superficialities: "The value of mere habit

is not recognised at all nowadays"; and "discipline is fast disappearing from the world"; and again, "obedience is ceasing to be itself." Surely the gifted novelist in straying from the permanent way of fiction is manifesting a profound ignorance of the true meaning of educational methods. Mrs. Steel wants to go back to the ancient *rigime* apparently, and put old heads on young shoulders. In the interests of progress in matters psycho-physiological we hope readers of our brilliant contemporary will not allow ill-judged jibes at "The Society for the Protection of Young Children," and sneers at kindergarten methods, to deter them in brightening and bettering the child-life of to-day, which still remains in many sections of society pathetic in its loneliness and brain-contracting and body-shrinking in its isolation from the humanising influences of a happy home in action.

Athletic Training.

THE craze for athletics nowadays is perhaps remarkable more for its enthusiasm and thoroughness than for its devotion to scientific guidance. After all, the only test likely to secure the ultimate approval of public opinion is that which has ever appealed to mankind, namely, results. If an athlete be able to develop speed, strength, staying power or whatever particular quality of bodily prowess he may require for success in his chosen field of exercise, it matters not one jot to the rest of the world how he has trained himself to the necessary pitch of perfection. In old days he was dieted largely on more or less raw beef steaks, indubitably raw eggs, figs *ad libitum*, and forswearing in general anything toothsome and dainty in his daily bill of fare. Nowadays all that is changed, and the dietary of the man in training is elastic, and there is no longer any risk of jading the appetite by lack of variety. The trainer of a generation ago would simply have stood aghast at the sweets and other savoury food stuffs eaten by your modern rowing or running collegian. Yet it may be doubted if the physique either of the individual athlete or of the nation ever stood at a higher general standard of "fitness." One of the most encouraging and striking features of the whole matter is the increasing juvenile activity of men who have passed the rubicon of middle age. It seems likely that the more sober habits of modern times have had not a little to do both with the lengthening of life and with the postponement of senility. One pertinent fact with regard to training is that both past tradition and present practice condemn with emphatic voice the use of tobacco and alcohol and other indulgences to which healthy man—wonderful animal that he is—is unhappily prone. So long as the main principles of temperance, plain living and abundant exercise are carefully applied to the man in training, so long will the results be likely to succeed. Meanwhile, any little vagaries, such as soaking the feet in brine nightly for weeks before the London to Brighton walk, may be tolerated as harmless gropings in a right direction. Lastly, every human being living

under reasonably good conditions of environment ought to be, like the healthy schoolboy, always in a state of "training."

"Chemical" Hock.

THE problem of how to make hock was recently answered at length in a Berlin court of justice. The maker, a term in this instance preferable to that of "grower," owned large vineyards at Nierstein, a district the name of which is sacred to the hock-drinkers the wide world over. Yet this proprietor, not content with the profits of the "good Rhine wine" yielded from his estates, was in the habit of doubling the output by the aid of nefarious chemical methods. Some of his former employes testified that this modern magician turned 500 gallons of ordinary wine into 1,000 gallons of first-class Nierstein by adding 500 gallons of Rhine water, and subsequently flavouring to taste. Among various drugs used by him for that purpose were ammonia, tannic acid, isinglass, prunes, raisons, oil of vitriol, and gelatine, not to mention a small phial of mysterious fluid that he carried in his pocket and added to his "first-class Nierstein" with the utmost secrecy. The German Government are to be congratulated on their courage in bringing to light these fraudulent adulterations. It has for a long time been notorious among wine-drinkers here at home that hock is largely adulterated, and that it was only possible to obtain the old-fashioned, pure and fine wines by the payment of more or less prohibitive prices. It is somewhat pertinent to ask how many prosecutions have been undertaken in the United Kingdom, say, within the past ten years, for the vending of impure hock, or, for that matter, of any of the vast bulk of chemically-made wines, spirits and liqueurs foisted upon the British public. The latter state of an innocent guest who has been entertained at a public dinner with first-class (chemical) Nierstein, (chemical) champagne of the finest brand, British sherry or port, and poisonous liqueur may be better imagined than described. Where are our chemical experts? In the name of hygiene let them be engaged by Somerset House to catch our chemical thieves.

Tobacco Poisoning.

A SINGULAR commentary on our recent remarks with regard to the prevalence of tobacco poisoning among the young is furnished by the evidence given last week at an inquest which was held at Tredegar on a lad, æt. 15, who had succumbed to nicotine poisoning. The lad was addicted to tobacco-chewing, and even retired to rest with his "cud," and it is surmised that he must have swallowed it, with fatal result. Incidentally, reference was made to another fatal case in the same town. The victim was a boy, æt. 14, who had smoked in one day five packets of cigarettes, two cigars, and a pipe at intervals, though it is difficult to imagine where the intervals came in. Children barely out of arms may now be seen in the streets proudly puffing at the ubiquitous cigarette, and unless a paternal legislature

intervene, we are likely to witness an epidemic of nicotine poisoning on a very large scale. The ready-made cigarette is at the root of the evil, for without it the very young would be unable to gratify this artificial craving. We say artificial, because it is begotten of emulation; in fact, it is the most modern manifestation of the desire, firmly implanted in the heart of every young lad, to ape the mannerisms of his seniors.

A Sanitary Record for Buildings.

A VERY practical suggestion has been made by a French senator with the object of enabling prospective tenants to form a trustworthy opinion in respect of the sanitary status of houses. It is that the owner of every dwelling-house should be compelled to keep a register of the morbidity of his tenants, so far as the scheduled infectious diseases are concerned. The idea is distinctly a happy one, though in practice it would probably be found to work better were the register automatically compiled by the local sanitary authority. If those in search of apartments could ascertain beforehand what measure of health, estimated by the proneness to infectious diseases, had been accorded to previous tenants, many an action for damages on account of defective sanitary arrangements would be avoided, and landlords would have a greater inducement to remedy obvious shortcomings. As matters stand at present the tenant only discovers these shortcomings after he has entered upon possession, that is to say, at a time when it is too late to turn the knowledge to useful account, unless the defects be of such proportions as to justify him in incurring the expense and worry of legal action—actions which are as costly to prosecute as they are uncertain in their results.

The Intra-Vascular Administration of Antiseptics.

CONSIDERABLE prominence has recently been given to the use of antiseptic agents introduced into the system by intra-vascular injection, particularly in the treatment of pulmonary tuberculosis, syphilis, cerebro-spinal meningitis, and acute rheumatism. Mr. W. V. Shaw has recently undertaken a series of interesting experiments to test the value of such procedure. In the case of rabbits infected with tuberculosis, formalin injections were administered, but without benefit, and, stated shortly, the results of these experiments would seem to show that there are no advantages to be derived from the intra-vascular use of antiseptics.

The Science of Wife Selecting.

SOME few years since Mantegazza wrote a work on "The Art of Taking a Wife," but no one has been bold enough to claim that he is sufficiently equipped to indicate the scientific principles which should form a secure basis for wife-choosing. Much is now being said regarding the necessity for recognising laws of breeding if satisfactory human subjects are to be secured and safely reared; and in America much nonsense, biolo-

gically speaking, is appearing regarding the regulation and prohibition of marriage. In this, as in so many other matters where the personal element looms large, reformation may be expected to arrive by the path of education. It is certainly most desirable that there should be considerable extension of enlightenment of both individual and collective or public intelligence in regard to the folly of allowing the transmissibility of family diseases and the error of perpetuating morbid conditions by ill-assorted unions, but to attempt to direct sexual hygiene and guide the forces of heredity by a process of coercion must necessarily prove utterly futile, and will only make confusion worse confounded. Medical men may well exert a directing influence in maintaining progress in matters concerning sexual relationship along lines of common sense and rational hygiene.

Unilateral Dislocation of the Jaw.

THE failure of the classical method of reducing dislocation of the jaw is such a rare event that it seems hardly necessary to draw attention to a new method of reduction. As, however, one-sided dislocation, though much rarer than double dislocation, is often more difficult to reduce, it is well to have in reserve a simple, and at the same time effective, second mode of treatment. Such a method has recently been brought forward by Dr. Woodbury, of Philadelphia. (a) He had failed utterly in his attempt to reduce a right-sided dislocation of the mandible by the classical method, and after trying various devices, he was about to have the patient put under ether, when at her urgent request he made another attempt. Seizing the ramus and angle of the bone with his left hand, he pressed it downwards and backwards. While keeping up this pressure, he made her open and close her mouth gently several times, and when the mouth was nearly closed, a sudden gentle blow with his right hand on the left side of the chin immediately reduced the dislocation. The mechanism of reduction seems to be that the opening and closing of the mouth works the condyle backward, and the slight application of force, taking the muscles *by surprise*, is sufficient to pass it into the glenoid fossa.

A Medical Anti-Vaccinationist Fined.

NOTHING is more calculated to bring the vaccination laws into contempt than the imposition of ridiculously small fines for premeditated and obstinate contravention thereof. Mr. H. V. Knaggs, a medical anti-vaccinationist crank, of Camden Town, was charged with not having vaccinated one child, and with having failed to comply with an order in respect of another, and he adopted an uncompromising, not to say defiant, attitude at the hearing, in spite of which the magistrate only fined him five shillings on each of the two counts. A man, medical though he be, who elects to place his tiny personal experience in opposition to the universal consensus of opinion as to the prophylactic value of vaccination as a protective

(a) *Medical News*, April 11th.

against small-pox is obviously impervious to argument, but he ought to be made an example of.

Tetanus from Gelatine Injections.

SUBCUTANEOUS injections of gelatine constitute a valuable means of controlling hæmorrhage, and are very largely employed in hospital practice on the Continent. Several catastrophes have, however, followed their use, owing to the gelatine having been contaminated with the virus of tetanus; in fact, no less than twenty-three deaths have been traced to this cause. This mortality is eminently preventible, and ought not to be allowed to militate against a method of controlling hæmorrhage which is incomparably superior to any other in certain cases. Obviously all instruments and the gelatine employed should be carefully sterilised before use. It is surmised that the virus obtained admission to the gelatine during the process of manufacture, and is not due to its being taken from contaminated animals, but whencesoever derived these disastrous effects can easily enough be averted by proper care.

Daltonism.

THE scientific world is about to celebrate the John Dalton Centenary, and it is well that the memory of the great propounder of the atomic theory should be kept green. But Dalton has also given origin to a name that is likely long to persist among medical men. As is well known, he was himself afflicted with colour-blindness, or dychromatopsia, as it is often now termed, although old-fashioned minds still like to speak of it as "Daltonism," and was, indeed, one of the first to draw special attention to its characteristics. It is said that when presented to the King in a scarlet robe he had no qualms of conscience, and his Quaker principles were not outraged, for he mistook the colour for drab. Be this as it may, it is clear that Dalton was the subject of a congenital colour-blindness, which, apparently however, did not, at least to any serious extent, interfere with his scientific work.

Splints for Restored Noses.

PATIENTS who have undergone the paraffin treatment for the rectification of deformity of the nose, viewed æsthetically, are becoming fastidious. The solidification of the injected paraffin takes some time, and in the interval the reformed nose is apt to undergo more or less serious modification of outline. Dr. Grant, of Denver, has invented a suspensory bandage for use after this cosmetic operation. This is adapted to the nose by means of fine silver wire, which traverses the bony structures, and is further maintained in place by loops passing behind the ears. This apparatus is left *in situ* for about eight days, by which time the paraffin has become sufficiently "set" to resist distortion.

MR. WILLIAM F. HASLAM, F.R.C.S., Surgeon to the General Hospital, Birmingham, will deliver the Ingleby Lectures at the University of Birmingham on Tuesdays, June 9th and 16th, taking for his theme "The Surgery of the Pancreas."

DR. G. V. POORE, Professor of Clinical Medicine in University College, London, and Physician to University College Hospital, has, we regret to learn, been obliged to resign his appointments in consequence of ill-health:

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

THE ROYAL VISIT. OPENING OF THE EDINBURGH FEVER HOSPITAL.

The chief event of the Royal visit to Edinburgh took place on May 13th, when their Majesties made their state entry into the town, and, among other interesting functions, formally opened the new Fever Hospital buildings at Colinton Mains. The King and Queen were received by Lord Provost Steel, Councillor Lang Todd, convenor of the Public Health Committee, and others; and, in asking the King to open the Hospital, Mr. Lang Todd said:—"May it please your Majesty, when the Edinburgh Royal Infirmary was erected on its present site the Corporation undertook the duty of providing accommodation for infectious diseases, and for this purpose acquired the old infirmary buildings. As these became inadequate, the Council resolved to acquire a site and erect a large new hospital with ample room for extension. The estate of Colinton Mains, on which we now stand, extending to about 130 acres, was purchased, and more than one half of the land has already been appropriated for hospital purposes. The designing of the new hospital was entrusted to Mr. Morham, City Architect. It will provide accommodation for 600 patients and 150 nurses, provision being made for treating the following diseases—scarlet fever, diphtheria, typhoid, erysipelas, measles, chicken-pox, typhus—the latter now of rare occurrence in Edinburgh—while smaller wards will be available for the observation of doubtful cases and the isolation of such as are of a complicated nature. The cost of erection amounts to upwards of £350,000, met from the public rates, and nothing has been left undone to make the hospital complete in every detail and, it is believed, second to none in your Majesty's kingdom."

His Majesty, in reply, said:—"I congratulate the Corporation of the City of Edinburgh on the completion of this great building. I am confident that it will mark an important step in the improvement of the sanitary administration of the city, and I trust it will realise all their anticipations of benefits which have led them to undertake so large a work. It has been a great pleasure to me and to the Queen to come to Edinburgh, and we are gratified that the visit has taken place at a time which has enabled us to open this hospital."

The King then with a golden key opened the door and entered the reception room, where the following presentations were made—Mr. Lang Todd, Sir Henry Littlejohn, Dr. J. O. Affleck, Consulting Physician to the Hospital, Dr. C. B. Ker, Medical Superintendent, and Miss Sandford, Lady Superintendent. Thereafter their Majesties planted a tree on either side of the administrative offices.

Presentation of Addresses.—On the morning of May 12th, before the Levée, addresses were presented by a number of public bodies, including the University and the Royal College of Physicians.

Sick Children's Hospital, Edinburgh.—The directors of this institution have appointed Dr. William Blackley Drummond to be one of the extra physicians, *vice* Dr. A. S. Cumming, resigned.

Leith Hospital.—The Diamond Jubilee Pavilion and Nurses' Home, which have just been completed, will be formally opened on the 22nd by his Grace the Lord High Commissioner.

BELFAST.

ROYAL MEDICAL BENEVOLENT FUND.—The annual meeting of the Belfast and County Antrim Branch was held in the Medical Institute, Belfast, on Friday, May

15th, Sir William Whitla presiding. Dr. Richard Purdon read the annual report, which showed that the gross contributions for the past year amounted to £172, a falling off from the two preceding years. Of the medical men in Belfast about 75 per cent. contributed, but of those in the surrounding country only about 20 per cent. did so—a disheartening state of things, and not at all creditable to our profession. In April last twelve applications for grants were considered, and eleven were recommended to the central committee for favourable consideration. The report concluded: "It was scarcely credible, and not at all creditable, that the amount contributed by the profession throughout Ireland averages only about 2s. per head per annum. They called themselves one of the liberal professions, but where was their liberality to those whom they often referred to as their brethren, their brothers worsted in the strife, and to the widows and orphans left destitute and dependent on charity? The answer lay with the members of the profession." Sir William Whitla was re-elected President, and Dr. R. Purdon Hon. Secretary and Treasurer, with a representative committee of town and country practitioners.

HONOURS TO MEDICAL MEN.—The members of our profession have expressed unqualified satisfaction on the well-deserved honours recently conferred on two medical men in Belfast—Professor Symington of Queen's College having been elected a Fellow of the Royal Society, and Professor Lindsay a Fellow of the Royal College of Physicians of London.

PRESENTATION TO PROFESSOR BYERS.—A circular bearing this heading is being sent out at present to the profession and the public, signed by a committee of six, which includes one medical man. The circular states the present is considered an appropriate time to honour Professor Byers by presenting a portrait of himself to the Queen's College, with a replica for Mrs. Byers. The "appropriate time," of course, refers to the recent trying ordeal through which he passed as hero of an utterly unjustified breach of promise action, brought against him by a nurse—who at the last moment failed to appear. The more frivolous members of the profession have dubbed the scheme the "Breach Presentation."

Correspondence.

THE EXTINCTION OF THE ANGLO-SAXON.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the population question I write from the position of the average man in the street, albeit a medical man, claiming to be a man of the world, and, besides, being tolerably well acquainted with the literature of the subject. From this standpoint I must, in the first place, dispute your suggestion "that there is good reason to believe that a real physiological infertility is becoming apparent among the cultured members of the Anglo-Saxon race." I venture to affirm that not a tittle of scientific evidence has ever been adduced to give colour to such a belief. The true cause is clearly suggested in your quotation from Professor Thorndike's paper. Families are becoming smaller simply because parents are more and more following the example of the French, in limiting, by artificial means, the number of their offspring. If this practice becomes universal among the Anglo-Saxon race, the extinction of these peoples is merely a question of time—and of short time, as time runs in evolutionary changes. The population question is killing France. She has not enough people for home development and service; she has none to send to the vast territories—not even to beautiful Algeria, close to her doors—miscalled colonies, which she has, in late years, acquired. She is already one-third less in population than Germany, and the disparity will soon be much greater, so that the resumption of her once dominant position in Europe and the world is hopeless for ever. Parents refuse to toil or exert themselves in order to rear and maintain large families, whilst the strife and battle of life are in a vast majority of cases

spared the children. The boy—there is rarely more than one—is provided for near home; and a wife with a suitable fortune, in due course, mostly towards middle age, and after free sowing of wild oats, is found for him. The girl—there is rarely more than one—unless an idiot or a hopeless cripple, if she have the fortune fitting her social position—and she will not have been brought into the world unless this fortune is likely to be forthcoming—has in due course a husband found for her. The French, besides limiting the population, are, in fact, carrying on a gigantic system of artificial selection, and ensuring, to a large extent, survival of the comparatively unfit. It is only where there exists an exuberant population in civilised states that there can be free play for those evolutionary forces which are as certain to ensure destruction of the inferior as among the most barbaric of primitive tribes. The population question in late years has become invested with a meaning very different from what it expressed to the old political economists. With these islands getting their food supply from the remotest parts of the globe, and with those supplies illimitable; with Canada and half of Africa, not to speak of our other colonies, crying out for population, there can be no useless surplus men and women in Britain as long as the people are physically, mentally, and morally fit. There is room for countless millions among their kith and kin across the seas. If the western nations go to destruction in the direction to which they seem tending, they, unlike the nations of antiquity, who were also, although blindly, destroyed by the vices of civilisation, will go with their eyes open. I am pessimistic enough to believe that nothing will stop this downward progress; and that, if the New Zealander of a few thousand years hence be not found contemplating the ruins of London from the one remaining arch of its bridge, it will only be because the New Zealander has been, in his turn, wiped out, and the dominant place taken, perhaps, after the Russians, by the Chinese, Japanese, or any surviving people who have escaped the destructive influences which wealth, luxury, and ever-growing egoism seem invariably to bring in their train.

I am, Sir, yours truly,

A STUDENT OF SOCIOLOGY.

May 13th, 1903.

HOSPITAL ADVERTISEMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to a reference made to this hospital in your last week's issue under the heading "The Dignity of Hospital Advertisements."

In reply to the criticism made by you, I have to state no order or authority has at any time been given by me for the insertion of an appeal in the paper referred to, nor was I aware that such had been appearing. I have now, through our advertising agents, taken steps to have the insertions stopped, and cannot but regret that neither your correspondent nor yourself took steps to learn the facts in the first instance.

I am, yours truly,

TATE S. MANSFORD, Secretary.

May 15th, 1903.

THE EUCALYPTUS AS A HOSPITAL ADJUNCT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When, in 1860, I took entire medical and surgical charge of the Geelong Hospital, I found it in a very unsatisfactory sanitary condition. Though situated on high ground and but a short distance from that part of Port Phillip's great inland sea called Coria Bay, wounds refused to heal readily, and death from pyæmia and erysipelas were very common. During an epidemic of diphtheria, and when no case of the disease had been admitted into the hospital, I have frequently noticed the surfaces of all open wounds and sores become covered with a dirty yellow diphtheritic membrane. One case I particularly remember in which I had amputated the thigh by antero-posterior flaps, and their entire fresh-cut surfaces became so covered. The male and female accident wards were both on the ground-floor, and it was there that the

insalubrious character of the building was most manifest. The hospital contained 200 beds, which were generally filled.

Subsequently the Committee had the grounds closely planted with eucalyptus or blue gum trees, and as those grow with extreme rapidity, their influence soon became manifest. Erysipelas now never occurred in the hospital, and for years not a single case of pyæmia showed itself among my numerous accident and operation cases. Some years later a new Committee had the blue gum trees cut down to make place for more picturesque pine trees. Within a month of this change one of my patients died of pyæmia, a disease that had been banished from the hospital for years.

I am, Sir, yours truly,

D. BOSWELL REID,

Brigade Surgeon, Lieut.-Colonel Victorian Military Forces (Retired List), formerly Demonstrator of Anatomy and Operative Surgery, University College, London.

Victoria Street, S.W., May 14th, 1903.

THE PRESENT STATE OF OBSTETRICAL TEACHING IN LONDON.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much in sympathy with the letter on the teaching of midwifery which appears in your issue of the 13th inst. Much of the work of the general practitioner, especially in the country, consists of midwifery, and yet that is the one subject in the medical curriculum which he is not taught. He is more or less perfunctorily instructed in the administration of anæsthetics under the supervision of skilled men, but the ordinary midwifery he has to pick up by himself as best he can. The obstetric physician is now ashamed of his art, and wishes to be considered a gynæcologist. He wants to be both a physician and a surgeon, to attend cases of scarlet fever and to operate for piles. Labour cases are carefully excluded from his wards, which soon become the dust-heap of the hospital. There may be some uterine cases, but a considerable proportion of his cases consist of anæmias and chronic gastric ulcer. Any old chronic case which hangs fire in the other wards is sent to the obstetric department.

The teaching of midwifery should be carried on actually *within the walls of the hospital*. Pregnant women should be admitted to the wards, and when labour sets in the patient should be removed to a special room provided for the purpose. The obstetric physician or his assistant physician should be summoned, and should be required to give individual instruction to the student.

The ethical side of the question is a very serious one, and no student should be allowed to attend a parturient woman without the direct supervision of a legally qualified medical man. I am glad the question has been raised in THE MEDICAL PRESS AND CIRCULAR, for it is one which has long called for reform.

I am, Sir, yours truly,

A HOSPITAL SURGEON.

"AN ANTI-VIVISECTIONIST CARNIVAL."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just read your article entitled "An Anti-Vivisectionist Carnival," in your issue of May 13th.

I am very glad to learn that you object to the torture of animals, as this objection may possibly lead you eventually to support measures in Parliament repealing the Act that at present gives legal sanction to torture, and providing for the punishment of those who inflict it.

You speak of attacks made by me at St. James's Hall "on a profession for experiments that have for their end and goal the relief of human suffering and the saving of human life." I should certainly oppose experiments involving torture for any object whatever, but I think, before you accuse me of wishing to stop experiments undertaken for the relief of human suffering and the saving of human life, you should explain the connection you think exists between the experiments I was condemning and the healing art.

My acquaintance with the experiments and the publications of the physiologists leads me to the very clear conclusion that the great majority of the physiological experiments done and described have very little relation to the cure of diseases or the prolongation of life; and licences to perform experiments under the present law are actually granted to persons holding no medical degree.

I am, yours truly,

STEPHEN COLERIDGE.

92, Victoria Street, London, S.W., May 15th, 1903.

[The objects of medical science are the maintenance of health, the relief of suffering, and the prolongation of life. All research, whether physiological or pathological, therapeutical or bacteriological, aims at developing and completing the means of treatment already at our disposal. It is puerile to pretend—as our correspondent does by inference—that we are entitled to expect an obvious and direct connection between a given experiment and a particular result. Increase of knowledge means increase of power—in this connection curative power—but the knowledge obtained by physiologists has to pass through various hands before it can be applied directly to the prevention or the cure of disease. Our correspondent is doubtless perfectly cognisant of the fallacy comprised in his insinuations, although for purpose of argument he affects an ingenuousness foreign to his character.—ED.]

Literature.

AIDS TO SANITARY SCIENCE. (a)

THOSE who studied the very heterogeneous subject of hygiene and public health in the days not so far removed, when it was virtually an innovation in medical education will envy the students of the present day who are no longer constrained to delve into blue books and ferret out scraps of information from so many ponderous and discursive volumes, as was their own fate in the past. The last twenty years have brought about great changes, of which this comprehensive but compact work is an outward and visible manifestation. The whole field of hygiene and preventive medicine is epitomised in less than 300 pages. For this reason the student must not expect to be able to dispense with recourse to larger manuals. The object of such an epitome is to enable him to level up his knowledge, and to repair the inevitable omissions. This, the second edition, has been brought up to date—for hygiene is a very progressive science—and it has undergone a corresponding increase in size; but the work has been judiciously carried out, and we can conscientiously recommend it to students preparing for sanitary science examinations as the best of its kind.

ALLCHIN'S MANUAL OF MEDICINE. (b)

THE appearance of the fourth volume of this manual marks a somewhat belated progress, as the first volume appeared in 1900. This volume deals with diseases of the respiratory and of the circulatory systems, and is made up of the contributions of six authors. On the whole the work is excellent and the book may be cordially recommended to the notice of practitioners in want of a handy book of reference. At the same time we fancy that the student will find that in parts it is hardly level with the standards of the "M.B." examinations of the University of London. This criticism especially applies to the article on phthisis, on page 220, the chief symptoms of the disease are given as "cough, shortness of breath, emaciation, failure of strength,

(a) "Aids to Sanitary Science." By Francis J. Allan, M.D., D.P.H.Camb., &c. Medical Officer of Health for the City of Westminster. Revised and Edited by Reginald A. Farrar, M.D.Oxon., D.P.H.Camb. London: Baillière, Tindall & Cox. 1903. Price 3s. 6d.
(b) "A Manual of Medicine." Edited by W. H. Allchin, M.D. Lond., F.R.C.P., Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital, &c., &c. Vol. IV. London: Macmillan & Co., 1902. Price 7s. 6d.

loss of appetite, dyspepsia, fever, night-sweats, anæmia, and quickened pulse and respiration." The student at an examination would probably be expected to answer in order, cough, expectoration, loss of flesh, hæmoptysis, and night-sweats. Shortness of breath can hardly be called a prominent symptom of phthisis, except in advanced cases. On page 221 it is mentioned that some cases begin with hæmoptysis, but the special name for this class of cases is not given. Nor is any mention made of the anatomical causation of hæmoptysis in (1) early and (2) advanced cases. Under treatment, on page 238, the writer seems hardly to appreciate that the original tuberculin of Koch was never used as a curative agent in lung tuberculosis, but simply for diagnostic purposes. Tuberculin K. is the only tuberculin now used therapeutically. This distinction should be clearly stated. On page 242 treatment of hæmoptysis by turpentine given in five minim capsules is recommended, but nothing is said of the better method of inhalation of pure turpentine. The article on œdema occupies 22 pages, and presents a philosophical summary of the subject. Work of that kind, however, one would expect to find in the Transactions of the Royal Society, rather than in a book written for men engaged in the practice of workaday medicine. After these few criticisms we gladly welcome the appearance of a book that is a worthy record of the progressive position of medicine in the United Kingdom. The book, like the preceding volumes of the manual, is excellently published, and is illustrated wherever necessary. An immense amount of accurate information will be found between the covers.

BURDETT'S OFFICIAL NURSING DIRECTORY FOR 1903. (a)

EVERY effort to encourage greater efficiency among the members of the nursing profession, to raise the status of this important wing of the army of "healers," and to secure some satisfactory method of selection and registration of those who engage in nursing, is to be welcomed. Sir Henry Burdett's official nursing directory is a long step in the right direction. It would seem that the time is not yet ripe when a rigid conformity in curriculum and period of training can be enforced; but it may be hoped that the present register, although in no strict sense at present "official," will speedily secure the voluntary registration of every practising nurse. The work before us is in many ways marked as "pioneer" and is necessarily incomplete, imperfect, and in many ways tentative. But it speaks well for the indefatigable industry of those responsible for its publication that so elaborate and trustworthy a Directory should have been compiled while the difficulties and discouragements have been so numerous and persistent. The work contains an excellent outline of the principal laws affecting nurses, a classified list of nursing institutions and private nursing branches of hospitals in the United Kingdom and abroad, and a Directory of Nurses. The work is well arranged, excellently printed, and admirably fulfils its object. Every medical man would do well to possess a copy and every nurse should be able to refer to its pages.

CLINICAL PSYCHIATRY. (b)

PROF. F. KRAEPELIN'S "Lehrbuch der Psychiatrie" has been well-known to physicians and students of psychological medicine for some years past. To many, however, because of its unwieldy size—the latest edition consisting of two large volumes—it has been a sealed publication. We are therefore glad to welcome from the hands of Dr. Defendorf an excellent translation in abstract, furnishing us with the principles of Kraepelin's "Psychiatrie" clearly and concisely.

The author has omitted certain chapters which were in

(a) "Burdett's Official Nursing Directory, for 1903. Compiled and Edited, with the assistance of a small Committee of Medical Men and Matrons, by Sir Henry Burdett, K.C.B. Fifth Year. London: The Scientific Press, 1903. Price 3s. nett. Pp. 430.

(b) "Clinical Psychiatry." Abstract and adapted from the Sixth German Edition of "Kraepelin's Lehrbuch der Psychiatrie." By A. Ross Defendorf, M.D. New York and London: The Macmillan Company. Pp. 413. 15s.

the "Lehrbuch," viz., the chapters on general etiology, diagnosis, and treatment, but has added the most important points to the etiology, diagnosis and treatment of the different diseases. He has also abbreviated the description of some psychoses which he considered of less importance to the American physician, especially the constitutional psychopathic states and thyroigenous insanity, but has laid more stress upon other more important forms, viz., the description of acquired neurasthenia, traumatic neuroses, also the treatment in epileptic and hysterical insanity and acquired neurasthenia. It may be questioned if the author has acted wisely in thus abbreviating and adapting the original work. We would certainly have preferred an exact translation without abbreviations and adaptations.

The classification, terminology, and as far as possible the phraseology of the work are Kraepelinian. The first seventy pages are devoted to general symptomatology, under which disturbances of perception, disturbances of mental elaboration, disturbances of the emotions, and disturbance of volition and action are shortly described. The rest of the volume, comprising 343 pages, is devoted to forms of mental disease, treated under the following heads. Infection psychoses, exhaustion psychoses, intoxication psychoses, thyroigenous psychoses, dementia præcox, dementia paralytica, organic dementia, involution psychoses, mania, depressive insanity, paranoia, general neuroses, constitutional psychopathic states, and defective mental development. All the forms have been dealt with in a clear and comprehensive manner in the order of etiology, symptomatology, course, prognosis, and treatment. We highly commend the book and offer our congratulations to Dr. Defendorf, as it must have required much skill and labour to keep his subject rigidly within the limits suitable for a useful-sized text-book. The work is well illustrated with plates and figures.

THE MYCOLOGY OF THE MOUTH. (a)

FOR reasons which he explains in the preface to this work, Mr. Goadby has chosen to give it the above title instead of "Bacteriology." With the exception of Mr. Goadby's book the sole work dealing specifically with the organisms of the mouth was the well-known text-book of Professor Miller, of Berlin, a book which, however great the reputation of the author, could not be recommended with entire confidence to the student. Mr. Goadby has been favourably known by his conscientious work upon the flora of the mouth, but his investigations and those of other recent workers in this field are scattered through the pages of various medical and dental journals, and are not available for the average student. Hence we think that this book fulfils a distinct purpose, and meets a necessary want, being composed, as it is, mainly with a view to the needs of the dental student. For this class of reader the work will no doubt constitute a text-book.

A feature of the book is the very large amount of original investigation which it contains, and which, as far as we know, is not to be found elsewhere. In the space at our disposal it is impossible to criticise exhaustively a work of this nature, but we may point out that Mr. Goadby shows, as we think conclusively, that the rôle of bacteria in dental caries, especially in caries extending to the dentine, is more of a decalcifying than a peptonising nature, he also shows that the micro-organism so lately described by Aukövy, as *B. gangrenæ pulpæ*, is in truth one of the varieties of *B. mesentericus*, a view in which we entirely concur. The book is uncommonly well illustrated and is well printed on good paper.

TABETIC ATAXIA. (b)

THIS work does not deal with the general treatment of

(a) "The Mycology of the Mouth: a Text-book of Oral Bacteria." By Kenneth Weldon Goadby, D.P.H.Camb., L.R.C.P., M.R.C.S., L.D.S.Eng. With illustrations. London, New York, and Bombay: Longmans, Green and Co., 1903.

(b) "The Treatment of Tabetic Ataxia by Means of Systematic Exercise." By Dr. H. S. Frenkel, Med. Superintendent of the Sanatorium Freihof in Heiden, Switzerland. Translated and Edited by L. Freyberger, M.D. (Vienna), M.R.C.P., Lond., M.R.C.S., Eng. Pp. 135. with 132 illustrations. London: Rebman, Ltd., 1902.

the disease locomotor ataxia, but with the symptom of ataxia which is its most outstanding feature.

Any method which may tend to alleviate this most distressing and incapacitating symptom is worthy of the best attention, especially if it is one which can to a large extent be carried out by patients themselves.

The method is, in short, the *practice* of systematic graduated exercise, and the careful repetition of movements, of a simple nature and requiring very little apparatus. Frenkel first introduced it to the profession at Bremen in 1889. Since then he has constantly worked at it, publishing many papers on the subject in succession, his book being the final outcome. The editor says this "is not a translation of Dr. Frenkel's book, but an adaptation of it to the requirements of the medical practitioner."

It consists of two parts—Part First, general—dealing with various types, the cause, the methods of examination, &c. Part Second—special—which is the main portion of the book and explains all the treatments and apparatus for the various forms and the different muscles, &c. With the aid of numerous excellent illustrations these various exercises are made clear and very intelligible, and one can readily understand that their constant practice will be of the greatest benefit to the patient.

The section on muscular hypotonia in tabes is specially interesting. It is a symptom first drawn attention to by Frenkel in 1896, which enables tabetics to perform movements which healthy subjects could never execute—a symptom which is seldom absent and may be met with very early, long before the first symptoms of ataxia are noticed.

It is a pity that this translation—or rather adaptation—of Frenkel's book, is not more clearly written. Many sentences are so involved that it is difficult to follow their meaning, the punctuation also leaves something to be desired. The result is, that when difficult subjects such as co-ordination, the definition of ataxia, its cause, &c., are dealt with, it requires the closest concentration of mind to follow the author's meaning. Terms also are used which are not those usually employed—e.g., "The movements which imply more than one joint" (p. 12), we suppose might read, *involve*. "Unquestionably, even the most delicate pressure with the finger cannot give us an exact information regarding the apperceptual value of the equivalent tactile impression received by the patient" (p. 21). Candidly we do not understand this, but are sure it might be expressed more clearly and simply. We usually in medical circles speak of a person lying on his face, or abdomen, not "on his stomach" (p. 23, &c.).

The book is nicely got up, but the two abominations in our eyes which some publishers appear to glory in—viz., glazed paper, which is difficult to read, and heavily loaded paper, which makes even this small book uncomfortable to hold while reading, are decided drawbacks.

WILLIAMS ON EDUCATION. (a)

THE chief question that is discussed or rather decided on by Mr. Williams in this book is the value of corporeal punishment in the education of the young. There is no evidence, as far as Mr. Williams can discover it, that corporeal punishment is attended with any good. On the contrary, the effects are always bad.

There is no doubt but that there is a tendency in this country among school masters and mistresses to resort to corporeal punishment in preference to any other form of correction. To keep this tendency in check and control is a matter of great importance, and if we may judge from the strict rules imposed upon teachers in France, Italy, Holland, and other countries, where punishment is not allowed, it would be well to follow their example.

Mr. Williams is influenced in his arguments as much by the best sentiments of humanity and affection as by the opinions of those who have carefully studied the question in the most practical manner; and we think that he may rely upon the support of the great body

of the medical profession in the furtherance of the views he entertains upon the necessity of controlling the evil tendencies towards the improper and injurious use of corporeal punishment in the education of the young.

AN AMERICAN TEXT-BOOK OF OBSTETRICS. (a)

THE first edition of this text-book was published in two volumes in 1896, and was well received, both in this country and America. The present edition is thoroughly revised and brought up to date; the chapters on the mechanism of normal and abnormal labour, and on the various manipulations required in obstetric surgery are all well done, and clearly written, the text being beautifully elucidated with numerous illustrations and diagrams which materially assist the student. The results of bacteriologic and of chemo-biologic research as applied to the pathology of midwifery, the most recent advances of surgery in the treatment of the complications of pregnancy, labour, and the puerperium are carefully sifted and noted. Many of the illustrations which appeared in the first edition have been replaced and many new ones added, a special feature being those which illustrate obstetrical operations; the editors, with commendable honesty, admit their indebtedness to the beautiful work of Farabœuf and Narnier for hints in many of their designs. We congratulate the joint authors on their work, which reflects not only credit on themselves but on the American School of Obstetrics.

Having said so much in praise of the work, we cannot be considered captious critics if we draw attention to some omissions. We looked in vain for any mention of Bossi's dilator, or for any comment on the remarkable results obtained by Leopold by its use in the treatment of eclampsia. We consider the diagram on page 171, Fig. 141, showing location of intensity of the fetal heart sounds as more ornamental than useful. A student would have no assistance from it in finding the fetal heart in, say, a right occipito-posterior position.

With the advice given for the management of the third stage of labour we cannot agree, as we consider the time limit of half an hour too arbitrary and unscientific—the placenta should be expressed as soon as it has left the uterus. On the vexed question of the treatment of accidental hæmorrhage, we do not think sufficient stress is laid on the advantages of a firm vaginal plug with a tight abdominal binder; the fine results obtained by this method at the Rotunda Hospital undoubtedly entitle this procedure to more than a passing mention.

THE PREVENTION OF DISEASE. (b)

THIS bulky and unhandy manual is in many ways a remarkable production. The only name appearing on cover and title page is that of Dr. Bulstrode, and although at first glance it might appear that he was responsible for the translation, we gather from a preface note that this has been undertaken by Mr. Wilmott Evans. The only justification for Dr. Bulstrode's name appearing in such prominence seems to be the fact that he has contributed nearly ten pages of an "Introduction"; and, although careful editing and annotation were necessary to render the work serviceable to English readers, neither introducer nor translator have undertaken such duties, and thus the editor is chiefly conspicuous by his absence. It may be said at once that the term "Preventive Medicine" is in this work used in no such restricted sense as we are accustomed to employ it in this country, but widened to its utmost limits. Dr. Bulstrode suggests that the book may be instrumental in laying the foundation of a systematic individual prophylaxis in this country," but we were

(a) "A Text Book of Obstetrics, for Practitioners and Students." By Richard C. Norris, M.D. Editor, and Robert L. Dickinson, Art Editor. In two vols., with nearly 900 Illustrations. Philadelphia: W. B. Saunders & Co.

(b) "The Prevention of Disease." Translated from the German. With an introduction by H. Timbrell Bulstrode, M.A., M.D. (Cantab). D.P.H. Medical Department of H.M. Local Government Board, Lecturer on Public Health in the Medical School of Charing Cross Hospital, &c. Pp. xviii.—1063. Westminster: Constable & Co., Ltd., 1902. Price 31s. 6d. nett.

(a) "Education: Disciplinary, Civic and Moral." By Llewellyn Wynn Williams, B.Sc. London: Simpkin, Marshall and Co.

under the impression that something more than "foundations" of personal hygiene were not altogether unknown in "this country." In many ways the idea acting as the producing force of this work has been excellent, but unfortunately the lack of a controlling and directing generalship has dissipated much of the energy which otherwise might have been directed into channels capable of affording much service. The various contributors are all German, and no attempt has been made to adapt the different sections to the particular needs of English students. Many of the writers are practically unknown and in several instances no clue is given as to their professional status. As might be imagined, the sections are very unequal, both as regards quantity and quality. There is a complete lack of reference to trustworthy authorities and scarcely any English work receives recognition. The absence of bibliographical references makes the volume almost useless for the serious student, and its unnecessary size, redundancies, repetitions, and tedious lengthiness—a single paragraph in some instances extending over three pages—will, we fear, frighten the general practitioner for whom it is mainly intended. There is a complete absence of illustrations although in many instances a simple diagram or rough sketch would have told more than many paragraphs of the somewhat wearisome letter-press. We regret that space will not allow of our doing much more than indicate the substance matter of the various sections. Dr. S. Goldschmidt furnishes an all too meagre history of the prevention of disease and one from which we might gather that England and America were unexplored countries. Professor Martins supplies a brief essay on general prophylaxis. Dr. Rosen is responsible for the chapter on the diseases of the blood, metabolism, infectious diseases, and affections of the lungs. Professor Martin Mendelsohn, of Berlin, contributes one of the best of the series, the prevention of diseases of the heart. Dr. Max Einhorn, who is now connected with the New York Post-graduate Medical School, writes a very disappointing chapter on the digestive organs. A curious and not altogether appropriate section on prophylaxis in surgery is furnished by Professor A. Hoffa and Dr. A. Lilienfeld. Prophylaxis in the diseases of women and midwifery is dealt with by Dr. O. Schaeffer, of Heidelberg. Dr. Rudolf Fischl writes on children, but does not present anything which cannot be found in any good work on pediatrics. Dr. Windscheid is responsible for the chapter on the nervous system and Dr. Walter Fuchs for that on mental disease. Professor Königshöfer occupies more than a hundred pages on the prevention of diseases of the eye; while Dr. A. Bing is allowed only twenty-seven for the ear. To Dr. H. Christian Greve is allotted the discussion on the prevention of diseases in connection with the teeth and mouth, a subject of the greatest importance, but here quite inadequately dealt with. The section on the prevention of the diseases of the urinary organs and of the male generative organs by Drs. A. von Notthafft and A. Kollmann contains much good advice and a fairly common sense but by no means complete study of prostitution, Dr. Max Joseph has also much to say regarding prostitution in his chapter on the prevention of venereal disease and of affections of the skin. There is an index, but the work does not lend itself to the purposes of ready reference. The conscientious reader will no doubt gather many useful suggestions from a perusal of these pages and the well informed and critical student will not be misled by much that we could have wished had been expressed differently. The translator has apparently accomplished his work well, and has done his best to render the volume acceptable to English readers. The work is one which should find a place on the shelves of every public medical library, but we fear most individual workers will not consider it a particularly useful addition to their armamentarium.

SWEDENBORG ON THE CAUSE OF CREATION. (a)

If we are asked what practical good can be derived

(a) "The Infinite and the Final Cause of Creation." By Emanuel Swedenborg. London: The Swedenborg Society, 1903.

from reading the books of Swedenborg and studying his character, it would be difficult to answer. What did Swedenborg do that has led to his name being held in such esteem by his followers? It is more than a century and a-half since he wrote the "Infinite and the Final Cause of Creation" (1734), and it is more than half a century since Dr. Garth Wilkinson translated it (1847) into English. The chief good that Swedenborg did was to act as a peacemaker between those two great classes of men who always seem to be at enmity, the Theologians and the Scientists. The treatment that such men as Galileo received from the Religionists of his time has been over and over again exhibited by so-called religion, when dealing with so-called science; and we fear it will always be found that superstition and credulity will be at war with Truth. Certainly during the last half century Truth and Science have had better times; and in such important questions as education, government, and the relations of Church and State, the bitter animosities of sectarianism have been softened, and science is not regarded with the fear and dislike that it received not so many years ago. Swedenborg was of that small class of philosophers that left active life for contemplation after they had reached its middle period; but to what extent such men acted on the times in which they lived is not always easy to perceive. It is a good sign that it is thought well to publish a new edition of Swedenborg on the Infinite and Finite, with a good introduction and a new index; and none can come in contact with the work of such a man as Swedenborg without feeling admiration for his simple and lofty character. We take the view that such a man as Michael Faraday is a greater man in every way, but probably opinions may differ.

LORD SPENCER has resigned the Chancellorship of Victoria University in consequence of "the disruption scheme."

DR. IRVINE K. REID, Government Medical Officer of British Guiana, left England last week to resume his duties in that Colony.

DR. DICKSON, of Trinidad, has accepted the office of Assistant Medical Officer of Health and Bacteriologist of that Colony. This necessitates his relinquishing private practice.

THE salary of Dr. Newman, Medical Officer of Health of the Borough of Finsbury, has been increased from £700 to £800 per annum, subject to the approval of the Local Government Board.

COLONEL J. H. WILKINSON, of Ashfurling Hall, Sutton Coldfield, has presented the Staffordshire County Council with thirty-four acres of land at Berry Hill, Lichfield, valued at £2,400, as a site for a hospital for the open air treatment of patients suffering from phthisis.

MISS ELIZABETH BLACKWELL, M.D., was born at Bristol in February, 1821, and was admitted to registration in England in 1859. She founded the National Health Society of London and took part in the foundation of the London School of Medicine for Women.

DR. D. K. M'DOWELL, the Principal Medical Officer of Northern Nigeria, will probably succeed Dr. T. S. Kerr as Principal Civil Medical Officer of the Straits Settlements. Dr. M'Dowell has seen considerable service on the West Coast of Africa, and has taken part in one or two of the expeditions organised by the authorities of those Colonies, including the last Ashanti War. The appointment of Principal Medical Officer of Northern Nigeria is of the value of £800 to £1,000 a year, with a duty allowance of £108.

Obituary.

DR. DAVID HUMPHREYS.

WE regret to announce the death of Dr. David Humphreys, of Limerick, which took place on the 13th inst., in London, while on his way home from Cairo. About two years and a half ago the deceased contracted a cold whilst bicycle riding at Kilkee, which gradually became worse, and necessitated giving up his practice and going to Egypt for the good of his health. Dr. Humphreys, soon after qualifying, was appointed Visiting Physician to the Workhouse infirmary and to St. John's Hospital. He acquired a well-deserved reputation for his knowledge of affections of the eye, and in 1892 contributed to the columns of THE MEDICAL PRESS a valuable paper on "Uncomplicated Senile Cataracts."

ARTHUR TRETHERY, M.B.CAMB., &C.

WE regret to have to record the sudden death of Mr. Arthur Trethewy, M.B., resident medical officer at Haileybury College, Herts, who was found dead in his bed a few days since. Dr. Trethewy, who was about thirty-four years of age, was an old Haileybury boy, and obtained his degree at Cambridge, studying at Caius College. Subsequently he was house surgeon at Warneford Hospital, Leamington. During the recent South African War he volunteered for the front, and with Major Lingard Green, D.S.O., went out in charge of the Beds and Herts Volunteers. He then served as a civil surgeon for a time, and on his return to England resumed his duties at Haileybury. At Cambridge and elsewhere he made his mark as an athlete, and his life was full of promise. He was to have married in August a daughter of Dr. Evans, of Hertford. At the inquest a verdict was returned to the effect that deceased died from heart disease.

Medical News.

Central Midwives Board.

MEETINGS of the Central Midwives Board were held on May 12th and May 14th, when the drafting of the rules under Section 3. i. of the Midwives Act, 1902, was completed, and the secretary was instructed to forward a copy to the Privy Council for their approval, together with some draft "Suggestions to County Councils."

A Silly Joke.

A YOUNG man, stated to be a medical student, was charged last week with the theft of a L.C.C. lantern, which he had taken from the hoarding round the new Gaiety Theatre. It is stated that the accused removed the lantern, and was carrying it through the streets to the North of London for a sum of £10, which had been wagered by a well-known doctor.

Asylum Workers' Association.

THE annual report of the Asylum Workers' Association, just published, gives a summary of the events of 1902, and shows that the total membership for that year was 4,902 as compared with 4,116 in 1901. The financial statement shows a credit balance at the end of 1902 of £68 13s. 8d. As regards the beneficent "Homes of Rest" Fund, it is gratifying to record that though seventeen cases were helped with grants during the year, and a charge for management expenses was for the first time imposed, the credit balance at the end of 1902 stood at £54 5s. 8d., as compared with £58 13s. 1d. at the commencement of the year.

Conviction for Illegal Practice.

THE Medical Defence Union prosecuted a man named Thos. Dixon on Monday last at the Marlborough Street Police Court for unlawfully practising as a medical man under the assumed name of Dr. Cowen, and signing a certificate in that name at a dispensary kept by him in Great Portland Street. Evidence having been given in proof of his illegal acts, Mr. R. J. Cowen, L.R.C.P., L.R.C.S., was called and testified that the defendant had no right to the use of his name nor authority of any kind to sign certificates. The magistrate thereupon convicted Dixon in a fine of £10 and £10 10s. costs with the alternative of two months' imprisonment.

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. Degrees Examination, Spring, 1903.

Upper Pass :—*Thomas Carnworth, B.A. ; *Patrick Dwyer, Henry Hanna, M.A., B.Sc. ; *Norcott d'E. Harvey ; Thomas D. Liddle, *John McClatchey, B.A.

Pass :—Robert J. Bethune, Catherine L. Boyd, James P. Brady, Conor Byrne, Alfred A. Chancellor, William Cummings, Adeline English, Samuel B. W. Moore, Patrick J. Murray, Daniel J. Roantree, John E. Simpson, James K. Small, Frederick C. Smyth, Charles E. Suffern, Thomas H. Suffern, Andrew T. Swan, Cecil B. J. Tivy, John J. Walsh, James W. A. Wilson.

The Examiners have recommended that the following candidates be adjudged to have passed the Third Examination in Medicine :—

Upper Pass :—James Byrne, Robert G. G. Croly, *John Lilley, *Samuel Porterfield, B.A. ; Campbell G. Robb, O'Connell Sullivan, Harry C. Watson, *William J. Wilson.

Pass :—Charles D. Bell, Samuel Bradbury, Herbert W. Carson, Robert Chambers, B.A., LL.B. ; William J. Deighan, John Devane, James Flack, William Godfrey, James Houlihan, George J. Jones, B.A., Edward J. Kavanagh, Robert L. Keown, George W. Knipe, Thomas Lavery, Andrew Leitch, Frank W. McCammon, James McCloskey, Samuel McMurray, Ernest H. M. Milligan, John J. O'Keeffe, Thomas Rouse, Michael V. Shanahan, John K. Thompson, Stephen M. Walsh, James M. Warnock, John Wright.

Candidates whose names are marked with an asterisk may present themselves for the further Examination for Honours.

The following candidates have passed the M.D. Degree Examination: Robert Boyd, M.B., B.Ch., B.A.O. ; Richard K. Brown, B.A., M.B., B.Ch., B.A.O. ; Bernard A. O'Flynn, M.B., B.Ch., B.A.O. ; Joseph H. Whitaker, M.B., B.Ch., B.A.O.

Examinations in the Faculty of Medicine, Spring, 1903.—The following Exhibitions and Honours have been awarded by the Senate to the undermentioned candidates :—

The Second Examination in Medicine—Exhibition (First Class, £25).—William A. M'Kee, Queen's College, Cork. Honours (First Class).—William A. M'Kee, Queen's College, Cork.

The Third Examination in Medicine—Exhibitions (First Class, £30).—William J. Wilson, B.A., Queen's College, Belfast ; Second Class, £20, O'Connell Sullivan, Catholic University School of Medicine. Honours (First Class).—William J. Wilson, B.A., Queen's College, Belfast ; Second Class, O'Connell Sullivan, Catholic University School of Medicine.

The M.B., B.Ch., B.A.O. Degrees Examination—Exhibitions (First Class, £40).—Norcott d'E. Harvey, Queen's College, Cork ; Second Class, £25, Thomas Carnwath, B.A., Queen's College, Belfast. Honours (First Class).—Norcott d'E. Harvey, Queen's College, Cork ; Second Class, Thomas Carnwath, B.A., Queen's College, Belfast.

The M.D. Degree Examination (Gold Medal for highly distinguished answering).—Richard K. Brown, B.A., M.B., B.Ch., B.A.O. Private Study.

Conjoint Examinations in Ireland.

THE following candidates have passed the Second Professional Examination of the Conjoint Board :

- Old Regulations.*—Honours in order of merit : P. D. Sullivan, T. A. Brook-Kelly, R. Hayes, D. McCormack, V. J. Cullen, (L. A. Andrews, E. G. Gondon, equal), W. Walsh. Pass, alphabetically : M. J. Ahern, J. M. Alcorn, J. W. Bell, F. L. Bradish, J. W. Browne, F. J. Cairns, R. Calnan, S. C. Clarke, W. J. Connolly, C. Cooper, V. J. Cullen, J. Dwyer, D. Hampson, H. S. Misstear, J. Murnane, J. J. M'Nelis, B. A. Dalum, A. O'Reilly, E. Purcell, W. D. Sammon, S. W. Talbot, W. J. Trimble
- New Regulations, 1902.*—J. Corbo, M. J. Coyne, L. McGuinness.

Notices to Correspondents, Short Letters, &c.

CONTRIBUTORS 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.

MESO.—We shall deal with the matter shortly. It takes time to verify your statistics, and it would not be fair to make use of them until this has been done.

PERPLEXED.—Unless you are prepared to certify the patient as insane, you are not at liberty to restrict his liberty of action except persuasively. It is often difficult to trace a line of demarcation between delirium, acute mania and madness, and a certain risk may have to be run in treating such cases.

M. D., ST. ANDREWS.—Our correspondent, in acting as he did, committed no breach against ethical law.

M.R.S.—Your letter on hospital accommodation for children has been held over for consideration, some of the figures being so startling as to render verification desirable. The matter will not be lost sight of.

NATURAL FOOD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—You have been good enough to review my book. For this I thank you. I pass over one or two things in your review, which I would rather not have seen as *nihil ad rem*. I come to the point of my letter—which is to take the form of correction. I do not prescribe "Angels' Food" for cases of diabetes, consumption, nasal catarrh, and the like." I hope you will kindly allow me to say so. Natural food helps in all this and more. There are other factors, too.

Yours very truly,

Brigstock Vicarage, Thrapston, May 11th, 1903. J. P. SANDLANDS.

DR. A. LIPSCOMBER.—The best course to adopt under the circumstances is to write to the editor of the magazine inquiring whether an article upon the subject mentioned would be likely to be acceptable to him.

MR. STUDBOLME.—The medical aspects of cycling are fully dealt with by a member of the profession in the publications of the Cyclists' Touring Club, 47, Victoria Street, S.W.

X. Y. Z.—The coroner has absolute power to use his own discretion in such a case.

THE WAYS OF HOSPITAL CHILDREN.

PROFESSOR SULLY in his "Studies in Childhood," and more compact "Children's Ways," as well as many other authors and such bodies as the Society for Child Study, have supplied us in rich abundance with anecdote and illustration of the wonderful ways of child life; but it is a somewhat remarkable fact that most observers seem to have neglected the rich storehouses of material offered by almost every ward of a children's hospital, and we venture to think that nurses in such institutions could supply quite as attractive stories of the ways of children as are so frequently forthcoming from foud but oftentimes foolish parents.

LADY V.—The article was not written in any spirit of hostility to medical women—on the contrary, it did the service of directing attention to an obvious lapse in the schemes of medical education in the metropolis. As you do not traverse any of the statements advanced it appears unnecessary to give publicity to your remarks thereon.

CRITIC.—The proper moment to bring forward your objection would be at the general meeting, which, we are informed, takes place on the 25th inst. Your criticisms bear on a purely domestic detail, of interest only to members of the society.

ADRENAL.—We find on inquiry that there is no ground for your allegation.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 20TH.

ROYAL METEOROLOGICAL SOCIETY (70, Victoria Street, Westminster, S.W.).—4.30 p.m. Papers:—Mr. C. P. Hooker: The Relation of the Rainfall to the Depth of Water in a Well. Mr. W. Marriott: The Frost of April, 1903.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Exhibition of Pond Life.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Smith: Clinique. (Surgical.) 5.15 p.m. Dr. Leonard Williams: Some Practical Points in Climatology.

THURSDAY, MAY 21ST.

NORTH-EAST LONDON POST-GRADUATE COLLEGE (Tottenham Hospital, N.).—4 p.m. Clinical Lecture. Dr. Norman Meachen: Itching as a Symptom, and its Treatment.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—4.30 p.m. General Meeting. Election of Officers and Council. Report of Council, 5 p.m. Address: Dr. G. Oliver (Harrogate): A Few Jottings in Physiological Medicine. 7 p.m. Annual Dinner at the Monaco Restaurant, Piccadilly Circus.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Evening.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. G. Drummond Robinson: Uterine Displacements.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Dr. J. E. Squire: The Elements of Prognosis in Consumption. (Post-Graduate Course.)

FRIDAY, MAY 22ND.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Annual General Meeting. Election of Officers for Session 1903-04. Papers:—Dr. J. P. zum Busch: Ileo-caecal Invagination by a Meckel's Diverticulum. Dr. P. Kidd: Sequel to a Case shown at the Society in 1901 as Congenital Morbus Cordis.—Dr. J. P. Parkinson: Sequel to a Case of Great Dilatation of the Heart.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. T. Collins: Clinique. (Eye.) 5.15 p.m. Dr. S. Taylor: Parasites of the Gastro-intestinal Canal.

Appointments.

Cogswell, P. D., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Broughton Astley district of the county of Leicester.

Cosgrave, F. R., M.D.Dub., Certifying Surgeon under the Factory Act for the Burton-in-Kendal district of the county of Westmoreland. **Griffiths, J., M.R.C.S.**, Certifying Surgeon under the Factory Act for the Llandrindod Wells district of the county of Radnor.

Horne, Maynard, M.B., B.C.Cantab., Honorary Physician to the Margaret Street Hospital for Consumption.

Hubbard, W. L., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Edenbridge district of the county of Kent.

Jeaffreson, G. C., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Framlingham district of the county of Suffolk.

Ramsbottom, C. H. G., M.D.Vict., Certifying Surgeon under the Factory Act for the Bungay district of the county of Suffolk and the Ditchingham district of the county of Norfolk.

Richards, J. B. O., L.R.C.P.Edin., L.P.C.S.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Wadebridge district of the County of Cornwall.

Ritchie, J., L.R.C.P., L.R.C.S.Edin., Certifying Surgeon under the Factory Act for the Old Deer district of the county of Aberdeen.

Wacher, S., F.R.C.S.Eng., Certifying Surgeon under the Factory Act for the Canterbury district of the county of Kent.

Welch, Charles Herbert, L.R.C.P.Lond., M.R.C.S., Visiting Medical Officer to the Royal United Hospital, Bath.

Whitaker, L. E., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Diss district of the county of Norfolk.

Vacancies.

Abbeylex Union.—Medical Officer. Salary £100 per annum, and the usual Vaccination Fees. Also a Medical Officer of Health. Salary £20 per annum. Applications to be sent to J. Finnegan, Clerk of Union. (See Advt.)

City Asylum, Gosforth, Newcastle-upon-Tyne.—Assistant Medical Officer. Salary £140 per annum, furnished apartments, board and laundry. Applications to the Superintendent.

City of Birmingham.—Medical Officer of Health. Salary £1,000 per annum. Applications to Edward Orford Smith, Town Clerk, The Council House, Birmingham.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £110 per annum, with board, residence and washing. Applications to W. Vaughan Jones, Secretary.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £160 per annum. Applications to the Honorary Secretary, Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary £100 per annum, with board and lodgings. Applications to the Chairman of the Selection Committee at the Hospital.

Salisbury Infirmary.—House Surgeon. Salary £100 per annum, with apartments, board and washing. Applications to S. B. Smith, Secretary.

The Middlesex Hospital, W.—Director of the Cancer Research Laboratories. Salary £500 per annum. Applications to F. Clare Melhado, Secretary-Superintendent.

York County Hospital.—House Physician. Salary £100 per annum, with board, residence and washing. Applications to Frederick Neden, Secretary and Manager.

Births.

GLOVER.—On May 14th, at 17, Belsize Park, N.W., the wife of Lewis G. Glover, M.D., of a daughter, who only survived her birth a short time.

NASH.—On May 17th, at Oulton House, Burnley Road, Accrington, wife of Elwin H. T. Nash, M.R.C.S., L.R.C.P., of a son.

Deaths.

SKINNER.—On May 15th, at 93, Dyne Road, Brondesbury, N.W., David Shorter Skinner, M.D., Medical Officer of Health for Willesden, aged 67.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, MAY 27, 1903.

No. 21.

Original Communications.

ON THE CAUSES OF TUBERCULOSIS. (a)

By T. CLIFFORD ALLBUTT, F.R.C.P., F.R.S.,
Regius Professor of Physic, University of Cambridge.

WE cannot think clearly unless we divide and classify the matter of our thought. Our classes are bound by no hard or fast rule, it is true; at their limits they melt freely the one into the other, so that in practice we must always realise how much our categories have in common. Nevertheless, until by distinction and separation we have disentangled our thoughts upon things we must act in a perplexity—at best our work will have but a moderate and qualified success, and at worst may be mischievous. Thus it is with medicine, which we may contemplate under many divisions, and especially under its two main divisions into a science and an art. In practice, as I have said, even main divisions merge one into the other; we cannot practise medicine without some science, nor can we pursue the science or sciences of medicine thoroughly without some touch with its craft. Still, if, withdrawing from the marches of these subjects, we move towards their inner precincts, we shall perceive not only that the pursuits of the Science and of the Art respectively are widely different, but also that in their fuller degrees they tend to an independency: as a professor of law may be no barrister, a professor of mechanics no engineer, or a theologian but little of a parson, so a pathologist may be no physician.

Yet, although the academic sphere may be thus removed from the technical, I repeat that either without the other is apt to grow barren. The reason of this is not a mere utilitarian reason; it is that science which is never applied to an art loses touch with many of its most fruitful problems; its more and more disembodied abstractions become too attenuated for the service of man, too good to live. While, then, in a division of labour some workers must be engaged in the abstruser spheres of research, and others in the hand to mouth use of such technical knowledge as may be in their time available, the advance of Medicine must depend also upon the building of bridges between these two domains: between that of the practical man and the domain of the man of science. Such bridges are few and defective, especially in England, where, good-tempered enough as we generally are, we grow sullen if we are called upon to think. Whether it be by nature or by education that we are incapable of thought, or strange to its practice, I cannot say; but we look upon thought with impatience, and we sidle away from thinkers as bores. Now if the practical men do not think, and if the thinking man does not bring his principles to the touchstone of practice, science and craft alike will come to a standstill. However shrewd and ingenious in device the man of practice may be, unless he pursues science or, plodding after those who do so, assimilates their results, his practical methods will set into a stereo-

type. In hospitals, as in engineers' shops, if we are to progress we must resolutely scrap our plant and our methods as new ideas come into being.

The Mount Vernon Institution, since its foundation in 1860, has no doubt had much scrapping to do, both in methods and plant. Yet, at the peril of petrification, it must continue to change with the science of the time, and of late the movement in the science of medicine has been prodigious: indeed, I trust such prodigies will never cease, though the violence and wastefulness of periodical revolutions of costly plant and methods may be mitigated or averted by vigilant observation, and by gradual re-adaptations of our machinery. Your committee must be prepared, then, not only for great changes and responsibilities, such as the Northwood scheme and the dispensary branch are now demanding of you, but also for such developments as are as yet but feebly indicated in your appeal for an X-ray outfit. It is for institutions such as yours to build some of the widest and strongest of those bridges between the sciences of medicine and the art of it of which I have just spoken. Who is to lead the way if you do not? Where are the discoveries of men of science to be engrafted upon practice if not in such institutions as Mount Vernon and Northwood? What is to become of the toilers on the dark path of disease and death if you give them no new lamps for old? Yet, on turning to your expenditure account, I see for provisions much expenditure, all of the best I am sure; for common medicines and medical appliances, what is necessary; for nursing, an outlay which is doubtless richly rewarded, and so forth: but what as yet have you spent on knowledge? What upon laboratories and their fittings, and upon the remuneration of pathological research? No such account appears at present upon your report. I am prepared, of course, to hear that your resident medical officers have performed the usual diagnostic tests, or, indeed, that at odd moments they may have interested themselves in a bit of research here and there; but henceforth we shall look to you, and to such as you, for far more than this: we shall look to you to turn your large and varied opportunities to a more progressive purpose; that in your hands the study of tuberculosis shall so develop that year by year your means of preventing and curing tuberculous disease shall be quicker and more efficacious; that day by day each new patient you receive shall be better cured than the one who went out before him. Now this is not to be done, or is rarely to be done, by the chance excursions of a resident physician, mainly otherwise engaged, into a field of investigation for which he may be imperfectly trained, or for which, at any rate, he has no time and no proper equipment. If we are to beat down and to beat out consumption we must not undervalue the enemy; we must bring to bear upon each individual case all that science can teach us now, and tear out of the heart of Nature the secrets that research can discover for the better and better treatment of the patients of next year, and of the years to come. I have reason to hope, from assurances I have received, that we shall see hereafter at Mount Vernon and Northwood an expenditure definitely devoted to a laboratory and a pathologist.

In your dispensary department you follow, I trust,

(a) Address delivered at the Mount Vernon Hospital for Consumption, on May 14th, 1903.

or are preparing to follow, the example of Professor Calmette, of Lille, and rely less and less on the mere dispensing of drugs. Your dispensary officers should find their highest functions in the home of the patient: noting the hygienic conditions, the occupations and the means of the family; watching over the children; forwarding notification and disinfection; inculcating the precepts of prevention, and with tact and sympathy bringing families into relation with such municipal and charitable aids as may be available. These officers will remember that if for the cure of the patient detection of the first stage of the malady and removal to a sanatorium be important, yet it is not the incipient case which is the danger of the community, but the patient far in consumption, from whose corrupted lungs infective particles are incessantly cast abroad. Veterinarians tell us that no hygienic conditions, no improvements in the feeding and housing of the cattle, are of much avail to reduce the incidence of tuberculosis so long as infected animals mix with the herd.

If the opinion that persons disposed to tuberculosis, a disposition to which unquestionably fluctuates within very wide limits, may be classed under a certain type or types of feature, or prevails in particular races of man, seems to gather no more probability, yet that such proclivity runs in families there seems to be no doubt; and in this respect, indeed, tuberculosis probably falls into line with other infections.

Assuredly there is some important factor of a constitutional kind, yet one that fluctuates so widely in the individual, and may be enhanced or degraded, almost at will, that this general quality cannot well be the only or the radical factor. If the majority of mankind, under whatsoever external disadvantage, is inapt for infection by tubercle, yet the minority, treat them never so kindly, will succumb.

There seems, then, to be a general factor so variable within periods of years, of months, nay even of weeks, in the life of the individual that it is hard to suppose it to be deeply rooted in race or family, and a special factor which if in some cases it may be counteracted yet is relatively permanent; and this latter may consist in some inherited, and if so, probably local feature. For example, on the old hypothesis of a "scrofulous" habit, there may be found some defect of the lymphatic system which disposes it to entertain the bacillus; or again, on the modern hypothesis of Birch-Hirschfeld, corroborated by certain independent observations of Dr. Turban, there may be a weak place in the lung itself. For instance, the earliest lesions are found in a particular bronchus, of secondary magnitude, which passes upwards and backwards towards the posterior aspect of the apex of the lung. A tube thus upwardly directed is prone to collapse, especially in an ill-expanding apex; and in the degree of its collapse its natural spiral will tend to flatten, its walls to bulge, its secretions to accumulate, its coats to soften, and its self-cleansing capacity to fail. Now, if tubercle be diffused into such a lung it is in a bronchiole so altered that it will find the best conditions for rest and development. If, then, in some persons this tube has less support, or is less elastic and more prone to collapse than in others, if this peculiarity of structure runs in families, and if, moreover, premature ossification of the first costal cartilage restrains the upper lung, this factor would contribute to the kind of susceptibility which, as we have seen, appears to be something more than a loss of vigour of constitutional defence. At this point of the argument certain clinical observations of Dr. Turban assume considerable importance. Dr. Turban noted that in 80 per cent. of 55 families in which pulmonary phthisis attacked more than one member—parents and children, or brothers and sisters—the disease began at the same spot in each family. He noted, moreover, that in the minority where in such near kinsfolk the primary seat was not the same, the patients were very unlike in other features also. This agreement cannot be accidental, and seems to indicate inheritance, not of a general proclivity only, but also of a "locus minoris resistenti." Brehmer has observed a like here-

ditary election of site in lupus. It is evident, then, that the interpretation of hereditary bent to tuberculosis is very far from being complete.

Between a narrowly defined local defect of structure, such as that supposed by Birch-Hirschfeld and Turban, and some specific defect in the general defensive armament of the body, there may, as I have said, be intermediate conditions, such as a defect in one of the systems of the body; in the lymphatic system for instance. That in its most acute form tuberculosis is disseminated by the blood, usually by passage of the microbes into some vein, is true; but, these cases apart, the paths of its distribution are, as I still think, mainly by the lymphatic channels. Of such a distribution the disease called scrofula is an eminent example. Of scrofula, as I have hinted, there are two opinions, one of which is that certain young persons are liable to chronic disease of the lymphatic system, of that of the neck more commonly, because by mouth, throat, nose or ear it is more open to infection than other areas—an affection which is not primarily tuberculous but a morbid state of the parts in which tubercle finds a suitable bed: to this view of scrofula our attention has been recalled by Professor von Noorden and others. The characters of this "skrofulöse Anlage" are said to consist in a muddy complexion of skin which, histologically speaking, is not anæmia, in enlargement of the tonsils, in catarrhal proclivities of the nose, throat, and larynx (laryngismus stridulus), and lungs (bronchitis), and in a disposition to make pus. In this field chemical research, as well as histological and clinical, is wanted; Cornet's notion that scrofula consists in an undue permeability of the skin for microbes is as yet (although supported by v. Behring) little more than a notion. Whatsoever the nature of scrofula, I think it is less common than formerly; but as formerly I was largely engaged in the North, with Mr. Teale, in introducing the surgical treatment of scrofula, the difference may lie only in the change of my field of experience. If we look to the tonsils, a part which we believe to be a first line of defence against the inroads of the tubercle bacillus and other microbes, we find that the results of observers are not very concordant. Dr. Hugh Walsham's well-known researches support the opinion that the tonsil frequently fails to arrest tuberculosis, and that the infection, becoming established in those outworks, passes inwards; and he urges that, in our judgment on this matter, we must take note in the tonsil not of present tubercles only, but also of traces of past tuberculosis. Putting together the testimony of competent observers, I gather that tubercle is found in the tonsil in about one-third of the necropsies of tuberculous children, as compared with about 10 per cent. of the necropsies of all children. I have notes of one interesting necropsy (unfortunately my note of the observer's name is illegible) in which no tubercle whatever was found in any part of the body save in the tonsils; these contained numberless tubercles, with giant-cells and the rest. In these cases mere inspection is very fallible; tonsillar tubercle occasionally ulcerates but is seldom visible: nor is the size of the tonsil any guide to this diagnosis. In the ganglia tubercle is at first miliary in form, and can be seen to follow the course of the lymphatic channels. The features by which the child disposed to scrofula is to be recognised, such as thickness of nose, upper lip and eyelid, and so forth, emphatically as they are often described, seem to me, in great part at any rate, to be consequences of past chronic catarrhs rather than antecedent stigmas of an undeveloped tendency.

We are told that scrofulous persons are not so liable to pulmonary consumption as is generally supposed. Perhaps not. I am disposed to think that scrofula does not usually lead to phthisis by direct extension, though sometimes it does so; yet physicians of long experience see but too often that phthisis, whether by extension or not, is prone to appear in persons previously the subjects of scrofula. It has been stated, indeed, by physicians no less eminent than von Ziemssen, Heubner, and Brouardel, that the tuberculosis of later life is engendered, very often at any rate, by an insemination

in childhood, which had either sunk into latency, or had never shown itself. For my part I think that such remnants are more apt to give rise to acute military local diseases. Moreover, in consecutive necropsies on children in cases of death from all causes, signs of tubercle, present or past, seem to be found in about 10 per cent. only; whereas in consecutive necropsies on persons of all ages tubercle or signs of extinct tubercle are found in about 25 per cent. (e.g., cf. Birch-Hirschfeld's 4,000 consecutive cases).

Having thus sketchily considered the origin of tuberculosis in the local defect of a lung, and possibly in the frailty of a larger functional area such as the lymphatic system, I will now return to consider a still wider propensity, a propensity of the whole body, or at any rate of some all-pervading constituent of the body. I have already opined that types of feature, whether described as scrofulous or tuberculous, stand upon a very slender foundation, if on any foundation at all. So far as such stigmas are but notes of imperfect general development they are lacking in specific meaning; so far as they are effects of catarrhal processes already or lately at work they are not characters of a kind, nor, strictly speaking, premonitory. If there be such a thing as a constitutional propensity, in this broadest sense, we must seek its essence and its signs in some more subtle phenomena. If it be proved that in consumptive persons the gas exchanges show even in the earliest stages a morbidly increased oxydation, an excess of this kind may be discovered in persons disposed to the reception of the disease. Again it is asserted that in susceptible persons the mean bodily temperature runs about 0.5° C. higher than in the ordinary man. The evidence of any such axiom as this is, however, far too slender as yet to command our serious attention. How treacherous are the conditions of temperature measurements in man, Drs. Burton-Fanning and Champion have lately demonstrated to us in a series of experiments. There are, however, many reasons for the postulation of a variable constitutional proclivity to tuberculosis, a proclivity in some persons easily accelerated—something more general than the shape of the lung, even more general than the quality of one system such as the lymphatic. And here we are met by the evidences of a production of immunity and of healing credited to tuberculins, or allied substances. Again, if it be true, as we are often told, that scrofula, although it may signify a proneness to tuberculosis, yet is followed by pulmonary phthisis with less than the expected frequency, it may be that by a previous attack of the disease some measure of active immunity may be called forth, and may abide. Furthermore, it is suggested that the absorption of the serums of tuberculous pleurisy and peritonitis are not without some effect of this kind, a suggestion which, so far as I am aware, has not been submitted to the experiment which seems within our reach. Even the reactions of agglutination, in spite of the work of Arloing and Courmont and of Wright, are not yet fully understood. That tuberculin on repeated inoculation brings about some effect of immunity seems to be conceded for cattle; and competent physicians still assure us that by patient continuance of minute doses of Koch's new vaccinoïd tuberculin, very cautiously increased, a curative effect may be obtained. Möller and Kayserling, who are of this opinion, add the very interesting observation (*Zeitschr. f. Tub.*, Bd. III., H. 4, 1902) that patients recently attacked are more sensitive to tuberculin than those injured by a longer illness of the kind. Wright has emphasised a grave peril in the use of many or all such vaccines, namely, the intervention of a negative phase during which the susceptibility of the subject is increased. During the therapeutic use of tuberculin, therefore, the patient should be regularly tested by the serum test, to ascertain the times and degrees of such phases. If the experiments of Professor von Behring, described by him at Vienna a few weeks ago, whereby he found himself able to establish immunity in cattle by intravenous injections of certain cultures of the human bacillus, be verified, the doctrine of protective qualities of the serum in this disease will be strongly corroborated; and

we may suppose that in their original endowment with such antidotal substances or capacities individuals may differ widely. V. Behring's interesting and promising reports, verified by Thomassen and by Pearson and Gilliland, of Philadelphia (*"Proc. Path. Soc., Phil.,"* March, 1903), inform us that by the intravenous injection of a constant preparation of the human bacillus into calves, he can endow these animals with a very large capacity of resistance; and he suggests that, if this capacity prove enduring—he has proved it to be so, I believe, to the extent of eighteen months—children may be protected or cured by feeding them upon the milk of heifers or cows so immunised. If, as I have supposed, the mucous surfaces of infants are peculiarly permeable by the bacillus it may be presumed they are at least as permeable by the antistances. We hope, however, that v. Behring's researches, if confirmed, may have from the present point of view but an academic value, and that we shall be content with nothing less than a complete extirpation of the bacillus itself.

If in the individual the progress of phthisis by re-infection be but too cruelly evident, on the other hand, the chronicity of many cases is no less remarkable. This we are apt to explain by fortifications of fibrous tissue, but this explanation does not go very deeply; why are these walls built up in some cases and not in others?

Upon retarded development, or retrograde phases of growth and function, I can only touch in passing; some of them, such as debility of structure with disposition to spinal curvature and narrowness of chest, and premature ossification of the first costal cartilages, may favour pulmonary phthisis directly, perhaps by favouring the tendency of Hirschfeld's bronchiole to collapse; others, such as defective blood formation, and, as alleged, small heart, may favour tuberculosis indirectly. Defective aeration of the blood, if it does not oppose phthisical disease, say by excess of leucocytosis, seems, at any rate, not to contribute to it. Our crusade against tuberculosis, then, must include the means of full bodily development, both local and constitutional, from infancy, as well as those directed against the dissemination of the bacillus.

Hæmoptysis, regarded under Niemeyer's teaching, in the earlier years of my experience, as no infrequent and no inconsiderable a cause of phthisis, is now supposed to play no such original part. Nor does it appear that hæmoptysis varies with the seasons; nor again with mode of life or work. Nay, on the other hand, sometimes we hear hæmoptysis spoken of as no unfavourable event but if cases with early hæmoptysis have proved more tractable, the reason probably is that by an event so startling the patient is driven to his physician at once, and is awed into strict obedience, yet, if independent of the seasons, hæmoptysis may not be wholly of internal causation.

Gabrilowitch, a very trustworthy observer, states that barometrical changes promote it if at once both rapid and wide; and that patients disposed to hæmoptysis should keep to bed during such oscillations of the air. Gradual changes, he says, whatever their extent, have no such consequences. It is said that hæmoptysis is apt to occur on crossing the Equator, when like precautions should be taken.

The cardinal doctrine of the extrinsic causation of tuberculosis, so far as our knowledge of the life of the B. tuberculosis now goes, is that this microbe, whether as a proximate or remote cause, enters into the generation of every case of the disease; in other words, as in malaria so in tuberculosis, no case without a previous case.

It would be of no profit now to discuss whether under the name of B. tuberculosis two or more species or varieties, such as B. hominis, B. bovinus, B. avium, or a false bacillus, are confounded; pathologists have not as yet all the facts for a decision. The evidence we have suggests that if there be several varieties the pathological varieties differ in degree rather than in kind; it is rumoured that the results of the work of the Royal Commission on this part of the inquiry promise to be conclusive. For the present when we declare this axiom, "no case of tuberculosis without a previous case,"

we must admit that the previous case may not have been of man; it may have been of some animal, beast or bird. If it be that some animals share with man the misfortune of serving as instruments of his disease we shall take some short way with them; we are all agreed, however, that the vast bulk of cases of phthisis occurring after infancy are of human propagation. Such statistics as those of workshops and asylums indicate a more direct communication of the infection than that of a survival and re-kindling of remnants of infantile tuberculosis. Now, if this be true, if every case is a knot in a web of cases—may I, for simplicity, say a link in a chain?—how are we to see our way to break up this evil concatenation without a map of the affected area? But such maps can be constructed by notification only. If public opinion be scarcely ripe for the compulsory application of this method, we may gain, nevertheless, considerable knowledge even from a voluntary application of it. From Dr. Niven's Manchester statistics, and, in the Colonies, from those of Dr. Martin, in Adelaide, South Australia; in the United States from those of Dr. Bigg; again, from Dr. Eric France's reports on lunatic asylums, from the reports of inspectors of workshops, from the intelligent investigations ordered in the Post Office of Paris, from the records of the life insurance companies, from a thorough method of inquiry engraffed upon a dispensary system such as that of Professor Calmette, in Lille, by the accumulation of voluntary reports from physicians in private practice, and so forth, we are gaining no little information, and not a few materials for a more extensive and systematic survey. By such reports we have already made it appear, in not a few instances, that local outbreaks of phthisis in workshops and the like have been definitely traced to the admission of a person already phthisical. It is surely even now no tyrannical measure to deal drastically with any gathering place of men and women in which phthisis exists; to examine every individual of the congregation, and to remove those affected: the curable into a sanatorium, the incurable into cottages near the homes of the patients—cottages provided with means of relief and of disinfection.

The variance of opinion concerning the infectious nature of phthisis which, until 1882, divided the profession of medicine is very remarkable; and seems to point to some notable peculiarity in the mode of its propagation. In Southern Europe for the most part infection held the field of causation; in the North, family and personal proclivity rather. Perhaps the prevalence of bronchitis and other catarrhs, blurring the characteristic outlines of phthisis among northern folk, or indeed favouring its pulmonary form, brought it into confusion with "neglected colds." Where, as in southern lands, catarrhs of the respiratory tract were less common, the features of phthisis may have stood forth more conspicuously. Yet, notwithstanding this difference of circumstances, the sharp division of opinion is remarkable, and even to-day the process of infection is imperfectly understood.

Working in the light of modern knowledge two able northern physicians in general practice have analysed their experience, the one in Norway, the other in Germany; the one rises from the study of some hundreds of his cases convinced of the predominance of hereditary causes, the other, after a study of no less a number, places infection in the first place and proclivity in the second. In the judgment of the German observer there was definite evidence of infection in 25 per cent. of his cases, and of infectors in 15 per cent. It seems to me that family physicians in estimating hereditary bent, are apt to take too little account of the propinquity of the sick and the healthy; and if kinsfolk be not of the same household they are often intimately conversant with each other. I have private notes of cases of fatal phthisis in more than one young patient soon after the removal of the family to a health resort for the sake of another member of it; yet one of these cases was published, with others, in evidence of the failure of this change of climate to ward off the family fate: although it was within the reporter's knowledge that this change of place was made for the sake of a parent who recovered, but who was phthisical at the time when his son

was attacked. The most useful recent work on this subject is that of Jacob and Pannwitz ("Entstehung u. Bekämpfung der Lungentuberculose," Leipzig, 1901), who have investigated the origin of 3,295 cases in their own experience, and of 612 in the practice of others. To keep to their own cases: in 900 there was a history of parental tubercle, and in 119 before patients' birth; but of the remaining 781, 509 lived together, or with tuberculous kin. Of the 3,295, phthisis occurred only in 306 who had not lived with tuberculous persons. Of the children who acquired tubercle in childhood 20 per cent. came of tuberculous fathers, but 40 per cent. of tuberculous mothers; an apt illustration, as it would seem, of relative contiguity as a condition of infection, and a warning of our obvious duties in respect of children so exposed. Of the other patients, 504 had begun work with tuberculous mates shortly before falling ill; and 389 had worked in dusty trades. Thus we see again and again the mutual interpenetration of many factors; the strongest contagionist must admit contributory constitutional causes, and enfeebling or unwholesome conditions. In the scrofula of children causes of this latter kind are eminent.

The problems of intestinal tuberculosis are under official investigation; but, if we confine ourselves for the moment to inhalation, we are far from confident that phthisis is chiefly propagated by the diffusion of dried particles of the specific sputum—"tuberculous dust"—in the common air of the house, workshop, or street; this doctrine, in any considerable sense, seems, indeed, to be rather losing than gaining ground. The experiments on the carriage of the parasite in the spray of the cough or sneezings of the patient are coming more into prominence; but as at first sight the sphere of this diffusion seems much narrower than that of the case incidence, some wider and more persistent means of diffusion seems to be implied.

Again, the part played in phthisis by co-operative infections is very complicated. The inhalation of dust certainly seems to prepare the way for tuberculosis, probably by wounding the tissues and laying them open to infection; alcohol, on the other hand, to favour it by lessening their capacity of resistance. The damaged lung of phthisis contains invariably, of course, the *B. tuberculosis*: next to this in frequency comes *streptococcus pyogenes*, with a percentage of some 70 per cent.; *staphylococcus pyogenes* is much less frequent, and may be estimated at 35 per cent.; the pneumococcus at 25 per cent., and our meddlesome acquaintance *B. coli*, at, say, 15 per cent. Other bacteria, or moulds, are but occasional, and of little importance. Some attempts to relieve phthisis by the use of an antistreptococcus serum were commenced by the late Professor Kanthack and myself, but were interrupted by his lamented death; such means can only be tried under the scrupulous care of an accomplished bacteriologist. I think that some such method, such, for example, as may be found in a combination of an antistreptococcus serum with a tuberculin, is not outside the limits of hope. The appearance of "Coppin Jones bodies," proved by Turban and Engel (*Z. f. T.*, II., 120), to be fatty bodies of a high melting point—i.e., solid at body temperatures, signifies in their opinion a healing process of caseation; and, if with them no other bacteria be found, their occurrence is of good omen.

Hitherto I have regarded only tuberculosis; yet, in conclusion let us look forward for a moment upon the signs of the times in our care of other diseases of mankind. Is it true that only in tuberculosis we are learning the comparative impotence of the drug alone, of advice alone, or of the knife alone? By no means: it is true of many, perhaps of all, chronic disorders of the manifold web of our functions that against their multiplicity we must devise means of cure as multiform; that, as in tuberculosis of all varieties, hour by hour, function by function, need by need, we must create a curative machinery of parts as many and as intricate as the elaboration of its processes and the waywardness of its cases, so in the heart diseases of man, in his mental and nervous diseases, in his diabetes, in his gout, in his Bright's diseases, in his rheumatoid diseases, and the like, nay—where am I to stop—in almost all his chronic

maladies and surgical operations, if the richer man is to have the advantages now given and to be given to the poorer man, for him a like machinery must be invented, a machinery of skilled and continuous ministration in part, and of laboratory and executive equipment in part, where our collective wits, in what I may call a specifically healing atmosphere, may be set against the prodigality of these wiles of disease. In such arsenals of medicine—now foreshadowed by more or less creditable retreats, nursing homes, Weir-Mitchell homes, Nauheim homes, hydropathic and electrical establishments—aberrations of function would be analysed and measured in their initial phases and in their progress, and point by point scientifically checked, by the physical, chemical and biological resources of our various art. At present the taint of trade, which has crept into some such undertakings, has given an ill odour to many of them; it is for the great Guilds of Medicine not to oppose such developments of our craft, but with wisdom and foresight to increase their beneficence and to eliminate their evils. To the making and the improvement of elaborate curative machinery you have done much, and you are undertaking vastly more. That sound progress must depend essentially upon your means of scientific research I have already urged upon you; I will add to this exhortation another—namely, that unless institutions such as yours, whether for phthisis or for the amelioration of any other disease of man, succeed not only in gaining the confidence and in securing the goodwill, but also in enlisting the services and profiting by the co-operation of physicians in family practice—of that capable and unselfish ally known as the “general practitioner”—these and such institutions will fall short of their own ideal, and will betray the best interests of the profession of which we are the devoted servants.

“OPEN-AIR” TREATMENT.

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THE “open-air” treatment of pulmonary tuberculosis has found favour with the medical profession, and is already proving fashionable with the public. It is being welcomed as an efficient means for combating the most deadly scourge which afflicts our people. Many in their enthusiastic support would seem to claim “specific” virtues for the “open-air” method, and not a few by their intemperate advocacy are in danger of arousing opposition to what is undoubtedly the most satisfactory means at present available for the treatment of a peculiarly variable and perplexing disease.

While it is true that the importance of a systematised application of hygienic measures in the control of consumption has only recently received anything like general recognition by medical men, it is only fair to remember that long before Koch made his epoch-marking discovery of the tubercle bacillus, not a few physicians in this and other countries clearly taught that the key to the situation was to be found in agencies influencing what we are now pleased to speak of as the powers of tissue resistance.

And in our awakening to the benefits of so-called sanatorium methods, and ardent advocacy of what is now looked upon as rational relief, it is well that we should not rest satisfied until experience and experiment have clearly established not only the reasonableness of the procedures adopted, but clearly indicated the scientific principles on which they are based.

At present there seems a danger that the outlook will be too restricted. In many quarters a spirit of “empiricism” prevails, and the contentions of those taking a limited or purely “spe-

cialist’s” view are allowed to exercise too much authority. “Listerism” has had far-reaching results on surgical methods, and such as those surgeons who early adopted antiseptic measures probably never dreamt of. And in somewhat like manner it seems likely that the adoption of the so-called “open-air” treatment of consumption will in the near future go far to revolutionise many of the procedures adopted with complacency by the physician of to-day. Already there are not wanting indications to show that the rational therapist is breaking away from the fettering influence of a too insistent bacteriological dogmatism and a compliance with mere laboratory teaching. We are quickly realising that chief reliance in resisting and arresting morbid processes must be placed in the influence of what, with our present limited knowledge, we are content to speak of as natural forces.

Of this there can be no doubt, that in connection with many of our present methods for coping with certain forms of disease there is urgent need for an extension of hygienic measures. A recognition of this is evident in the growing desire to discourage massing of the sick in huge establishments, and the rapid development of the centrifugalising force of popular, as well as scientific, sentiment, which is hurrying many of our institutions away from crowded centres into healthy country districts.

What is being written concerning the various factors in so-called hygienic treatment, and considerable variation and even contradiction in opinion is apparent as to the best methods of employing such measures as exposure to open air, abundant sunlight, carefully regulated rest, graduated exercise, abundant feeding, strict medical supervision and the like.

But what is really needed is trustworthy data which shall reveal the true principles, which should direct not only the selection of a hygienic course, but secure its rational application and reasonable conduct.

Certainly, the limited insight into the fundamentals of an employment of these measures in the control of morbid processes, which has been afforded by experience of the treatment of pulmonary tuberculosis and its associated pathological conditions in modern sanatoria, has revealed the desirability of an extension of open-air methods to other diseases than tuberculosis.

The main objects of sanatorium treatment are to remove the patient from the sphere of action of the causal agents of disease, and, what is even of greater importance, to secure such conditions as shall allow of the establishment and maintenance of the highest powers of resistance.

The carrying out of such a policy need not be restricted to a single disease. By a rational adoption of systematised hygienic measures in the management of pathological processes much may be accomplished.

Undoubtedly many affections of an infective character can be advantageously controlled by “open-air” treatment. Experience has conclusively proved that even many acute febrile affections are benefited by a life in the open. As every sanatorium physician knows, fresh air is often the best of antipyretics. In septic processes free exposure to open air usually provides the surest conditions for conquest. And particularly in connection with the treatment of such chronic infective diseases as syphilis and the other members of the granulomata,

such conditions as are best afforded by sanatorium life seem most advantageous in securing the maximum of benefit in the minimum of time. Toxæmic conditions and nutritional derangements dependent on cellular aberration and lowered states of tissue activity are often best met by a resort to an "open-air" life.

In the past much has been written regarding the control of morbid processes by judiciously selected climatic conditions. The subject is a wide one, and needs much discrimination and judgment before one should indulge in the luxury of dogmatism; but of this there can be no doubt: that much of the benefit resulting from resort to health stations is dependent, at least in the majority of instances, on the free action of natural forces rather than the influence of mere local or specific peculiarities.

Many derangements of the blood are advantageously met by the employment of open-air methods, and the same may also be said in respect of certain "arthritic" and so-called "nutritional" diseases.

It has also been clearly demonstrated that an out-door life is oftentimes the best for securing restoration in cases of inebriety and mental derangement.

But it is unnecessary to elaborate. The clear lesson cannot be hidden. In our adherence to mediæval pathology and loyalty to the old-world belief in the efficacy of medicaments, we have been too ready to discount the reserve energy and recuperative forces of the human, even when injured and diseased, and we have been too ready to neglect the healing influences of natural agencies, the unfettered application of which we are now claiming as "hygienic measures."

Between the optimism of the unscientific and merely empiric sanatorium enthusiast and the apathetic, agnostic pessimism of a diminishing few there lies the possibility of acceptance of a scientific and rational course of action for all unprejudiced therapeutists. Experience and experiment are daily throwing fresh light on the *how* and *why* of what we are now pleased to term "open-air" treatment, and in the near future it may be hoped action may be directed by a clear recognition of the scientific principles underlying "sanatorium methods."

ON CHOREA IN PREGNANCY. (a)

By DR. CECIL WALL,
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AND
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THE paper is based upon an analysis of forty cases hitherto unreported, of chorea occurring in pregnant women who were patients at the London Hospital, the notes having been kindly placed at the disposal of the authors by the physicians responsible.

The movements of a choreic patient are akin to those usually employed in the expression of the emotions. In the evolution of voluntary movement in the child a controlling power develops which modifies and orders the movements which, in the earliest stages, are purely emotional. There is strong ground for the supposition that choreic movements represent a reversion to an antecedent stage in the scale of development resulting from

the partial or total suspension of this lately acquired power of control.

This removal of control is probably due to a paralytic lesion affecting certain of the highest cortical centres; such a lesion could be explained by any of the theories which associate themselves directly with chorea, and also, perhaps, with greater probability, by the theory that it may be produced by any debilitating condition acting upon centres which from their recent development are still in an unstable condition, the greater number of cases being para-rheumatic.

The great diminution in power to control the emotions, which forms so marked a feature in chorea, is also to be explained by the same hypothesis.

There is in pregnancy a tendency towards attacks of true chorea which are indistinguishable in their clinical characters from the chorea of childhood.

During pregnancy many women seem to lose, in part at least, their power to control the emotions; in this respect they revert to the evolutionary level of childhood.

Conditions, therefore, which determine chorea in childhood are likely to produce a similar condition during pregnancy. Rheumatism in very many cases plays a prominent part in the etiology; out of 37 patients there was a history of definite antecedent rheumatism in 16, and 12 more had had chorea in childhood without any other rheumatic manifestation. In all, 23 out of 37 patients had previously suffered from chorea; this large proportion may be explained on the supposition that there is a definite rheumatic taint, or that the occurrence of one attack leaves the centres in an unstable condition and liable to be again overthrown by slight compulsion.

In the chorea of childhood the majority of cases occur in association with a high grade of mental development, yet some are found in children showing signs of mental deficiency and frequently also stigmata of physical maldevelopment; in the first group a history of rheumatism is common, in the second group it is frequently absent.

In pregnant women suffering from chorea similar groups are found. A case is quoted in which the predisposing cause seems to be a defective cerebral development associated with microcephaly.

The determining cause of chorea in pregnancy is usually mental worry, often determined by the fact of pregnancy; thus single women worry over an illegitimate pregnancy, married women may be troubled by the "res angusta domi." The onset of movements at or about the time of quickening in a large proportion of the cases suggests the nature of the determining cause. Sudden shocks may also be the immediate cause of chorea; instances of this are quoted.

The loss of the power of control in chorea may not only find expression in the physical irregular overaction, but sometimes also in emotional out-breaks, in some instances reaching to a degree of mania, or melancholia. Intellectual insanity (paranoia) is infrequent in chorea.

Conclusions.

Chorea in pregnancy is determined by mental worry, overstrain, or shock acting upon a brain of which the controlling power is lowered by pregnancy and the original stability is subnormal, owing to antecedent rheumatism or chorea, or

(a) Abstract of Paper read before the Medical Society of London.

because it has never reached the normal standard of development.

Analysis of 40 Cases of Chorea in Pregnancy occurring in 37 Patients.

Chorea occurred in the first pregnancy 18 times.

In 10 cases the first pregnancy was not attended with chorea, but chorea occurred in later pregnancies.

In 6 cases chorea recurred in subsequent pregnancies.

There was a previous history of chorea in 23

There was a previous rheumatic history without chorea in 5

There was no previous chorea or rheumatic history in 9

Apparent cause in these 9 cases:—Shock, 2; husband out of work, 1; secondary syphilis, 1; unexplained, 5.

Month in which movements began—

| | | | | | | | |
|-----|-------|-----|-----|-------|-------|-----|-----|
| 1-2 | 2-3 | 3-4 | 4-5 | 5-6 | 6-7 | 7-8 | 8-9 |
| 4 | 6 | 5 | 8 | 6 | 6 | 2 | 2 |
| 10% | 15.4% | 13% | 20% | 15.4% | 15.4% | 5% | 5% |

There were 5 fatal cases; 5 patients out of 37 were single women.

The authors show that the tendency to spontaneous abortion has been exaggerated. The proportion of cases in which spontaneous abortion occurs is very little if at all higher than it is in ordinary pregnancy, *i.e.*, 16.6 per cent., or 20 per cent. according to different authorities. Attacks of transitory emotional insanity are probably common, and are not of great prognostic significance. In subsequent pregnancies there is not necessarily chorea. Treatment consists of quiet, full feeding, freedom from worry and anxiety, and sleep, if necessary assisted by drugs, of which chloral and chloralamide are the best. Light massage is very useful in some cases. Induction of abortion is seldom indicated, and cannot be looked upon as a certain or safe method of treatment.

ORAL SEPSIS AS A FACTOR IN THE CAUSATION OF DISEASE.

By EDMUND OWEN, M.B.Lond., F.R.C.S.Eng., Consulting Surgeon to St Mary's Hospital, and to the Hospital for Sick Children.

ON page 506 of THE MEDICAL PRESS AND CIRCULAR for May 20th there appeared an excellent practical paper by Dr. Alfred Penny on the evil which carious teeth may exert upon the individual. It is a subject which for many years has had great interest for me in connection with septic and tuberculous abscesses in the neck, both in children and in adults.

In 1894 I read a paper, "On the Treatment of Carious Milk Teeth," before the Odontological Society of Great Britain, in which I asked this question of the members: "Are you convinced that the insertion of a filling is, the best treatment for the average carious tooth of the average child?" I ventured to express the opinion, in general terms, that the conservative treatment of carious teeth in children was being carried too far.

And Dr. Penny is evidently of opinion that the same idea applies in the case of adults. I fully agree with him. Very graphically he says, in alluding to the preservation of carious teeth in the building of "bridge and crown" work, "A medical friend showed me his teeth after they had been artificially renewed in this way.

His mouth looked like a gold-mine, but his breath smelt like the emanations from a sewer."

The views which I expressed in 1894 I hold at the present time, and with even stronger conviction.

A carious milk tooth is a perfect incubator for septic micro-organisms—there is the warm cavity, containing meat, jelly, or other culture-mediums which have found their way thither from the food; there is moisture, and there is oxygen. And there are the septic micro-organisms in abundance.

From this incubator germs find their way by lymphatics into the submaxillary and the cervical glands, where, setting up an inflammation, they prepare the way for the invasion of the tubercle bacilli. Septic inflammation in a gland is often the precursor of a localised tuberculosis.

A want of dental care is, in my experience, one of the chief causes of the occurrence of septic and tuberculous lymphatic abscesses in children.

But this is not the object of the present communication. I desire briefly to place upon record the fact that I have already this year met with two cases in private practice in which carious stumps, concealed by dentures, have been the cause of cervical abscess in adult patients.

One was the case of a member of our own Profession who came to me on account of the presence of a glandular mass below the jaw. He had a very handsome and complete set of artificial teeth, but, on his removing them, two foul rows of flat stumps were revealed, which, I am satisfied, were the cause of his glandular trouble. The other case was that of a lady on whom I have quite recently operated for chronic cervical abscess which evidently had a similar origin.

There is a class of dentists who advertise the fact that they can fit persons with artificial teeth without putting them to the pain of extracting stumps, and I can quite understand that it is necessary for them, in order to keep faith with confiding patients, to leave in a number of septic teeth whilst they convert a mouth into "a whited sepulchre." But I cannot understand how a well-instructed, conscientious, and skilful dental surgeon can be so regardless of the principles of modern surgery as to rest satisfied with work which leaves a carious tooth in the mouth of a child, or hides septic stumps under the elaborate dentures of an adult.

Would the dental surgeons kindly express their views on these important questions?

Clinical Records.

A REMARKABLE CASE OF MULTIPLE PREGNANCY.

Under the care of J. WISHART KERR, M.B., Ch.B. and H. COOKMAN, L.R.C.P. and S.I.,

Medical Officers, West African Medical Staff, Accra, Gold Coast.

[Dr. Henderson, P.M.O., has kindly allowed us to make use of these notes.]

ON Sunday, April 19th, 1903, we were called to see a native woman of Accra, Gold Coast, West Africa, who was reported to have given birth to six children. On arriving at her house we found an excited crowd in the street outside who had to be held in check by a strong detachment of police. On entering, we found the woman lying on the floor, as is the usual custom in native deliveries. In a corner of the hut there were six newly-born infants; we had them brought to the light to examine them and verify the case. We then had them photographed, a copy of which we enclose herewith. Five of the children were boys and one was a girl. Between them all there were four placentæ. The girl and one of the boys had a placenta each. The remaining four children were attached by twos to the two placentæ. Each placenta was delivered immediately after the birth of the children to which it was attached. The woman was four hours in labour, and the births followed one another rapidly. On the

21st inst. one child died; on 22nd inst. four of the children died; on 23rd the sixth child, which was a girl, died. Shortly after the children's birth the mother appeared very much exhausted, but ultimately made a complete recovery. On inquiry we ascertained

and her face was cyanosed. There was no clubbing of and dilatation of the right side of the heart. There was a very loud second sound everywhere, most marked over the pulmonary area, and in this region a faint diastolic murmur occasionally was heard with the



that at her first confinement she gave birth to four children, at her second and third confinements to three children each time. These, with her last litter, make a total of sixteen children for four confinements. Has a similar case ever been recorded?

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.
MEETING HELD FRIDAY, MAY 22ND, 1903.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

ILEO-CÆCAL INVAGINATION PRODUCED BY A MECKEL'S DIVERTICULUM WHICH WAS LIKEWISE INVAGINATED. OPERATION; RECOVERY.

DR. J. P. ZUM. BUSCH read notes of the case of an acrobat, æt. 21, who first came under observation on November 21st, 1902, suffering from dull pain in the abdomen. The anamnesis and a slight resistance over the cæcum pointed to a possible intestinal growth. He was sent to the German Hospital, but only came on the 23rd, after having performed on the stage twice daily. His condition was then very grave, and there was no doubt that an intestinal invagination with complete obstruction existed. Laparotomy was done at once, and it was found that about three feet of ileum had become invaginated into the cæcum. After a very difficult disinvagination it was seen that the primary cause of this invagination was a Meckel's diverticulum, which, through a lipoma in its apex, had become invaginated into the ileum. The whole invaginated mass being gangrenous, three feet of ileum were removed, and the ends joined by lateral anastomosis. The patient recovered and was discharged on January 7th. The condition described in this paper is a very rare one, only twelve having been published up to now. The prognosis is very grave, as of eight operated cases only two recovered, one in whom disinvagination was easy and no excision was necessary, and one after excision of the invaginated intestine.

DR. PERCY KIDD, on a

SEQUÊL TO A CASE SHOWN AT THE SOCIETY IN 1901 AS CONGENITAL MORBUS CORDIS; DIFFUSE END-ARTERITIS OF THE PULMONARY ARTERIAL SYSTEM.

A girl, æt. 21, was shown in February, 1901, suffering from dyspnoea and attacks of cardiac pain dating from early childhood. The patient was a very small girl,

and her face was cyanosed. Physical examination indicated hypertrophy second sound. The case was regarded as one of congenital morbus cordis by nearly all the members of the Society who examined it. The patient died six months later during a dyspnoic attack. At the autopsy the right heart was much dilated and hypertrophied. The valves were healthy and there was no congenital defect of any kind. But the pulmonary artery was highly atheromatous down to its smallest branches. The lungs were engorged, but were otherwise healthy. All the other organs were unaffected. The enlargement of the right side of the heart must be attributed to the widespread atheromatous condition of the pulmonary arterial system. The history suggests that the arterial disease originated during intra-uterine life.

DR. BATTY SHAW observed that the most curious point in connection with the case was the occurrence of a diastolic murmur over that particular area, a very similar murmur sometimes occurring in mitral stenosis in connection with which extensive pulmonary atheroma had been found. He supposed that there was a functional leakage of the valve, which would account for the murmur. He referred to a case in University College Hospital in which the murmur was so pronounced that it was variously attributed to a pericardial rub in the diastolic period and aortic regurgitation. Post-mortem it was found to be a case of mitral disease.

MR. W. G. SPENCER remarked that the ductus portali in the hypogastric artery underwent the same change as the result of endarteritis, and as this was a congenital change he suggested that the other might be so.

DR. PARKES WEBER asked whether there was comparative dilatation of the right auricle as well, since tricuspid stenosis might produce the murmur just as relative mitral stenosis did.

DR. EWART declined to admit the assumption that one could get a regurgitant murmur as the consequence of a dilatation of the pulmonary artery.

DR. PERCY KIDD, in reply, agreed that the case was a remarkable one. The diastolic murmur was a very poor thing, and was never very definite. He thought it was possible to have a diastolic as well as a pre-systolic murmur in mitral stenosis. He preferred this hypothesis to that of pulmonary regurgitation. Both sides of the heart were uniformly enlarged. The congenital nature of the disease was pretty obvious. The patient was small for her age, and she presented a peculiar reddish cyanosis. There was no clubbing of the finger tips. She had had cardiac symptoms since two years of age. He thought the condition was due

to intra-uterine endarteritis, but the disease was very probably of a progressive character.

Dr. J. PORTER PARKINSON related the further history of a case of

UNUSUALLY GREAT DILATATION OF THE HEART.

The patient had been shown to the Society in January, 1901, when the heart was greatly enlarged, reaching from beyond the right nipple to the anterior axillary line in the sixth space. There was a systolic and presystolic murmur both at the apex and in the region of the right nipple. There were remarkably few symptoms, dropsy only appearing during the last few weeks of life. He died in December, 1902. At the necropsy the heart was seen to be immensely enlarged, occupying almost the whole space of the front of the chest below the second costal cartilages. The pericardium was universally adherent. All the chambers were enlarged, but especially both auricles and the right ventricle. The mitral orifice was exceedingly stenosed, and the tricuspid valve thickened and the orifice somewhat stenosed. The heart weighed 30 ozs. empty of blood. The specimen was shown with the object of demonstrating that a systolic pulsation in the region of the right nipple was produced by the right auricle, which lay beneath, and not by the left auricle, which, though much enlarged, did not show to any great extent on the front aspect of the heart.

Dr. EWART thought the specimen would occupy a historical position in this group of preparations. He referred to an interesting case of systolic pulsation in which it was due to regurgitation from an enlarged right ventricle into the auricle.

Dr. CHAPMAN remarked that the case had a bearing on one he had recently shown at a clinical evening at the Medical Society, in which a boy, *æt.* 12, had a double aortic, mitral, systolic, and tricuspid murmur. There were thrills over each valvular area, and the heart dulness was increased in most directions. There were absolutely no symptoms, the child playing games like other children. This latter fact had its bearing on the author's case.

ANNUAL GENERAL MEETING.

The Society then proceeded with the business of the general meeting. The report showed the continued prosperity of the Society, the number of members having attained 608. The officers for the ensuing year were elected, Dr. Frederick Taylor being elected President. The usual votes of thanks were accorded to the retiring officers and the session came to an end.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SURGICAL SECTION.

THE SECTION MET IN THE ROYAL COLLEGE OF SURGEONS,
ON FRIDAY, MAY 15TH, 1903.

The President, Mr. L. H. ORMSBY, F.R.C.S., in the Chair.

MR. GORDON made a communication on a case of EXCISION OF THE GASSERIAN GANGLION for severe tri-facial neuralgia. The patient, a woman, *æt.* 63, had been under the care of Dr. Cope and Dr. Wallace Beatty. Drug treatment having failed the patient was placed under Mr. Gordon's care, and he operated on September 20th, 1902. The woman had suffered from the neuralgia for eight years. At first the attacks had been separated by intervals of weeks, but these intervals had become progressively shorter until, when admitted to the Adelaide Hospital, they occurred every ten minutes, coming on either spontaneously or in response to most trifling stimuli. She had, maddened by despair, on one occasion attempted to commit suicide. Having given an account of the case, Mr. Gordon proceeded to a discussion of the operation. He showed a series of lantern slides, made for him by Professor Scott, to illustrate the operation both in its theory and practice. The success of the operation depended on the facts that the removal of the Gasserian ganglion wiped out of existence the entire fifth nerve, and regeneration was impossible. In the course of his remarks, Mr. Gordon stated that as it

was unnecessary, so it was inadvisable to preserve a bone flap, in that the formation of this must materially add to the duration of the operation. In raising the dura from the floor of the middle cranial fossa, hæmorrhage was the chief cause of difficulty. This could be best met by plugging the basal foramina. Preliminary ligation of the external carotid he considered futile and undesirable; such ligation would not at all influence hæmorrhage from torn tributaries of the cavernous sinus. Before describing the last step of the operation, certain anatomical features were illustrated, *e.g.*, the relations of the foramina to one another, and the immediate relations of the Gasserian ganglion. The sixth nerve and the cavernous sinus were both intimately related to the ganglion on its inner side, and also to its ophthalmic division. In discussing questions regarding the extent of removal advisable, Mr. Gordon expressed himself in favour of complete extirpation of the ganglion with evulsion of the sensory root. A fear of sloughing of the cornea need not influence one's choice in this matter; it is quite a rare complication, and when it does occur is due to sepsis. In his concluding remarks Mr. Gordon referred to the low mortality of the operation in the experience of Rose and Horsley. He asked the members before forming an opinion on the merits of the operation to bear carefully in mind the gravity of the disease for which it is undertaken, and, on the other hand, to remember that there are good grounds for the belief that if the operation is successfully performed the cure of the neuralgia will be both immediate and permanent.

Mr. MAUNSELL congratulated Mr. Gordon upon his case, and asked why Mr. Gordon would recommend evulsion of the sensory root instead of accurate division.

Mr. GOULDNEY asked Mr. Gordon if he had formed any opinion as to the primary cause of the neuralgia in this case, and if the ganglion had been microscopically examined after its excision.

Dr. HAUGHTON said he would like to join in congratulating Mr. Gordon on the success of the operation and on his most interesting paper. He would like to ask if he made any X-ray examination of dental region, as he (Dr. Haughton) had found several cases of tic douloureux due to peripheral origin, *i.e.*, unerupted teeth in otherwise edentulous jaws, at sixty years and over, the removal of which completely cured condition. He had also found patches of condensing osteitis present in some other tic douloureux jaws, followed by relief on removal of these patches.

TRAUMATIC ANEURYSM OF THE LEFT SUBCLAVIAN ARTERY PRODUCED BY FRACTURE OF THE LEFT CLAVICLE.

Mr. WILLIAM TAYLOR read the notes of a case in which a man, *æt.* 62, slipped and fell on his left shoulder, sustaining thereby a fracture of the left clavicle about the usual situation, and of the usual oblique variety, but which was complicated by a wound of the subclavian artery leading to the development of a traumatic aneurysm of that vessel. An X-ray photograph showed the nature of the fracture and demonstrated the presence of a small spiculum of bone projecting downwards at right angles from the inner end of the outer fragment. The tumour occupied the lower part of the left posterior triangle of the neck, extended inwards underneath the sterno-mastoid muscle, and downwards below the clavicle, overlapping at the same time the broken fragments. A bruit was distinctly heard all over the tumour, pulsation was forcible and visible in the recumbent and sitting positions, but scarcely perceptible in the upright position. There was atheroma, and a diastolic aortic murmur, but the urine was healthy. The patient being admitted under Mr. Taylor's care into the Meath Hospital, was at first treated by absolute rest, restricted diet and iodide of potassium; but, at the end of a fortnight it was evident from the increase in size of the tumour and the thinning of the skin that rupture was imminent. Operative treatment was then undertaken, the idea being to put a temporary ligature on the first stage of the artery after resecting the inner third of the clavicle, and then incise the tumour, turn out the clots, and deal directly with the site of injury. After two hours' careful and dangerous dissection in a space full of im-

portant structures and very much diminished by the encroachment of the thin-walled pulsating tumour, the attempt to ligate the first stage of the artery had to be abandoned as utterly impossible under the circumstances. During this dissection the vertebral vein got wounded, giving rise to alarming hæmorrhage for a moment, which, however, was arrested by a gauze tampon. Two further lines of treatment suggested themselves, *viz.*, either to amputate at the shoulder-joint and follow up the axillary artery and hope in this way to find the site of injury, or to incise the tumour, turn out the clots, and endeavour to secure the injured vessel. This, with its obvious dangers, was considered the better procedure; consequently, after resecting the remainder of the inner broken fragment, the tumour was incised, the clots turned out and the fingers quickly thrust down towards the artery, which was felt and grasped by the finger and thumb, in this way arresting the rush of blood until the vessel could be controlled by proximal pressure from without. The clots and blood were then sponged out of the space, when the vessel could easily be seen with a small hole in its upper and anterior wall, evidently produced by the sharp spiculum of bone shown in the skiagram. An attempt to pass an aneurysm needle round the vessel now showed that the vein was firmly adherent to it, and as any injury to it was considered likely to necessitate immediate amputation, under the circumstances it was necessary to place forceps on the vessel. One forceps was applied internal to the opening, one over the opening, and one internal to it. The opening seemed to be in the middle of the third stage, and there were no vessels to be seen coming off. The inner end of the wound was sutured and the outer plugged with gauze to steady forceps, after which the ordinary dressings were applied. The arm was supported on pillows and enveloped in wool. Recovery was rapid, uneventful, the forceps were removed on the twelfth day, after which the wound quickly closed. The temperature never rose above normal. As far as Mr. Taylor could find from an extensive perusal of the literature of the subject for the past century in both the English and French languages, he could only find four authentic records of injury to the subclavian artery produced by a fractured clavicle, and one case in which an aneurysm of the innominate arising some months subsequent to fracture of the right clavicle was ascribed to this injury. The four cases of injury to the subclavian were from fractures produced by some direct violence, and all were fatal. In his case the fracture was due to indirect violence and terminated successfully.

Mr. GORDON said that his chief reason for speaking was to congratulate Mr. Taylor. He disagreed with his statement that the paralysis was due to deprivation of blood. He thought the paralysis was due to pressure or traction during the operation, and, further, he (Mr. Gordon) was of opinion that the prognosis with regard to the paralysis was very good.

BRITISH GYNÆCOLOGICAL SOCIETY.
MEETING HELD THURSDAY, MAY 14TH, 1903.

DR. HEYWOOD SMITH, President, in the Chair.

SPECIMENS.

CIRRHOTIC AND CYSTIC OVARIES.

Dr. MACNAUGHTON-JONES showed with the epidiascope complete sections of cirrhotic and cystic ovaries. In both cases the adnexa had been removed for prolonged and incurable dysmenorrhœa. In one case the patient was a single woman, and Dudley's operation had been previously performed without any result, and lately her mental state had been causing apprehension. The other was a married woman who also suffered from retroversion. Ventrofixation was performed in the latter case. Having remarked that the severity of the pain was occasionally altogether out of proportion to the pathological changes found in an ovary, and that the mere macroscopical inspection of an ovary was of little value when the entire structure, as in the cases he was exhibiting, was altered, he discussed the question of resection of the ovaries. There was no doubt that

conservative operations, whenever feasible, were to be preferred to removal. Still, it was often extremely difficult to pronounce by a superficial examination of the ovary during operation whether there were not present such gross changes throughout the ovary as to render any partial operation useless. He had done a number of conservative operations, and in the majority of cases with successful results, both as regards relief of pain and conception. The difficulty in deciding in the case of ovaries such as those shown, when there were present all through their substance cortical, interstitial, and parenchymatous changes, together with alterations in the follicles and cystic degeneration, was great. There were also the cases in which there were secondary degenerations of small cysts found throughout the ovary, sanguineous and other. The four sections exhibited on the screen prepared by Mr. Eastes, the pathological changes in which were described in Mr. Lockwood's reports (which he, Dr. Macnaughton-Jones, also read), showed such degenerative changes throughout the entire ovary. In both of the cases he had brought forward, complete relief and restoration to health had followed operation.

Dr. MACNAUGHTON-JONES also showed an ovary and pedunculated myoma. The latter resting on the fornix of the vagina, it was impossible to differentiate it from the diseased ovary, which was pushed upwards and backwards by the tumour. It exemplified the difficulty of diagnosis in such cases.

The PRESIDENT observed that the small ovary associated with the fibroma was typical of a condition met with not infrequently, a shrinking of the organ that, by its tenseness, gave rise, as in this instance, to intense pain. Distinct disease was as good a reason for the removal of an ovary as a large ovarian cyst.

Dr. HERBERT SNOW thought that the severe pain in cirrhotic ovaries depended more on tension than upon anything else. Even in rapidly-growing cell growths in acute malignant disease in young persons, when these growths were not surrounded by rigid fibrous tissue, there was scarcely any pain until ulceration set in, a fact in striking contrast to conditions of the ovary without obvious enlargement, and yet giving rise to great pain. Pain might, however, be due not only to tension of the capsule but to local peritonitis and adhesions, or to pressure due to the position of the ovary, or to the distension of neighbouring viscera, too commonly a loaded rectum.

Mr. BOWREMAN JESSETT said he was convinced that it was wise, if possible, always to leave some ovarian tissue behind in order to avoid the melancholia that too often supervened on complete oöphorectomy; and in cystic disease one should endeavour by resection to leave at all events a portion of healthy ovarian tissue behind, and if this could be done, even on one side, it would be a great advantage to the patient. No doubt the chief cause of the pain was the tension of the capsule, but by dividing the capsule and removing the cysts, the tension and pain were often relieved, while menstruation was not interfered with.

After some remarks by Dr. C. H. F. ROUTH,

Dr. BEDFORD FENWICK showed two ovaries which were very much enlarged, apparently diseased, and as they were adherent to a fibromatous uterus reaching nearly up to the ensiform cartilage, they were removed with it. He believed that the ovaries were diseased in all, or nearly every one, of such cases, and that in fibroid cases disease was set up by the hypertrophy of the muscular tissue of the arteries due to the impeded circulation through the fibroid tissue. If that were so generally, he thought that gynæcologists were making a grave error in leaving the ovaries behind when removing a diseased uterus.

Dr. WILLIAM DUNCAN did not think that mere enlargement and superficial cysts justified the removal of the ovaries. It was his custom to excise all the cystic portions he could detect, and to leave some part of the ovary behind, and this practice had given him very good results. Unfortunately one could not tell beforehand whether ovaries were completely cirrhotic. He objected to complete removal of ovaries simply because

they appeared large and cystic from dilated Graafian follicles on their surface. With regard to the removal of the organs in hysterectomy, it was not his experience that in cases of fibroid tumours the ovaries were diseased in most instances, or even in the majority, though they were so in a certain percentage. The general consensus of opinion nowadays was that in hysterectomy one or both ovaries, or, at least, a portion of an ovary, should be left; certainly when that was done the patient made a quicker and more comfortable convalescence than when the organs were entirely removed, and she altogether escaped the painful symptoms met with after the artificial menopause. He would not, therefore, agree to the complete removal of the ovaries in hysterectomy, unless they were very adherent to the uterus, and the operation would be rendered much more critical and difficult by trying to separate them.

Dr. F. A. PURCELL enunciated the principle that the ovaries should be left behind to aid in preventing the descent of the intestines into the vagina. As far as possible this principle was carried out, but when the organs were enlarged and cystic they were removed. In women who had passed the menopause he did not see any advantage in leaving a hard cirrhotic ovary behind.

Dr. DUNCAN explained that he was referring only to cases in which the removal of the ovaries was proposed during menstrual activity.

The PRESIDENT pointed out that Dr. Bedford Fenwick's specimen also presented the density of the envelope to which he proposed to direct their attention when he brought his own specimen before them. In connection with conservative operations on the ovary and the pain that was apt to supervene in the stump after removal, it seemed possible that the pain might be less if the ligature was passed over the lower part of the ovary, leaving a portion of the organ behind.

Dr. MACNAUGHTON-JONES, in reply, said the ovaries which he exhibited had been shown to be diseased all through, and he came to the conclusion in both of the cases that the only hope for the woman would be to remove those ovaries. Certainly those sections proved that he was right, and he had recently brought forward a case in which the patient had twins after the removal of one ovary and resection of the other. He was not in favour of removal of ovaries unless conditions such as he alluded to that evening were present. When a woman was approaching the portals of a lunatic asylum or becoming a morpho-maniac, doing a partial resection of the ovary was a thing to which he would not subscribe. Where there was true cirrhosis of the ovary, complete alteration of connective tissue into fibrous tissue, where the follicles were altogether altered and unhealthy, and the whole ovary converted into a sclerosed condition, resection was useless. He had no idea until he received the sections which had been so admirably cut by Mr. Eastes what the nature of the changes was. It was a great help to have the use of the epidiascope for projecting the pictures so beautifully on the screen so that Fellows could judge for themselves of the pathological conditions. He agreed with what Dr. William Duncan had said. He thought it was a decided advantage in hysterectomy to leave an ovary if it were not pathologically involved; he would be slow in an ordinary case of fibroma to remove both ovaries, but that was a matter which required to be considered by the operator and which he alone could decide whilst he was carrying out the procedure.

Dr. MACNAUGHTON-JONES likewise showed a uterus with a carcinomatous mass occupying the summit of the fundal cavity. The cervix was absolutely free from disease. There was no extension into the adnexa, nor any glandular involvement. He considered the case, which was one of a woman advanced in life, as exactly suitable for Bumm's operation. The patient was very anæmic, and exhausted by severe hæmorrhages, so that it was important to do an operation as rapidly as possible, and with as little loss of blood. He described the operation which he had seen Professor Bumm perform at Hallé. It was rapid, practically bloodless, and there was no risk to the ureter. The carcinoma in this case was diagnosed by previous curettage.

Mr. CHARLES RYALL said from the first incision into the abdomen to the removal of the uterus did not take so much as twenty minutes in this case, the rest of the time was taken up in the ligaturing and subsequent steps in the operation. Much difficulty was sometimes met with in entering the vagina from the abdomen, and this was not to be wondered at as the vaginal vault was of considerable thickness. Dr. Macnaughton-Jones had employed percussion, and, obtaining a resonant note at the lower end of the cervix, had no hesitation in making a rapid and accurate incision.

Mr. BOWREMAN JESSETT thought that as the case was diagnosed as one of malignant disease, vaginal hysterectomy would have been preferable for a uterus of the size of the specimen, but if it had to be removed by the abdomen he thought most surgeons would rather ligature the broad ligaments from above downwards as they went, a method that practically prevented the loss of blood even in the removal of good-sized fibroids.

Mr. MANSELL MOULLIN failed to see the novelty in the method, which seemed to be simply a panhysterectomy in which the use of such a large number of forceps was rather a complication than an advantage. He preferred to ligature as one went along. In ligaturing an ovary he put a pair of forceps over the ligature to prevent it slipping during the handling of the parts in the remainder of the operation; but in the case of a small uterus of the size of the specimen there was no fear of hæmorrhage—the whole matter could be controlled by the hand without either forceps or preliminary ligatures. He differed entirely from Mr. Jessett as to vaginal operations. The abdominal method had distinct advantages; there was no fear of the descent of the intestines, mentioned by Mr. Purcell, nor of their adhesion to the cut surfaces of the vagina, nor any hæmorrhage to be dreaded; the operator could see what he was doing and secure the vessels as they bled. When the uterus came down easily into an open vulva it could, of course, be removed from below without difficulty.

Dr. BEDFORD FENWICK said that he had found that any difficulty in location and entering the vagina could be entirely obviated by the introduction of Ferguson's speculum.

Dr. WILLIAM DUNCAN said that no doubt Dr. Macnaughton-Jones had very good reasons for adopting the abdominal route in this case. If the patient was an elderly woman with a small vagina they all knew the difficulty of removing a uterus by that passage. He had himself been obliged to lay open the perineum as far as the anus, and even then found it far from an easy matter. Though he preferred to do an abdominal hysterectomy rather than a vaginal one, he could not agree that it was as safe for the patient, and in her interests, when removing a uterus for cancer, would, if possible, do so by the vaginal route. With regard to fibroids the matter was different, as he did not believe in panhysterectomy, and always left a portion of the cervix and did not enter the vagina at all. He failed to see the advantage of Professor Bumm's method, and agreed with Dr. Mansell Moullin that the operation could be performed as quickly and with as little loss of blood, ligaturing as one went along. It must be remembered that the ligatures had to be applied in any case. Last week he had removed a uterus extending above the umbilicus in twenty-five minutes, and he was certain the patient did not lose two teaspoonsful of blood.

The PRESIDENT said that the discussion had wandered from the question, which was as to the advantages of Professor Bumm's method of panhysterectomy. With previous speakers he agreed that the number of forceps was a disadvantage; they certainly took up a great deal of room, and there was some danger of injuring the ureter with the lower ones.

Dr. MACNAUGHTON-JONES, in reply, said that both Mr. Jessett and Dr. Duncan knew very well that numbers of cases of cancer were quite outside the sphere of the vaginal operation; cases in which it was necessary to examine the broad ligaments and the pelvic glands. In fact, in such cases the only satisfactory

method of giving a woman a permanent chance of recovery was to go entirely wide of the disease; if not, it was better to regard her as an inoperable case. To talk of vaginal hysterectomy being the operation of the period for cancer was to go back ten years in surgery.

Owing to the protraction of the discussion it was decided to have Dr. Routh's paper on "Cancer and Its Prevention" printed and circulated, and that it should be discussed at the next meeting.

Discussion on Mr. Bowreman Jessett's paper on "Intestinal Obstruction: an Uncommon Complication of Ectopic Gestation," read at the last meeting (MEDICAL PRESS AND CIRCULAR, page 450).

Mr. JESSETT having given a short *résumé* of his communication,

Mr. MANSELL MOULLIN asked how long after the first hæmorrhage the operation was performed, and suggested that sepsis might account for the distension of the intestines. He had met with two similar cases in which there was great distension, though the bowels had not given such trouble as in this case. When the clot was septic, as he thought it must have been in the present case, the operation was fatal, and if the sepsis was recognised and if the clot presented in the vagina he thought the best course was to make an opening in the posterior *cul-de-sac*, break down the clot, and flush it out, a course that would give the patient a better chance than opening the abdomen.

The PRESIDENT said the chief points in the case were the question of diagnosis, and, secondly, what had led to the obstruction of the bowel and the distension. The ectopic gestation had not been suspected before the operation, but had it, by leading to a great effusion of blood, either directly or by altering the relations of the bowel to itself, caused the complete arrest of its contents? He thought they might ask Mr. Jessett what theory he had formed himself.

Mr. JESSETT, in reply, said that the first symptoms, acute pain and collapse, had occurred five days before the operation, but owing to the very unusual seat of the pain, entirely above the umbilicus, the case had been at first diagnosed as one of diaphragmatic pleuritis. He did not see her till all the prominent symptoms were those of intestinal obstruction, and as there had been no history of pain below the navel, no suspicions of ectopic gestation were aroused; moreover, the patient had not been pregnant for nine years, and had been regular up to four weeks before her seizure. The probable explanation was, in his opinion, that the stoppage was due to a general paresis of the bowel from loss of blood; the contractile power of the rectum was completely lost, but whether that was due to pressure on the gut, or on the splanchnic area or sympathetic, he did not know. There was no post-mortem; the clot was not offensive, but the contents of the bowel were very much so.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION. SPRING SESSION, 1903. THURSDAY, MAY 21ST.

SIR WILLIAM TURNER, President, in the Chair.

COMMUNICATIONS were read appointing Dr. J. Lindsay Stevens to represent the Faculty of Physicians and Surgeons of Glasgow, and Dr. Thomas McCall Anderson to represent the University of Glasgow, *vice* Sir William T. Gairdner, K.C.B., who had resigned.

PRESIDENTIAL ADDRESS.

The PRESIDENT then delivered the usual inaugural address. After a few words expressive of the regret which, he said, they must all feel at the resignation of Sir W. T. Gairdner, of whose services he spoke in high terms, and of Sir Hector Cameron, he announced that the reports of the Visitors and Inspectors of the Final Examinations of all the licensing bodies had been received and would come up for consideration. The final examinations of the Scottish Universities should take place during the summer. He alluded incidentally

to the indisposition of the Inspector, Sir George Duffey, who would be unable to resume work for some months to come. The Council would consequently have to consider the best course to adopt under the circumstances, he himself inclining to the alternative of postponing further inspections for some months, to await their Inspector's recovery. He mentioned that various suggestions had been received in regard to "economies in expenditure," which had been grouped and summarised by the Registrar, and would be circulated prior to being considered by the Council. The draft of a memorandum to be presented to the Privy Council on the condition of the Council's finances had been drawn up and would have to be taken into consideration.

With reference to the establishment of a medical register of practitioners in Canada for purposes of reciprocity of practice, he pointed out that it was necessary, *inter alia*, that the provincial legislatures in Canada should renounce their present right of independent registration, but at least one of them was not prepared to do so, consequently the whole Dominion of Canada would, under the present law, be excluded from Part 2 of the Act of 1886. Canadian practitioners would consequently continue to labour under the disability of not being eligible for appointments in the Services. He suggested that something might be done by legislative means to place Canadian practitioners on an equal footing with New Zealand diplomates, and this would take the form of a modification of Sections 17 and 27 of the Medical Act, 1886, so that when a British possession is under both a central and a provincial or local legislature this part of the Act might apply to any province which, in the opinion of his Majesty, affords to the registered practitioners of the United Kingdom such privileges of practising as his Majesty might deem just. This would in course of time bring all the provinces in a British possession into line.

He mentioned that the Bill for amending the penal and disciplinary powers of the Council, introduced into the House of Commons by Sir John Batty Tuke, had been read a first time, but was low down on the list, and it was doubtful whether further progress was likely to be made during the present session.

The President concluded with the remark that the penal cases to be considered were unusually numerous, and comprised several of a very serious character.

Various tables and reports bearing on the results of examinations and other similar subjects were received and entered on the minutes, the most interesting being the summary of answers by the medical authorities on the exemption granted by them in any part of their examinations during the year 1902.

The Council adjourned at 4 p.m. in order to enable certain committees to complete their reports.

SECOND DAY—FRIDAY, MAY 22ND, 1903.

After a discussion connected with the accuracy of the Dentists' Register, Mr. Peyton Todd Beale was appointed Assistant Examiner in Surgery to the Apothecaries' Society of London for four years, *vice* Mr. Stonham.

It was also agreed that in consequence of the illness of Sir George Duffey, the inspection of the examinations of the Scottish Universities should be postponed until next year.

THE EXECUTIVE COMMITTEE AND THE RESTORATION OF NAMES.

It having been suggested that the question of recommending the restoration to the Register of the names of persons which had been erased therefrom should be delegated to the Penal Cases Committee instead of, as heretofore, to the Executive Committee, the matter was referred last session to the latter committee for their opinion. Having taken legal opinion on the subject, the Executive Committee state that they "are not prepared to recommend that the proposed change be made in the Standing Orders."

After the discussion of certain points concerning dental practice, Sir VICTOR HORSLEY asked Mr. Bryant

whether it was the intention of the Examination Committee to present during that session a report on the visitation and inspection of the examinations in chemistry, physics and biology of the Conjoint Examining Board in England.

Mr. BRYANT replied that the Committee would report this session if desired, but thereupon he moved that the report in question should be referred back to the visitors for further consideration and report, in view of the fact that subsequent to the date of the report they had had an opportunity of comparing this examination with others of its own class.

After some discussion leave was given for the motion to be withdrawn, and a motion in the opposite sense, *viz.*, that the Examination Committee be requested to present their report on the examinations in these subjects of the Conjoint Board in England and the Apothecaries' Society to the Council this session, was agreed to.

A motion brought forward by Dr. MacAlister, to call the attention of the Apothecaries' Hall, Dublin, to what the Council's legal advisers regarded as an irregularity was postponed, pending the production by Mr. Tichborne of the documents relating to the case.

The report of the Examination Committee on the inspection of the final examinations (October, 1902) of the Apothecaries' Hall, Dublin, was received and entered upon the minutes, and the same course was taken in respect of the report of the examinations in January, 1903. The report of the Committee on the final examinations of the University of Dublin, together with a supplementary report, were likewise admitted to the minutes.

A motion by Mr. G. Brown, condemning the re-admission to examination of candidates who had failed to obtain the minimum number of marks qualifying for a pass without evidence of further study was withdrawn, by consent.

Various committees having been re-elected, the meeting was adjourned.

THIRD DAY—SATURDAY, MAY 23RD, 1903.

At the commencement of the meeting Sir JOHN TUKE suggested, and the PRESIDENT agreed, that copies of certain indicted pamphlets on Social Purity should be given to the members before their opinion was requested thereon.

THE PHARMACY BILL AND THE PROFESSION.

Sir HUGH BEEVOR rose to ask the President "whether his attention had been called to the provisions of the Pharmacy Bill being promoted in the present Session by Mr. Lough, M.P., and to the fact that the provisions of the Bill (*inter alia*) penalise any person other than a pharmaceutical chemist from dispensing medical prescriptions in a 'shop,' the Bill containing no definition of the word 'shop,' and no exemption of registered medical practitioners from its provisions; and, further, whether in view of this the Council should not take some step in reference to this or any other Bill promoted on similar lines, to see that the interests of medical practitioners are properly protected."

The PRESIDENT, in reply, said it must be remembered that there were two Acts of Parliament, one in 1852, which seemed to place medical practitioners outside the Pharmacy Act, and another in 1868, chiefly regulating the sale of poisons. The Act of 1869 recited that of 1868, adding that nothing contained in the first fifteen sections of the latter should touch any qualified practitioner at that time nor practitioners hereafter. This clause, in his opinion, did guard the interests of the medical profession. The chief question was, Would those interests still be guarded, seeing that the new Bill was to alter and amend the Pharmacy Act of 1878? It would only apply to England, Scotland and Wales, not Ireland. The first Act regulated the sale of poisons, but now not only were these affected, but also the compounding of medical prescriptions otherwise than by a qualified chemist and druggist. That, urged the President, was a very serious

inroad on the rights of the medical profession. At the same time it was a question which the Society of Apothecaries would do well to inquire into for themselves, demanding a legal definition of the Bill.

Sir VICTOR HORSLEY here remarked that the medical societies had been moving in the matter for the last two months, and fully recognised the whole profession to be affected.

Sir JOHN TUKE reminded the Council that the Bill had only reached a second reading, and might be blocked by the Deceased Wife's Sister Bill.

Dr. MACALISTER thought it expedient, nevertheless, that the Pharmacy Board should ask that the Government take steps to protect the interests of the medical profession, the Society of Apothecaries having certain rights as dispensers, a suggestion which was seconded by Sir HUGH BEEVOR.

Mr. GEORGE BROWN said it seemed to him, as a Licentiate of the Society of Apothecaries, that the Act, if strictly interpreted, would restrict the privileges of that Society considerably. The Society was founded originally for the purpose of supplying competent dispensers to the medical profession.

The PRESIDENT then proposed a motion, which was unanimously carried, that a request be made to the President of the Privy Council asking that the Bill of 1903, amending the Pharmacy Act, should also safeguard the interests of the medical profession. †

EXAMINATION RETURNS.

Sir CHARLES BALL proposed a motion, which was adopted, to ask the licensing bodies to give information as to results of examinations in the form suggested in Table I. of the Report of the Examination Committee.

Mr. JACKSON, in moving that "the Council petition the Privy Council that, in the event of the Victoria University being divided into two or more separate Universities, a single representative should continue to represent the whole collectively," said he was sure they were all agreed that the Council was already sufficiently large to discharge the duties required of it, and should not be increased. It was not only a question of Victoria, but Liverpool also would want a member to represent her. Moreover, there was really no accommodation for more members.

After some remarks by Mr. GEORGE BROWN,

The PRESIDENT remarked that the members should bear in mind that there was in connection with the founding of a University (i.) a Charter, (ii.) an Act of Parliament. The first founded the University, but the Privy Council had no power to give a member to represent the Medical Board. A new member meant a new Act, and Birmingham had applied for such an Act. The matter at issue was to be laid before the Houses of Parliament. The Council had to decide to whom the petition should be presented and what line should be adopted.

Dr. MACVAIL considered it inexpedient to discuss possible Acts of Parliament when there were so many other things of more importance—questions, for instance, of public health. It would be quite time enough to discuss the question when (possibly) Liverpool or York had a University, and Parliament decreed their right to have a representative at the Medical Council.

Sir JOHN TUKE thought Dr. MacVail was right up to a certain point, as the Bill was not yet filed. When it should come up he (Dr. Tuke) would move that Liverpool should have a representative on the Council. This would draw the attention of the House to the unsatisfactory condition of things as they are.

The PRESIDENT remarked that the Council had a right to express an opinion and to present a petition, and

Dr. PYE-SMITH moved, and Dr. PAYNE seconded, an amendment to the effect that the President be requested at the first opportunity to urge upon the Government the importance of reducing the number of members of Council. The probability of York, perhaps Leeds or Sheffield, requiring the same had to be considered. The educational questions

would be more difficult to settle with increase of members. There were many ways of changing this. One would be to combine two or three bodies together.

Dr. PAYNE seconded this proposal, and

Dr. MACALISTER observed that the amendment was in opposition to the motion, on the ground that it was not sufficiently comprehensive. Before long the Council would possibly have Leeds, Sheffield and Wales claiming representation.

Mr. TOMES having suggested making the amendment a separate resolution, and Mr. JACKSON having replied that one did not contradict the other,

Sir C. NIXON took exception to any members of the Council who would diminish the number of members. So far as the Universities were concerned he was strongly against such a proposition. A University when created was supposed to have certain privileges, yet the Council was preparing to curtail these. If Sheffield had a medical school, why not the same privileges as London? Each University had its own characteristics, its own ideas on medical education.

Dr. WINDLE remarked that it was most important that the younger institutions should have representatives on the Council and learn their duties. It was a matter of disenfranchisement and of deprivation if, for instance, three Universities were given only one member.

Sir JOHN TUKE reminded the Council that they were committing themselves to a very important principle, as they seemed to think a new Medical Act desirable.

Dr. NORMAN MOORE said he believed the increase of members would do enormous good to the country. There would be a more general respect for learning, and it was only fair in considering the privileges of other Universities to remember what they themselves liked to have.

Dr. MACKAY and Dr. PAYNE having spoken,

Sir VICTOR HORSLEY said he hoped the amendment would have the support of the Council.

Mr. JACKSON expressed his opinion concurrently with Dr. Windle, that the Universities should not be collectively represented, and added that he would be equally pleased with the adoption either of the resolution or of the amendment.

The PRESIDENT, in conclusion, took the votes for and against an amendment that the members be reduced, the result showing 9 for; 15 against; and 6 non-voters, so the amendment was lost.

On a question being raised by the PRESIDENT as to a continuation of the discussion, Dr. MACALISTER pointed out that the meeting had automatically come to an end at four o'clock, and therefore stood adjourned.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 23rd, 1903

THE TREATMENT OF PERITYPHLITIS.

A PAPER on this subject appears in the *Therap. d. Gen.* from the pen of Ch. Bäumeer, Freiburg, i/B. The disease, according to the writer, depends in the great majority of cases on disease of the vermiform appendix. It occurs principally in early life; it may occur even in childhood, but it may appear at any age. In a proportion of the cases, although only a small one, the prospect is hopeless, as it spreads to the general peritoneum if operation is not performed very early, as when the disease is set up by gangrene or perforation of the appendix. In the great majority of cases, even in many instances, when the disease is grave, where suppuration occurs recovery is possible, even without operation. A collection of pus may pass through the opened appendix into the cæcum, or it may empty into the intestine, bladder, or vagina, or a small collection may even become absorbed. What the course may be in the individual case cannot be foreseen at the commencement. In younger people, previously healthy,

where the appendix is favourably situated, and can be felt as an abdominal tumour, a favourable course may be expected under appropriate treatment. The prognosis is more doubtful where from unusual situation of the appendix no tumour is palpable. In cases of this description grave symptoms may appear unexpectedly. In a proportion of these cases an abscess develops that must be opened. Whether the diseased appendix must be sought for and extirpated will depend on the special conditions met with.

In not a few cases the appendix is not rendered harmless by the peritonitis, and, sooner or later, recurrences of the symptom will appear. Wherever, after an attack of peritonitis, local symptoms manifest themselves, removal of the appendix is demanded.

Internal treatment will in the future, as during the last half century, in which the method has been gradually gaining ground, consist in absolute rest, almost total abstinence from food by the mouth, and in the limitation of peristaltic movement by opium, so as to promote the earliest possible adhesions of intestine, whereby the inflammation is limited to the smallest possible area. Paralysis of intestine need not be feared from the opium, if not given in excess, and if its effects are watched with sufficient care. The subcutaneous injection of morphia is the best way of administration, especially when the symptoms are severe and accompanied by vomiting, and, moreover, when much meteorism is present, absorption through the stomach is sometimes very slow.

Purgatives, on the contrary, must never be given. The intestinal tract is, in the early stages of many cases, more irritable than in health, and a more active peristalsis may easily be set up. There need be no fear of auto-intoxication from retained intestinal material. An obstruction of eight to ten days, in spite of meteoric distension of the abdomen, may readily terminate of itself, or by the aid of a small rectal injection of oil.

As regards the application of cold, the author almost always makes use of Leiter's apparatus, through which ice-cold water is circulated. It relieves pain, and in many cases is agreeable, so that it is often asked for if it has been left off. As a rule, it is left off when the temperature has become normal. It may then be replaced by Preinsnitz applications or poultices. He has never seen the cooling application do any harm.

At the Medical Society Hr. Pick showed some

REMARKABLE TUMOURS FROM ANIMALS.

He had examined a tumour from the scapula of a mouse and found it to be a typical vascular medullary sarcoma. Not long ago, also, on examining the stomach of a dog, he found the mucous surface covered with numerous small tumours; these contained encapsuled spiroptera sanguinolenta. Malignant tumours were rarely met with in birds, and they had never hitherto been described as occurring in cold-blooded animals. All tumours that had hitherto been described as occurring in cold-blooded animals were (1) lymphatic tumours in the salamander; (2) in a snake 42 cms. in length a tumour the size of an egg was found which was an undoubted struma thyreoiden. No example of malignant tumour existed. The speaker had now found in a Japanese salamander a cystoma testiculi in which he could demonstrate undoubtedly carcinomatous parts. Almost simultaneously with himself, Dr. Plehn, of Würzburg, had succeeded in demonstrating carcinoma in the salmonidæ; the speaker showed these preparations.

Thus the occurrence of malignant tumours had been demonstrated in cold-blooded animals, in fishes as well as in amphibians, and a new perspective for further experimental studies in cancer had been opened out

Hr. Hausemann confirmed the carcinomatous nature of the tumours demonstrated, and pointed out the great significance of the discovery, designating it as a markstone in the history of cancer research. Carcinomata were very rare in mice; usually the tumours considered to be such proved on microscopical examination to be connective tissue growths of very complicated structure, but not carcinomata.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 23rd, 1903.

BLOOD CURRENT AND CARDIAC VOLUME.

AT the Gesellschaft für Innere Medizin Löwy and Schrötter gave a long account of their efforts to define accurately the movement of the blood in the circulatory system with an estimate of the cardiac contents by means of gas tension. In their physiological experiments the method pursued was to measure the tension of venous blood in the pulmonary artery as well as in the alveolæ during respiration, which they perform by closing one part of the lung, or rather by inserting the aerotonometer in a branch of the bronchi in such a manner that the tension of the arterial blood can be read on an index, while the expirations and alveolar tension can be measured at the same time. By this simple arrangement the amount of oxygen and carbonic acid can be accurately estimated in each individual by taking the tension of arterial blood and venous blood, and from their difference, by simple arithmetical calculation, ascertain the amount of oxygen required or carbonic acid to be eliminated under different circumstances. If the arterial blood contains 20 per cent. of oxygen and the venous contains only 14 per cent., every 100 c.c. of the blood would require 6 c.c. for exchanges in the capillaries. Now supposing 250 c.c. of oxygen to be required per minute, the equation would stand as follows:— $6 : 100 :: 250 : x$, or $x = \frac{250 \times 100}{6} = 4,166$, which, reduced to litres, would be 4.17 of blood passing through the capillaries, according to this assumption, which is approximately the average amount required by an individual, as it is estimated that $\frac{1}{10}$ of the whole weight of the body is blood. Now, if 50 kilogrammes be the average weight, this would give 3.85 litres. On this basis, if 4.17 litres pass through the capillaries every minute it follows that 3.85 litres, or the whole mass of blood, would pass through the capillaries according to the following equation:— $4.17 : 1 :: 3.85 : .9$ of a minute, or 54 seconds. Again, if we take the pulse at 80 and 4.17 litres of blood, $\frac{1}{80}$ of this amount or 52 c.c. would be projected at every impulse. From these data and the specific gravity, as well as the blood pressure, the active work of the heart can be readily calculated.

The technique of these experiments is considered simple, but as a matter of fact it requires a good deal of skill and instrumental precision to introduce a catheter into the bronchial ramification, by which a part of the lung is under the manipulation of the operator for experimental purposes. This instrument is passed either through the mouth or by a tracheal opening with the assistance of the bronchoscope. To the end of the catheter is attached an india-rubber ball, which can be inflated at will, and by which the arterial tension of the gas can be observed while the respiration is proceeding as usual. With a Zietz-Geppert apparatus aliquot parts of an expiration can be taken, and the analysis made for confirmation.

To prevent any error a syringe can be applied to the catheter and the air exhausted from the portion of the lung experimented upon.

The results recorded were obtained with a patient, æt. 16, who attended the outdoor department with stenosis of the aorta, and who had been shown at the meeting several times previously.

ELECTRIC ACCIDENT.

Löwenbein and Jelinek exhibited a patient who had received a current of electricity of 5,500 volts, which appears to be of considerable interest. The left hand, left side of the body, feet and shoes appear to have received the greatest part of the current on its way to earth. Flames and light were given off from the man, who remained about a minute half hanging and half supported from the wire till he was torn from contact by two of his companions.

It is calculated that the resistance overcome by the skin, hands, feet and shoes would be a million ohms, or active kinetic energy of 9,000 watts, equal to ten or twelve horse-power.

The local changes were on the volar part of left hand, a dry, hard, charred surface, beneath which was a white layer of insensitve tissue. The same condition was met with on the dorsum of the fingers and ulnar side of the hand. When the charred covering was removed the cutis was blanched and painless, giving out no blood when pricked with a sharp instrument. This condition extended to the elbow, gradually diminishing higher up to reddening and swelling.

The plantar surfaces, toes and skin of the feet were in a white and corrugated condition. The general conditions on the first day were cerebral insensibility, vomiting followed by pain in the head, and retention of urine and fæces. A small quantity of serum albumin was found in the urine.

A few days later the symptoms began to subside, and the patient ultimately recovered. Jelinek remarked that fatal currents acted on the brain and spinal cord of men and animals by tearing the capillary vessels, producing effusion into the soft tissues, which was usually followed by death. The victim of such an accident is unable to breathe, and therefore should have artificial respiration performed with extraction of blood. Aspinall's rule of hanging the head down is to be recommended.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

GASTRO-JEJUNOSTOMY; FOURTH LAPAROTOMY ON THE SAME SUBJECT.—MR. CARLESS operated on a girl, æt. 25, who had been the subject of chronic gastric trouble for many years, and in 1898 the stomach was opened and explored for persistent symptoms of gastric ulcer and the pylorus dilated with the finger. Relief was given, but two years later the symptoms recurred, and pyloroplasty was then undertaken. This operation was reported in "Operating Theatres" of January 31st, 1900. Complete relief was given to the symptoms and the girl rapidly improved, her weight increasing quickly. In the latter half of last year—1902—she began to complain of vomiting and constipation, and once again commenced to lose flesh. On examination, it was thought probable that adhesions had formed in the right hypochondrium, causing a kink of the pylorus and of the transverse colon; the abdomen was therefore opened in December last, and the existence of this condition verified, mainly as the outcome of the fixation of the omentum to the under surface of the abdominal wall; the adhesions were divided and the affected portions of bowel thereby loosened. Com-

plete relief of the symptoms followed, the patient being enabled to take a hearty meal without subsequent pain or vomiting, and the bowels acting naturally. During the last month or so, however, there had been a recurrence of the old symptoms, and the girl once again was admitted with a view to the performance of gastro-enterostomy. An incision was made slightly to the left of the median line extending nearly to the umbilicus; a good many adhesions were found between the omentum and the abdominal wall, which rendered the further proceedings a little difficult. The transverse colon was withdrawn and an opening made through its mesentery. Some difficulty was experienced in drawing up the posterior wall of the stomach through this opening, as that viscus was displaced upwards and towards the left. The margins of the opening in the meso-colon were stitched down to that portion of the posterior wall of the stomach which was finally drawn down. The upper part of the jejunum was now secured and placed so that it and the posterior wall of the stomach could easily be approximated. Incisions about two inches in length were then made in the corresponding parts of stomach and bowel extending merely through serous and muscular coats, which were dissected back from the as yet undivided mucous membrane. The sero-muscular coats on the posterior aspect were then united by a continuous catgut stitch; the bowel was then clamped above and below the site of operation, and protective slips of gauze were introduced to guard the peritoneal cavity. The mucous membrane in each viscus was then incised to the same extent as the serous and muscular coats and stitched together all round by a continuous catgut suture. The former sero-muscular stitch, which had been left untied, was then carried on over the anterior aspect of the junction as far as the point from which it had originally started. A few accessory supporting Lembert's stitches were finally applied along the posterior aspect of the junction. The clamps and gauze pads were then removed; the peritoneal cavity was washed out with hot saline solution and the wound in the abdominal wall closed in the usual way. Mr. Carless commented on the method which he had adopted, pointing out the desirability of doing without mechanical contrivances if possible. Where time is of value owing to a collapsed condition of the patient a Murphy's button, he thought, might well be employed, but where the patient's general condition is good it is, he considered, quite unnecessary to employ any such contrivance. It was well for surgeons, he thought, to develop a facility of doing intestinal work of this type trusting merely to needle and thread, which was always procurable, and to the deftness of their fingers. It is satisfactory to state that the patient did well, though for a day or two after operation there was some bilious vomiting.

DR. FOWLER will deliver the opening lecture of the summer course at the Brompton Hospital on Wednesday, May 27th, at 4 p.m., taking for his subject "The Diagnosis of Intra-thoracic Tumours."

DR. LEONARD ROBINSON has been appointed honorary corresponding secretary in Paris of the British National Association for the Prevention of Consumption, for the purpose of facilitating arrangements in connection with the International Congress of Tuberculosis, which is to take place in that city on and from October 3rd, 1904.

THE Bishop of Exeter will preside at the Forty-Third Annual Dinner of King's College, which is to take place on June 22nd, at the Holborn Restaurant.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX,"

WEDNESDAY, MAY 27, 1903.

GENERAL MEDICAL COUNCIL.

In order that the meeting of the Council should not impinge upon the Whitsuntide holidays the Session was opened on Thursday last, and judging from the forecast of business comprised in the President's address the time will be fully occupied, especially as the number of cases to be investigated under the penal clauses is unusually large. The compilation of a medical register for the Dominion of Canada to enable Canadian practitioners to be admitted to the privileges of registration in this country has brought to light certain unforeseen difficulties. Obviously if there is to be an official register for the Dominion as a whole it is necessary that the provincial legislatures in Canada should forego their present right of independent registration, and as one at least of the provincial legislatures declines to adopt this course, no steps can be taken, and Canadian practitioners remain disqualified so far as posts in the British Services are concerned. It is proposed to overcome the difficulty by modifying the Medical Act of 1886 to enable reciprocity of medical practice to be extended to British possessions in which British practitioners are accorded equal rights. This is a matter which concerns Canadian practitioners more than British, but it is a pity that a trivial hindrance of this kind should be allowed to stand in the way of such an important departure. The methodical inspection of final examinations has been suspended in consequence of the regretted illness of Sir George Duffey, with whose valuable services in this delicate task the Council can ill afford to dispense. The fact that it has been deemed desirable to postpone further inspections until next year justifies the hope that the illness is one which admits of satisfactory recovery, and we are pleased to receive this assurance. A very important question came up for discussion on a motion by

Mr. Jackson, who wished the Council, in view of the impending disruption of the Victoria University, to guard against any addition to the present number of members of council by stipulating that the new universities should be represented by only one member. On this, Dr. Pye Smith moved an amendment to the effect that the President should be asked to consider how best the number of members might be reduced, by uniting several bodies for the purpose of representation or otherwise, and after an interesting discussion the amendment was negatived and the discussion on the original motion stood adjourned. It is unnecessary to insist upon the far-reaching importance of this question, viewed in conjunction with the present unsatisfactory state of the Council's finances. A reduction in the number of members affords the only practical means of effecting a substantial reduction in the Council's expenditure, but there is unfortunately no ground for hoping that the Council will ever pass any such self-denying ordinance involving the "happy despatch" of a certain proportion of the voters. Yet unless the principle of reduction of members be conceded it is difficult to see what logical grounds can be advanced for the refusal of representatives to new bodies which already cast their shadows on the medical horizon. As a matter of fact they may fairly claim to have greater right to representation than bodies of older standing which have already been "formed" by contact with the Council. Our report stops at Saturday's proceedings, but many important questions have still to be discussed.

OPHTHALMIA AND THE METROPOLITAN ASYLUMS BOARD.

THE history of ophthalmia in the Poor-law schools of London affords interesting reading to the ratepayer and the sanitarian, as well as to local and central administrators and to legislators. On the whole, the march of events has been happily progressive, so much so, indeed, that the day may be looked forward to with confidence when Poor-law children will as a class be free from any but sporadic and accidental invasion by that disabling but wholly preventible malady, ophthalmia. The latest phase of the matter has developed with dramatic swiftness and intensity. In accordance with the famous departmental order issued by Mr. Chaplin in the year 1897, the Metropolitan Asylums Board have been entrusted with the care of all Poor-law children suffering from contagious ophthalmia. After filling up the intervening years with leisurely action, the Asylums Board have lately provided the necessary isolation hospitals for the reception of patients from the various districts under their control. Their organisation has been put to an early test, and we regret to say appears to have failed—nothing more nor less—in the promptitude and thoroughness absolutely necessary to cope successfully with infectious disease. The incident referred to is a recent outbreak of diplobacillary ophthalmia at Hanwell School. The matter has been reported upon by Mr. Sydney Stephenson, who for many years filled

the post of surgeon to the Hanwell Ophthalmic Isolation School, an institution which was closed when the Metropolitan Asylums Board's isolation schools at Swanley and Brentwood came into operation. It seems that early in April a boy in the Hanwell school was isolated for an inflammatory eye condition, and two days later was removed to the Asylum School at Swanley. On April 3rd, the Clerk of the Hanwell School wrote to the Asylums Board suggesting the desirability of some regulation being framed by the latter body "for the speedy removal from Poor-law schools of all cases of ophthalmia which may hereafter be discovered, provided there is accommodation for the same." To this reasonable suggestion he added one further, urging that "having regard to the contagious nature of this disease and the consequent danger to other children in the school, it would seem desirable immediately a case is discovered that we should be able to telegraph or write for vacancies direct to your ophthalmic schools." It is hardly credible that an answer was not received to these crucial inquiries until April 16th, and still less conceivable that the reply amounted to a simple *non possumus*. Yet it is impossible to doubt that version of the case in which the foregoing details are stated by Mr. Stephenson, in an official report upon the circumstances to the manager of the Central London District School at Hanwell. Upon April 24th, a boy was found suffering from mild ophthalmia, and was promptly isolated. Five other cases were discovered next day, and on April 27th the Asylums Board were requested to remove the five children thus far affected. To that request no answer had been received up to the date of report, eleven days later. It seems to us that any public body which deals with urgent matters of that kind in dilatory fashion must stand self-condemned so far as their business methods are concerned, most of all when the end and aim of their existence is to handle infectious diseases in a rapid and radical manner. In the case of the Hanwell epidemic the results of that delay were disastrous. The malady ran through several wards like wildfire, until by May 1st it had attacked all classes of the children, boys, girls, and infants alike. Upon May 5th there were 130 children isolated on account of ophthalmia, and Mr. Stephenson anticipates that many more children will be attacked before the outbreak is finally quelled. On May 15th, for example, there were 172 cases. The moral of the whole affair is admirably summed up in the following sentence taken from the report:—"It is evident," runs the passage in question, "that the opportunity of preventing what has proved to be a large epidemic of ophthalmia was lost by the apparent unpreparedness of the Asylums Board's machinery for coping with such a contingency." Fortunately, the disease in this particular outbreak was of a mild form. Supposing, however, that it had been of a more serious nature, say, of purulent or trachomatous type, would the Asylums Board have done any better than they have with the Hanwell patients for whose ophthalmic safety they have

become officially responsible? Fortunately, the Hanwell authorities were able to house their patients in their former Isolation Ophthalmic School, which by the irony of fate had been abandoned on the strength of the Asylums Board's assumption of ophthalmic responsibility. In the absence of such available special quarters, the number of Hanwell children involved might have been enormously increased. In conclusion, we cannot think that the incident of this outbreak will be allowed to end here. The Metropolitan Asylums Board should have been able to show something better in the way of efficiency to cope with the very state of things that during the past few years they have been spending almost fabulous sums of money in preparing to combat. At the present moment it almost looks as if the Metropolitan Asylums Board have not behind them the necessary expert advice which in our opinion is absolutely indispensable to carrying out successfully the highly complex problem entrusted to them by the Local Government Board.

LEPROSY AND CANCER.

MAJOR COOK DANIELS, of the United States, and Dr. Seligmann, of St. Thomas's Hospital, London, are to be congratulated on the site they have chosen to pursue their investigations in leprosy and cancer. The island of Papua offers the advantage of being a country in which the customs habits, and social life of the autochthons are known to us through the observations of such men as Dr. Macfarlane, Captain Moresby, Mr. Lawes, and Mr. Chalmers, the latter of whom spent from 1878 to 1894 in the south-eastern portion of the island. It is remarkable that not one of these accurate and trustworthy observers ever noticed, or if he did notice never reported, a case of either leprosy or cancer on the island; neither have the Dutch pioneers reported a case. Dom Santon, however, writing in 1901, noticed in British New Guinea a few isolated cases of leprosy, of which four cases occurred in the valley of Saint Joseph, two at Pempulia, one at Mahu, and one at Inawabin. Thus, six years after Chalmers wrote, eight cases were found; and in this time a large number of Europeans and Asiatics had emigrated to the island. Dom Santon does not give the nationality of the lepers, but from his account it may fairly be concluded that they were Malays. The dietary of the Papuans principally consists of native fruits, sago, maize, with fresh fish and animal food. To-day the whole island, an area of 300,000 miles, and the two hundred islets forming the Solomon group are said to be overrun with the disease. All this seems to strengthen the theory, formulated by A. Hanson in 1874, that the disease is a parasitic one, conveyed from subject to subject by the Hanson bacillus. Vigorous races do not give a suitable soil for the parasite, and the disease generally disappears as civilisation advances. Of three hundred leper hospitals in the three kingdoms at the beginning of the fifteenth century, not one exists to-day. The disease is dying out in Norway and in other countries as the dietary of the people improves. Papua should afford an unequalled

field for investigation to the scientists who are about to undertake the self-imposed task, and to awaken interest in the progress of a study which cannot but be fruitful of good to medicine and science, and to humanity, in guiding therapeutists to the preventive and curative treatment of the disease.

Notes on Current Topics.

Winds and Phthisis.

THERE is a curious conflict of opinion, all more or less based on statistics, in respect of the influence of high winds in the causation of pulmonary tuberculosis. Figures are adduced which tend to show that great and persistent movements of air determine a comparatively high rate of mortality from phthisis, an influence which is variously explained according to the point of view from which the subject is regarded. While it would be difficult to deny the prevalence of bronchial catarrh among the inhabitants of districts exposed to cold, damp winds during long periods, and although it may be conceded that chronic bronchial catarrh is likely to create a predisposition in favour of tuberculous infection, it is necessary to bear in mind that many other explanations have been suggested of the influence of high winds in this connection. Moreover, the morbidity does not appear to be determined by the direction of the winds, all great movements of air having approximately the same deleterious effects. There is one explanation in particular which commends itself—*viz.*, the fact that the inhabitants of a windy district are tempted to keep their doors and windows closed, thus creating a state of things strictly comparable to that met with in cities as the result of overcrowding. From this point of view it is not so much the excess of fresh air as the deprivation of it which determines the lethal proclivity. It is a matter of common observation that the labouring classes in the country live under extremely unhygienic conditions. The windows, already of very restricted dimensions, are opened but rarely—witness the stuffiness of most country cottages; personal cleanliness is ignored, no doubt largely in consequence of the lack of necessary facilities; they are underfed, and are, in addition, exposed to a greater extent than town dwellers to atmospheric vicissitudes. In the winter the cost of heating leads to pernicious economies, every heat unit being carefully economised, thus entailing a dearth of the fresh air which alone can confer immunity against draughts. What is needed in the country is the education of the people in the gospel of cleanliness and fresh air; they require to be brought to regard fresh air as a friend, and not as an enemy to be guarded against.

The Use of Paraffin Injections in Prolapse of the Uterus.

A NEW and more practical use for paraffin injections than that of effecting purely æsthetic improvements has been described by Mr. Stephen Paget in a contemporary, namely, that of holding

up prolapses of the bowel and uterus. Mr. Paget has tried this procedure in the case of several patients of sixty and upwards, in whom he did not wish to perform a very radical operation, and in each instance with the best results. Every gynæcologist is familiar with long-standing cases of prolapse in old women whose physical condition is not sufficiently good to render the performance of a tedious plastic operation advisable, and in whom the constant presence of a pessary is a source of irritation and pain, or fails to maintain the prolapse in a proper position. In such cases Mr. Paget has succeeded by the injection of from one to two ounces of paraffin in making the vaginal walls so rigid, and the lumen of the passage so narrow, that the uterus remained high up and fixed, even during violent straining. The bulk of the paraffin should be injected, according to him, beneath the mucous membrane of the posterior vaginal wall and of the posterior part of the vaginal cervix, and also beneath the lateral vaginal walls. He considers, however, that if there is an old laceration of the perineum it should be repaired at the same time. The necessity for the latter step is obvious, as, if the vaginal orifice constituted the widest portion of the canal there would be nothing to prevent the prolapse recurring and bringing down with it the paraffin injections.

Heat-Stroke.

A FEW years ago Dr. Sambon attracted a great deal of attention by his theory of the infective nature of siriasis, or heat-stroke. He believed it to be a specific disease, due to a microbe, and liable to occur in epidemics. The microbe, it is true, was not isolated, for though Lapierre and Cagicol described one which they found, their observations have not been confirmed. It was pointed out, too, by Dr. Stiles, of Edinburgh, that the inoculation of healthy persons with the blood of patients suffering from heat-stroke produced no result, thereby excluding the presence of any specific toxins. On the whole, Dr. Sambon's theory failed to find much support, either on theoretical or practical grounds, and it is now going the way of all unverified hypotheses. In a recent article (a) Dr. Andrew Duncan, while giving a final blow to Dr. Sambon's theory, mentions from personal experience a number of facts of great importance regarding the causation and prevention of heat-stroke. He emphasises the necessity of total abstinence from alcohol during military operations in tropical heat, and points to the Bechuanaland Expedition, where, with a temperature of 110° and arduous duties, sunstroke was unknown, proper precautions being taken in this respect. Overcrowding, either in barracks or on the march, is dangerous. As regards dress, the regulation helmet is unhesitatingly condemned. When in use, it forms a veritable heat-trap; but, as the soldier cannot see to aim with it on, it is usually discarded, and the head is left quite unprotected. A device employed by Dr. Duncan and others in adopting coloured clothing is worthy

of extended trial. As no one has been known to get heat-stroke from any other than a *luminous* source of heat, it is assumed that the actinic rays are the dangerous ones. As these can be blocked by a layer of colour, Dr. Duncan lines his helmet and the back of his coat with orange-coloured cloth. During several years' experience he and others (previously liable) have completely escaped heat-stroke.

Cleaning by Vacuum.

EVERY effort seeking to diminish dust may be scheduled as a movement aiding in the lessening of disease. Those who have just passed through the discomforts and fatigues of "spring cleaning"—which, after all, as usually conducted in this country, is a poor apology for hygienic rectitude, and far from efficient or complete in its application—should investigate the new method of cleaning by vacuum. The process is said to be dustless and certainly is an advance on the old insanitary form of procedure. Dust of all kinds can be removed expeditiously and in such a way as to allow of its ultimate destruction by fire. The vacuum pumps are actuated by oil or electric motors, and an "exhaust" of several pounds to the square inch is obtained. Hose connected with this "exhaust" terminates in so-called "cleaners" or "renovators," which are tubes flattened out at the end into a kind of long slit. The renovator is rubbed over the carpet or furniture to be cleaned and rapidly sucks out the dust. From a sanitary point of view the new method presents many advantages, and we think medical men, especially those concerned with the direction of health matters in schools, institutions, and public works, would do well to investigate this matter for themselves. We understand that the method is being developed by the Vacuum Cleaning Co., Limited, of 25, Victoria Street, Westminster.

Warts and Modern Pathology.

IT is always instructive to trace the development of pathological ideas as exemplified by the various methods of treatment employed in the successive periods of medical science. We scoff, naturally, at the grotesque prescriptions of the Middle Ages, and we smile with derision when we think of the many strange recipes then in vogue, in the use of which the greatest attention had to be paid to the most trivial details, and whose efficacy chiefly depended upon the moral effect produced upon the sufferer by carrying them out to the letter. The common flat wart, so disfiguring to the hands of youth, has received treatment of the greatest diversity, from the mediæval charm to the modern salicylic plaster. So much for external remedies; but recognising the marked influence of chronic infection from the alimentary canal upon the growth of many cutaneous disorders, which has been recently emphasised by the Viennese school, it is not surprising to find that many observers are again turning their attention to internal therapeutic measures even for the cure of the comparatively innocent *verruca plana*. In the case of

(a) *Edinburgh Medical Journal*, March.

a boy of thirteen, exhibited before the Edinburgh Medico-Chirurgical Society by Dr. Chalmers Watson, and reported in the *British Journal of Dermatology*, the hands had been affected for about a year, while crops of warts had disfigured the face for the last three months. After the administration of a tablespoonful of castor-oil, given twice during the first week and once a week subsequently, marked improvement of the condition was observed, the warts having disappeared, only a little roughness remaining at the end of three weeks. No local treatment was adopted. The case is interesting as tending to illustrate the beneficial influence of intestinal medication in inhibiting the growth of the cutaneous epithelium. If such an effect be produced by this means upon the benign papillomata, it is conceivable that others possessing a malignant character might also be similarly modified. But without further research in this direction it is impossible to formulate any definite theory upon the subject.

The Dalton Centenary.

As in mountain-climbing the contemplation of the rugged path by which the toilsome ascent was made cheers the tourist's heart and urges him to press onward to higher vantage-ground, so it is good for the scientist to pause awhile to consider the footholds of knowledge and those who hew them before him. The centenary of Dr. John Dalton's discovery of the atomic theory, which was celebrated in Manchester last week, furnishes an opportunity for retrospection in the field of chemical science. The whole history of chemistry for the last century has practically been the history of the atomic theory, for although the ancient Lucretian theory foreshadowed dimly the radiance of the more modern discovery, yet it was not until the publication, in 1808, of his "New System of Chemical Philosophy," that Dalton was enabled to establish on a firm basis first the law of definite proportions, then that of multiple proportions, and, finally, the fact that each element possessed a fixed atomic weight or distinct combining number. The value and importance of the atomic theory depended upon its quantitative character, which formed a working basis of great practical utility. An eloquent tribute was paid to the memory of the distinguished chemist by Professor F. W. Clarke, of Washington, in his address before the Manchester Literary and Philosophical Society, of which Dalton was formerly president. In reviewing the progress of chemical science during the nineteenth century, Professor Clarke alluded to the various developments of the atomic theory as worked out by Avogadro, Dulong and Petit, Frankland, Kekulé, and Mendeléef, from which many important results followed, some of them industrial, while others were more purely scientific. Referring to the possibility of the atoms themselves being complex, and therefore divisible, the learned professor mentioned the recent researches of Professor Thomson, of Cambridge, who had shown that bodies smaller than atoms could be identified by electrical means. The phenomenon of radio-

activity might possibly be the expression of atomic decay. The fact remains, however, that the discovery of Dalton is the keystone upon which the whole superstructure of modern chemistry is built. All honour, then, is due to the memory of this pioneer of science.

The Scarcity of Cod-Liver Oil.

ACCORDING to information in the possession of the Local Government Board, the supply of this important commodity has fallen far short of the average of last year up to the present time. Thus it would appear that the total yield of the Norwegian fisheries during the last four months has only been 1,235 barrels, whereas in 1902 the yield amounted to 12,797 barrels, and as last year's produce has now been exhausted, the small quantity now available is certainly not sufficient to meet the needs of the current year. As a natural consequence the price of the drug is very high, from 18s. to 20s. per gallon being the figure in Norway, while on the list prescribed by the Board it is quoted at 10s. The medical officers of the various hospitals and unions throughout the country will therefore feel some restriction in ordering the oil, especially to out-patients. The children's hospitals will be hit the hardest by such limitation, as many physicians have been in the habit of prescribing the drug in considerable quantity, both internally and also for outward application, for numbers of infants suffering from rickets, marasmus, and the various forms of tuberculosis, which form the large majority of the cases seen in any children's clinique. In many of these, too, malt has been combined with the oil, which, of course, adds not inconsiderably to the expense. Should the scanty supply continue, which we trust it will not, there will doubtless be a "run" upon the various malt-extracts and other drug-foods now upon the market. The only consolation is that the scarcity will be felt at a time of the year when fat-producing foods are not of such vital importance to the organism as when the weather is cold.

The Integrity of the Phagocyte.

A HUMOROUS contemporary has summed up in admirable verse the main functions of "the kind corpuscle clothed in white," and depicts them springing upon "menacing bacilli with deadly bite." All this is perfectly true provided that the leucocytes are in "good form" and thoroughly up to their work, but it is quite otherwise when their combative powers are enfeebled, either from deficiency in numbers or owing to inherent weakness. The tables are then turned and the marauding pathogenic organisms have won the day. This is one of the popular applications of the germ theory of disease, but it does not always appear in strict accordance with the observed facts of medical science. It fails to explain, for instance, why there should be such an active leucocytosis in many forms of suppuration, and yet in certain specific fevers, notably typhoid, this same process should be absent. If the polymorphonuclear leucocyte be a more highly specialised variety, it is generally

found in poorly vitalised conditions and it indicates the presence of grave inflammatory products. It may be that the toxins derived from some of the specific bacteria have the power of inhibiting the process of leucocytosis and of weakening their phagocytic properties. This deleterious influence is often seen to be greater in anæmic subjects.

Infected War Blankets.

For years past it has been a sort of universal fashion to belabour the War Office for "scandals" in every branch of its administration. During the recent war in South Africa the failures and abuses of the military system reached such a pitch that they became the despair of our countrymen at home and the laughing stock of other nations. So far as the medical arm of the service was concerned, the breakdown at the Cape was complete, disastrous and humiliating. The whitewashing report of a Royal Commission of Inquiry failed to counterbalance the damaging evidence of Mr. Burdett-Coutts as to the deplorable state of the military hospitals in the earlier part of the campaign, or that of competent eye-witnesses as to the sanitary conditions of the concentration camps during the later stages. The war being over, the memory of the Army scandal to a great extent faded from the minds of the nation, when it has been suddenly brought back to them by an occurrence that bears even more than the usual stamp of negligence, incompetence, want of official control and organisation, muddle-headedness, and possibly even of corruption. Briefly, a number of mysterious cases of enteric fever on the reformatory ship "Cornwall" have been recently traced to infection from Army blankets brought from South Africa. The London sanitary authorities solved the problem after some six weeks' investigation by finding these particular blankets swarming with typhoid bacilli. It appears that an enormous number of these blankets have been sent back from South Africa and sold broadcast throughout the United Kingdom. In many cases it is perfectly obvious from the published reports that no attempt whatever has been made to cleanse or disinfect the blankets. The loss to our countrymen through the incompetent extravagance of the War Office has already been great, and if enteric fever is to be scattered broadcast through the country by the folly of the same department, the nation will have to pay a far costlier sacrifice yet. It is a pity that a searching inquiry conducted in the full light of day may not afford the public the information necessary to sweep out this Augean stable at Pall Mall.

Rural Housing and Sanitation.

ADVOCATES of housing reform are apt to overlook the fact that the wants of the case are just as urgent in country as in town districts. For years past that aspect of the problem has been clearly recognised by workers in public health. It is both desirable and necessary, however, that the outside community should be educated in this important particular. One energetic and admirable society has devoted itself to the problem under the title of

the Rural Housing and Sanitation Association. At a recent meeting, the chairman, the Rev. T. C. Fry, emphasised the fact that the famine in country cottages was not a whit less keen than that in town tenements. He maintained that the housing question would not be solved by bundling the people from the towns into the country, but by training the people in the country and by giving them houses fit to live in and land which they could work. Mr. Rider Haggard, the famous novelist, advocated the advance of money by Government on easy terms, a view that was warmly supported by other members. This question of proper housing is inseparably connected with the complex social and economic forces that are gradually depopulating the country districts in favour of the towns. The creation of a peasant or small farming proprietary in rural districts, if that be the real remedy, will certainly be rendered more possible by the provision of good houses with secure tenure at moderate rents.

The Condition of Galway Infirmary.

In our issue of the 13th inst. we alluded to the present condition of Galway Hospital and the attitude of the Board of Management towards the needed reforms. We learn now from a correspondent that it is not so much the condition of the hospital wards as of the operating theatre that has led the staff to refuse to operate in any save urgent cases. We also learn with pleasure that the Board of Management have had plans and specifications before them and have issued advertisements for contracts for the necessary repairs. The Board have also in hand a scheme for the providing of accommodation for the nursing staff, and in this matter there is a hitch between them and the Local Government Board. Galway Hospital is a most important institution, both on account of the relief it affords to the sick poor and on account of its connection with the Galway Medical School, and it would be most disastrous if anything occurred to impair its efficiency. We are sure the Board of Management will recognise this and provide all necessary funds to bring it to a condition consonant with the requirements of modern surgery.

Another Guy's Hospital Appeal.

WITH Consols standing at an abnormally low figure, and with taxation still at war level, the time seems hardly favourable to the issuing of gargantuan charitable appeals. A number of the great metropolitan hospitals, however, are apparently not in the least disturbed in mind as to the way in which their requirements will be met by the public in these days of general depression. The London Hospital, St. Mary's, St. Bartholomew's, and King's are among the institutions now asking for sums that in the aggregate reach an immense total. The curious part of the matter is that the money asked for, or, at any rate, a great deal of it, is in most cases forthcoming, although the public have very properly drawn the line at the request for an enormous sum for the extension of St. Bartholomew's Hospital upon its present site. Guy's Hospital has now appeared upon the scene.

with a modest request for £85,000. It is only a few years since that £100,000 was raised for this institution, which, it is to be remembered, enjoys an endowment income to the extent of over a hundred thousand pounds annually. In spite of that fact, however, the trustees show so little regard to the interests of the medical profession that they maintain wards for paying patients out of funds entrusted to them for charitable purposes, and also charge out-patients a small sum for physic. Before appealing for further huge amounts of money it would be well if the Guy's Hospital authorities could satisfy both the public and the medical profession that absolute economy was enforced in every part of the management of the institution, especially with regard to the restriction of out-patient relief to persons whose narrowness of means warranted their admission to participate in the benefits of their ancient foundation.

Medical Men and the Mercantile Marine.

A CASE of very great interest and practical importance to medical men who accept appointments as surgeons to ships has recently reached a termination in London. It is a matter of common knowledge that the Peninsular and Oriental Steam Navigation Company object to engaging a medical man unless he agrees to remain in their service for a term of years. In the past, they have compelled an applicant to sign an agreement to that effect. This agreement is, however, rendered void by the Merchant Shipping Act as soon as the medical man has returned to the port at which he had signed articles, as by that Act his contract comes to an end on the completion of the voyage. To avoid such a contretemps the company have been in the habit of transferring men, whom they suspected of a desire to leave their ship, to another ship when abroad, in order that by keeping them in foreign parts and so preventing them from returning to the port of shipment they might ensure the retaining of their services for the period agreed upon. In July, 1902, a Dr. T. W. S. Patterson signed the ship's articles in London, on his appointment to a vessel sailing to Japan. A slip had been pasted on to these articles containing a bye-law of the company to the effect that any member of the crew might be transferred to another vessel if necessary. At the time of signing, he objected to this, but was told that it would not be acted upon. Upon reaching Shanghai, he was ordered by the agent to join another vessel, and on refusing to do so he was brought before H.B.M.'s Police Court at Shanghai for refusing to obey the command of the captain. The defendant denied that the command was a lawful one, and the Magistrate, agreeing, dismissed the case. The company appealed to the Supreme Court of North China, and were again unsuccessful. They, however, obtained leave to appeal to the Privy Council on lodging a sum in Court to cover costs. On Dr. Patterson's return to London, where he had instructed a firm of solicitors to look after his interests, he proceeded with an action in the High Court against the company; claiming damages for malicious pro-

secution. The company filed a defence to the effect that they did not prefer any complaint as alleged, nor did they serve any notice of appeal, but lodged in Court £555. This occurred in February of this year, and in March the plaintiff was allowed to draw the money out of Court, the company being apparently unwilling to proceed to a public hearing. The company also paid the plaintiff's costs. Dr. Patterson has thus been entirely successful, and has at the same time obtained a satisfactory decision on a point which up to this the company have been in the habit of deciding in their own interests in a very arbitrary manner.

A New Double Stain for Cells and Bacteria.

THE diagnosis of gonorrhoeal infection can in many cases be alone made with certainty by means of a microscopical examination of the discharge from the supposed source of infection, and consequently it is of importance to have at hand a ready means of staining cover-glass preparations. As the gonococcus is usually found in the centre of epithelial cells, it is necessary to resort to some means of double staining which will bring out not only the bacteria, but also the cell in which it is contained. A writer—Dr. Whitney—in the *Boston Medical and Surgical Journal*, draws attention to the value of a new stain which was introduced by Pappenheim, and which answers admirably for this purpose. The stain is a combination of pyronin—a basic red aniline—and methyl green, and to make it, four parts of a 1 per cent. solution of the former are added to one part of a 1 per cent. solution of the latter. The resulting mixture is of a deep purplish colour, and will keep for some weeks without precipitation. To use it, a drop of pus is spread in a thin film on a cover-glass and dried, on this a few drops of the staining solution are poured, the cover-glass is heated for a few moments, then thoroughly washed, and mounted on a slide in xylol. On examination under a high power, it is found that the nuclei of cells are bluish green, the bodies of neutrophilic leucocytes are unstained, while those of lymphocytes, mast cells, endothelial and epithelial cells have varying shades of purple by which they can be readily distinguished from each other. In contrast to all these, any bacteria present stand out sharply by their brilliant red colour. Such a stain offers many obvious advantages, especially to the clinical physician or surgeon.

The Countess of Dudley's Fund for District Nurses.

IT is satisfactory to learn that Lady Dudley's admirably devised scheme for providing funds for the establishment and maintenance of Jubilee Nurses in some of the poorest districts in Ireland is meeting with the success it deserves. The Congested Districts Board have subscribed £10 per annum towards the rent of a cottage, and have contributed a donation of £25 for furniture for each of the five nurses which it is at present contemplated to establish. The Institute for Jubilee Nurses in London have agreed to subscribe annually the sum of £180, the interest on the sum which

was subscribed in Ireland towards the Women's Memorial to Queen Victoria. Other promises of annual subscriptions to the amount of about £140 have been received, while in donations the sum of close on £1,000 has been already collected. In consequence of the receipt of this support, Lady Dudley is able to announce that she is in process of making arrangements for the establishment of a nurse in three of the more needy districts. The rapid response which has been made to Lady Dudley's appeal augurs well for its future complete success.

The Position of the Head in Cerebellar Disease.

POSTURE in relation to disease is a subject which for long has aroused much interest, and probably from prehistoric times has to some extent guided efforts to relieve distress and directed discriminating observers. And in no group of morbid affections is a scientific study of posture of greater assistance than in derangements of the nervous system. In the current number of *Brain*, Dr. Frederick E. Batten seeks to afford adequate answer to such questions as, Is a definite attitude of the head assumed in man in cases of cerebellar disease? Does the position correspond with that produced by experimental lesion, and, if so, can the sign be used as a symptom of diagnostic value? and, Is the position assumed in cases of intracranial disease in which no gross lesion of the cerebellum can be found? The conclusions are not only of interest to neurologists, but likely to be of service to many practitioners. A definite attitude of the head is not infrequently seen in cases of cerebellar disease in man, that position being with the ear approximated to the shoulders on the side opposite to the lesion, and with the face turned up to the side of the lesion. This position of the head, so far as the approximation of the ear to the shoulder is concerned, is the reverse, while the position of the face is the same as that seen after experimental ablation of one lobe of the cerebellum. But as regards its diagnostic value, it has to be admitted that the position is sometimes present in cases in which there is no gross lesion of the cerebellum. Dr. Batten, therefore, indicates that while it may be said that as an additional and confirmatory sign of cerebellar tumour the position assumed by the head is of value, too much importance should not be attached to its presence alone, or when opposed to symptoms which have been shown to possess greater diagnostic value.

The Pthysical Chest.

FOR long it has been customary to describe a special form of pthysical chest, and compilers of clinical manuals have been wont to copy certain figures, which they have continued to label as characteristic of a tuberculous tendency. Professor Woods Hutchinson, whose excellent work on comparative pathology is well known, not only in America but also in this country, has recently been seeking to answer the question, "Is the consumptive chest flat?" He shows that much of the prevalent idea is not substantiated by actual fact. From extensive observations which have

recently been carried out with much painstaking care, it would seem that the typical tuberculous chest is round instead of flat, and has an average index of about 80, nearly ten degrees above the normal. This type of chest precedes the disease. It is to be viewed as an abnormal persistence of the foetal, infantile, and child type of chest. Any chest more than eighteen years of age which shows an index of eighty or higher should be regarded as abnormal and as rendering its possessor more than usually liable to tuberculosis. The occurrence of such a chest in any patient over eighteen years of age, suspected of tuberculosis, raises a strong probability of the disease. Prof. Hutchinson makes the very judicious suggestion that the chests of growing boys and girls should be systematically measured at stated intervals, and whenever the index is found distinctly higher than normal for their age, active measures should be taken to remedy the defect. All those sports and exercises which involve wide-swinging use and play of the arm, chest, and shoulder group of muscles, such as tree-climbing, swinging from ladders, from rings, from bars, and all throwing, spear-hurling, tennis and swimming will tend to correct this defect and flatten the chest down to its proper index. Prof. Hutchinson, in fact, wishes, in order to ensure perfect chest development, to secure a healthy reversion to the arboreal habits of our pre-human and the war sports of our savage ancestors.

DR. CYRIL GOODMAN has been authorised to accept, and to wear, the Insignia of the Third Class of the Imperial Ottoman Order of the Medjidieh, conferred upon him by His Highness the Khedive of Egypt, in recognition of the valuable services which he has rendered to the Egyptian Government.

Special Correspondence.

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

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

ROYAL VICTORIA HOSPITAL.—An election of three additional assistants on the medical staff has been held as one of the preliminary steps towards beginning work in the new hospital, which will probably be opened during the summer. The first post is that of assistant physician to bring up the number of physicians to that of the surgeons—six. To this post Dr. John Morrow was elected. The other posts were those of assistants in the Ophthalmic and Gynæcological departments, hitherto each worked by one man only, and to these Dr. Jas. Craig and Dr. R. J. Johnston respectively were elected. The days of attendance of students at the hospital have been changed, leaving Saturday a free day, which will be much appreciated both by the students and their teachers—especially those who indulge in hunting or golf.

WORKHOUSE CONSUMPTIVE PATIENTS.—As mentioned in this column several times, the question of open-air treatment for consumptive patients has recently been discussed by the Belfast Board of Guardians, who have lately shown a desire to take some decided step in this direction. Last week a new development took place, in the shape of a generous offer of ground by Dr. Henry, the Roman Catholic Bishop of Down and Connor. Bishop Henry wrote to the Guardians that he saw that they purposed making arrangements for the treatment of consumptive patients outside the

Union Workhouse buildings, and it occurred to him that he might be able to facilitate their praiseworthy efforts in this regard. A few years ago he purchased the house and estate of over 100 acres known as Orlands, near Carrickfergus, and he has converted the house into a convalescent home. He is prepared to give a site at Orlands, free of rent, on which to erect wooden cottages or bungalows for one hundred or more consumptive patients. "Moreover, the Sisters of Mercy in charge of Orlands undertake to give their own valuable assistance, as well as the services of trained nurses, for the relief and benefit of the patients. Under these circumstances the treatment of consumptive patients in the sanatorium at Orlands need not cost the Board of Guardians more, and may possibly cost much less, than what is at present expended on their ordinary support and maintenance in the workhouse." Dr. Henry adds that it is appalling to think that 1,100 persons died last year from consumption in Belfast, and that, of the 4,500 who it is estimated are at present suffering in the city from this disease, no doubt there are hundreds who, from unwillingness to enter the workhouse, pine away and die in their own homes. This most generous offer has been referred to a sub-committee of the Infirmary Committee, to consider whether they could accept the offer with the conditions attached to it. It is these conditions, not yet known by the public, which may give trouble to the Guardians. The late chairman has written to the daily papers a lucid account of the state of the law as regards their obtaining ground and opening a district or branch hospital on it. Evidently he thinks that the management would have to be popular, all the nurses and officials being appointed by the Guardians, and he expresses the hope that under the circumstances Bishop Henry may see his way to waive all conditions except that the land shall be used for the treatment of consumptive patients or other kindred purposes, such as a convalescent hospital.

Correspondence.

ORAL SEPSIS AND SYSTEMIC DISEASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The subject dealt with in Mr. Penny's paper in the MEDICAL PRESS of to-day (May 20th) was fully discussed, although perhaps more from the dental surgeon's point of view, by me in your issue of October 22nd, 1902. Mr. Penny has evidently not read my communication, or he could not have entirely omitted all reference to pyorrhœa alveolaris, the dental malady which beyond all others is associated in the causation of systemic disorders due to oral sepsis. Pyorrhœa alveolaris, in this connection, is also by far the most interesting of dental diseases, whether as regards pathology, diagnosis or treatment. I must not, however, recapitulate or repeat the substance of my recent writing in your columns. With much that Mr. Penny urges all will agree, albeit it is easy to exaggerate the probable distant effect of the presence of one or two chronic gum-boils, or a few carious or necrosed teeth in the average patient.

Mr. Penny is, however, much too sweeping in his strictures upon the dental profession for their neglect of antisepticism. It is only a minority of dental practitioners who are educated professional men. Representatives of this minority are now to be found in fair numbers in all large and most small towns; and there is no difficulty in finding dental surgeons fully competent to co-operate with their medical brethren in all cases where their services are called for. A large number of men practising dentistry are either ignorant mechanics or fraudulent quacks. The latter class are responsible for the infliction of a vast amount of easily preventible suffering, of which neglected oral sepsis is a common cause. The advertising dental quack aims at extorting the biggest possible fee for artificial teeth, and does not trouble himself, as a rule, with dental surgery. He fixes the artificial substitutes immovably to carious teeth, and leaves beneath them necrosed roots, the centres of chronic

abscesses. The proprietors of some sham American establishments where these practices are carried on are amassing fortunes mainly by the plunder of foolish women. It is a pity medical practitioners do not more often inquire into the dental history of their cases; they might occasionally, at any rate, snatch a victim from the hands of rascals who, owing to defective laws, are able in dentistry, as in medical practice, to prey with impunity on the weak, confiding and foolish classes. I am, Sir, yours truly,

HENRY SEWILL.

Cavendish Square, May 20th, 1903.

MEDICAL LAW.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is significant of the confusion prevailing in the public mind to find the *Times* describing the offence of the man Dixon, convicted under the Medical Act at Marlborough Street Police Court, last Tuesday, as one of "practising as a medical man without having the necessary qualification." It seems as though even the *Times* was not aware that there exists no power to prevent unqualified persons from practising in any department of medicine or surgery. The only thing they are restricted in is the adoption of titles specifically named or described in the Acts; and it was for such an offence that the man in the present case was fined. The penal clauses of the Medical, Dental and Veterinary Acts were all devised with the expressed design of enabling the public to distinguish between legally qualified and unqualified practitioners. It is needless to state in a medical journal that the Acts in this regard are almost complete failures, although the Veterinary Act is so far effectual that it is a good deal more difficult for a fraudulent pretender to practise upon brutes than upon human creatures. One of the easiest dodges for evading the law is to open a sham "medical institution." One of these establishments is spending many thousands a year in advertisements. It is getting back this sum, and probably many more thousands in profits, by a system of the cruellest knavery and fraud. Cunningly worded advertisements lead the majority of the sufferers whom these quacks handle to believe they are being treated by qualified men, whilst medical law is powerless to interfere, and the police are unable to take action against what they know to be a coarse and vulgar swindle. I am, Sir, yours truly,

May 20th, 1903.

LEX.

A COSTLY DEFECT IN MEDICAL EDUCATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In reference to the article and letter appearing in your issue of May 13th, *re* obstetrical teaching in London, may I point out that the students of the London (Royal Free Hospital) School of Medicine for Women, to whom you especially refer, can obtain instruction in practical obstetrics in London, and that many do so. The new Hospital for Women has a maternity department, which provides instruction for students, and there is also a Maternity Hospital and School of Midwifery at Clapham. The cost of instruction varies from £5 5s. to £10 10s., exclusive of maintenance. The Royal Free Hospital will shortly open a maternity department, where the students of the Women's Medical School will obtain instruction.

I am, sir, yours faithfully,

M. B. DOUÏE, M.B.

Sec. to the Lond. (Roy. Free Hosp.)

Sch. of Med. for Women.

[We are pleased to publish this rejoinder to the letter and article contained in our issue of May 13th, but the statements therein contained do not materially affect the assertion that no adequate provision is made for the methodical instruction of students in practical midwifery. Were it otherwise no students would deem it desirable to go elsewhere for their instruction. We welcome the assurance that better arrangements are to be made to remedy this very obvious lapsus.—Ed.]

THE ANNUAL ORATION AND CONVERSAZIONE OF THE MEDICAL SOCIETY OF LONDON.

THE annual oration was delivered by Sir W. H. Bennett, K.C.V.O., F.R.C.S., who took for his subject "The Danger of Routine in Surgery." He remarked that although man is endowed in the highest degree with the priceless gifts of free-will and choice, yet, by an inexorable law of Nature, which seems as if it would make him pay a penalty for having such favours bestowed upon him, the very exercise of these powers of original thought and design upon certain lines tends to deprive them gradually but surely of their spontaneity. "Sow an act; reap a habit." The whole process of man's evolution consists of the transformation of the acquired, through the reflex, into the automatic. And, indeed, the principle of acquired automatism has, in the main, been of great advantage to the organism. But it has only laid the foundation upon which the whole superstructure of the higher mental life of man rears its head, and by means of which those individual characteristics of the *Ego* are enabled to shine forth. Unless the most strenuous efforts be made to fight against this natural tendency to become automatic, or in other words, to fall into a routine, the inevitable result will be that further progress in any desired direction becomes impossible. In no branch of science, perhaps, does this apply so forcibly as in the practice of medicine and surgery, and particularly in operative surgery. The growing disposition among surgeons, unconscious though it may be, to perform "classical" operations of a routine character for certain conditions, of which appendicitis is a notable example, is one which is not without some risk to the patient and which cannot fail to react unfavourably upon the operator himself. We are but human, and it is so much easier to do a thing in the way which we have found by experience to be most successful in the largest number of instances, irrespective of the actual necessity for so doing, than to modify our work according to the conditions met with in a given case. The surgeon's instinct is pre-eminently to be thorough, but how much better is it to be incomplete and to stay our hand rather than, by making a clean sweep to imperil the precious life so implicitly entrusted to his care. The highest mechanical dexterity can never make up for the lack of sound judgment, that finest of all sensibilities which alone distinguishes the man from the mere machine. Like all mental attributes, judgment requires to be tenderly nurtured and constantly exercised if it is to be of service. As regards the value of the exploratory operation, the orator, though far from wishing to negative its true worth, uttered a much-needed caution lest, by its routine employment, it should tend to supersede or cause to be neglected those finer and more delicate bedside manipulations without which no practitioner can hope to achieve success. The surgeon must, therefore, be "a physician and something more." Another reason for the adoption of a particular routine of his own, and one for which it is difficult to suggest a remedy, is that the operator seldom or never has the opportunity of witnessing other methods of work, hence he becomes stereotyped in his ways. Nevertheless, the exercise of a right judgment will save him from committing many errors, and may be the means of preventing much suffering or even of preserving many valuable lives. The aphorism that "Judgment is the enemy of routine, and routine is the bane of surgery," sums up very accurately the whole position of the surgeon and his responsibility towards his patient.

There was the usual large attendance of Fellows and their friends at the conversazione following the delivery of the oration, during which the Bijou Orchestra rendered an attractive selection of music. It was evident that this ancient society fully maintains its popularity.

DR. C. W. DANIELS has taken up the position of Director of the Institute for Medical Research, Federated Malay States.

OFFICIAL ACKNOWLEDGMENT OF A GALLANT ACTION BY SURGEON P. J. GARLAND.

ALTHOUGH the action herein referred to occurred nearly four years ago, the following reference appeared for the first time in the official *London Gazette* last month, pages Nos. 2603, &c.

NORTHERN TERRITORIES OF THE GOLD COAST.

Governor Sir F. M. Hodgson to Mr. Chamberlain, Government House, Accra.

September 25th, 1899.

SIR,—In the engagement at Sapiri Hills, Captain Pamplin Green was severely wounded by a poisoned arrow, which but for the very gallant act performed by Dr. Garland would in all probability have proved fatal. Dr. Garland having removed the arrow-head, at the risk of his own life sucked the wound, and sufficiently extracted the poison to save Captain Green's life.

Accra, September 12th, 1899.

Captain D. Stewart,

To the Hon. Colonel Secretary, Despatch as follows:—I must bring to his Excellency's notice an act of the greatest gallantry. On Captain Pamplin Green being struck in the chest with a poisoned arrow (one with a red tip, which are most virulent) Assistant Colonial Surgeon Garland, without the slightest hesitation, at once proceeded to suck the wound, of course, at the greatest risk to himself, and continued to do so for seven or eight minutes, until he extracted all the poison that he could. This action of his, I have little hesitation in saying, was probably the saving of Captain Green's life, who, even as it was, had a very narrow escape from death, the result being in doubt for two hours. I regret that I have been unable to furnish this report before, owing to sickness.

(Signed) D. Stewart,

Captain Resident.

Major A. Morris, in his despatch from Gambaga, dated March 26th, 1900, in connection with a second expedition against the Fra Fras, mentioned to the Colonial Secretary:—I wish to bring to His Excellency's notice the name of Assistant Colonial Surgeon P. J. Garland, who was of the greatest assistance to me.

In a despatch from Major Morris, dated 24th February, 1900, in connection with an expedition against the Dagombas, Major Morris says:—The Medical arrangements made by Dr. Garland, Senior Medical Officer in the Northern Territories, were most ample.

(Signed) A. MORRIS, Major.

Surgeon P. J. Garland is a Licentiate of the Royal College of Surgeons, Ireland.

A BLACKMAILING ACTION AGAINST A MEDICAL MAN.

A STRIKING proof of the very serious risk which is daily run by members of the medical profession is afforded by a case which has just terminated in the Dublin police courts. A Dr. A. Gordon, general practitioner in Rathmines, was summoned by a woman, a former patient, for having indecently assaulted her in May, 1902, and again in November of the same year. When the case came forward the magistrate offered to have it heard *in camera*, but Dr. Gordon's counsel declined this on the grounds that it was a blackmailing action, and that Dr. Gordon wished for the fullest publicity—a decision on which we congratulate him. The case terminated as such cases not infrequently do, in showing the apparent existence of a concerted plot between husband and wife to obtain money from Dr. Gordon. The plaintiff was unable to state the paternity of her first child, while her husband was so upset by the news of the alleged assault "that he drank a bottle of whisky neat—getting drunk was the only relief he could lay to his feelings." These are sordid details, and have only been mentioned to show the great risk medical men run from people who have no character to lose, and who may gain something by making a false charge. The action against Dr. Gordon was scouted out of court, but it is quite possible that

in another and similar case a very different termination might result. It is a most serious state of affairs that any member of the profession may have his future partially or completely ruined by a lying woman. The only safeguards the profession have are a common action in supporting any member who has the misfortune to be unjustly placed in such a position as Dr. Gordon, and the rigid prosecution of all such people as the plaintiff and her husband for criminal libel. We call upon the authorities to examine the evidence given in this case, and, if possible, to inflict a salutary punishment.

MOTOR CAR FATALITIES.

THE terrible series of catastrophes which has shocked the world in connection with the last mad emulation in speed from Paris to Madrid may, perhaps, be the means of inculcating the lesson that neither the conformation of the roads nor the nervous system of human beings is adapted for progression at speeds beside which that of the fastest trains "pale their ineffectual fires." Human ingenuity may avert accidents due to imperfections on the part of the machines and may devise roads free from dangerous curves, but it cannot confer the ability to do the right thing at critical moments when acts have to be thought out in infinitesimal fractions of seconds. High speeds, moreover, beget a cerebral perturbation which is inimical to sound judgment, and under conditions of intense strain and excitement the steadiest hand and the most "level" head may, and but too often do, prove unequal to the burden laid upon them. Were the actors in these mad feats alone to bear the devastating brunt of mishap, we might trust to a process of natural selection which, in the long run, would eliminate the more impetuous; but the process is too slow and too drastic in respect of the ordinary users of public highways, and the law must step in to defend their rights.

FISH-EATING AND LEPROSY.

IN a letter published in the *Times* of Monday last Mr. Hutchinson further develops his view that the eating of decomposed fish is the main etiological factor in the propagation of leprosy. His conclusions are far-reaching and even startling in their bearing. He points out, for instance, that in India converts to the Catholic religion suffer in immensely greater proportion from the disease than Hindus, for example, owing to the fact that they acquire the habit of eating fish once or twice a week. He estimates the enhanced risk at from twenty to ninety fold, so that, even if we allow a wide margin for error, the difference is striking enough. Incidentally, Mr. Hutchinson utters a formidable indictment of the salt tax as imposed in India, since the comparatively high cost of this indispensable condiment has for result to place in the market large quantities of imperfectly cured fish. Mr. Hutchinson is careful to premise that no risk attaches to the consumption of sound fish, whether fresh or cured. The danger supervening only when decomposition commences. With good salt and plenty of it, fish may be preserved almost indefinitely. Such circumstantial information as can be acquired by patient, careful observation Mr. Hutchinson has secured. The only missing link in the chain of evidence is the discovery of the specific microbe in fish, and on this account he appeals for assistance in carrying out the necessary investigations which, of their nature, must be tedious and costly.

OPTICIANS ON THE WAR PATH.

THE British Optical Association, elated with having coined the word "optologist," to describe the sight-testing optician, as distinguished from the oculist, a term, which, we are informed, is understood to mean "a surgeon who operates," contemplate an attempt to obtain legislative sanction for the examinations, on the strength of which every vendor of spectacles can acquire the right to dub himself by this new-fangled designation. They have not yet got so far as the

preparation of a draft Bill, and when they have done so they will find that their difficulties have only begun. The first step will be to get compilers of dictionaries to accord this new word a recognised status.

Medical News.

Cork North Infirmary.

AT the usual monthly meeting of the committee of management of the Cork North Infirmary, held on the 12th inst., the question of the indebtedness of the institution was under consideration. The standing, income is estimated at £2,000, exclusive of paying patients. It is proposed to reduce the number of non-paying patients to forty, and to appeal to the clergy for a hospital Sunday collection. The chairman suggested that subscriptions should be sought from those both in the city and county whose names were not in their subscription list. It was stated that a number of theatrical, sport and Gaelic clubs were about to give entertainments for the benefit of the institution, which we hope will do much to pay off the existing debts.

Oculists for the London School Board.

LORD REAY presided at the meeting of the London School Board last week, when it was decided to appoint six oculists, including one lady doctor, to examine the eyes of children in the schools. The appointments are for one year, and the salaries range from £125 to £250, according to the time devoted to the work.

Death Under Chloroform.

AN inquest was held last week at St. Pancras on a man æt. 61, who died under chloroform administered for the purpose of facilitating the passage of a catheter by Dr. Godfrey Warner, of Camden Town. The anæsthetic was given by Dr. Moore, who stated that there was no warning of danger until the patient suddenly collapsed. No information was elicited as to the quantity given or the mode in which it was administered. The usual verdict was returned.

A Narrow Escape.

DR. WILLIAM PIERCY FOX, of Clapham, on answering a call at 2 a.m., found himself confronted with a man—his late coachman—who presented a revolver at him. He at once closed with his would-be assailant and succeeded in wresting the weapon from him. The man was subsequently charged with attempted murder and committed for trial.

Another Hill-Climbing Fatality.

DR. W. HODGSON, of Reeth, died suddenly on Thursday last after riding up a steep hill on his bicycle. Dr. Hodgson was sixty-one years of age and suffered from heart disease. At the inquest a verdict of "death from natural causes" was returned.

A Medical Co-Respondent.

DR. ADAM WHITE, of Hounslow, was the co-respondent in the divorce suit of Girod *versus* Girod and White which was tried last week, when damages to the extent of £750 were awarded to the husband.

A Herbalist's Hot Brick Cure.

A CASE investigated last week by a London coroner affords an excellent illustration of the depths of ignorance and of the reckless methods commonly met with in quacks of this particular species. It appears that the friends of deceased, an old woman of sixty-nine, applied for advice to a herbalist, who carried on her questionable calling at an address in East Ham. Deceased had suffered for eleven years or so from paralysis, and from that fact, as anyone with the least pretence to medical knowledge would know, would have to be most cautiously treated with any method involving the application of heat. The herbalist, however, who practised, by the way, under the name of Miss Bathe, had sufficient confidence in her own methods to order the application of hot bricks wrapped in flannel previously soaked with vinegar. The upshot was that the unfortunate sufferer was so terribly scalded that she died within a few days. As the herbalist concerned now stands under a charge of

manslaughter it will be impossible to discuss the case further at present. The general question, however, of the defective state of the law which allows any charlatan whatever to practise medicine without let or hindrance may be roundly and soundly condemned. In the "hot brick" case it was stated in evidence that eightpence was paid by way of fee for the advice obtained from the herbalist. Surely the police could find some technical means of bringing these offenders to book. If persons can be punished for loitering in the streets or sleeping out of doors, surely they can be prevented from the murderous pursuit of quack practice.

Dublin Death-Rate.

THE deaths registered in the Dublin Registration area for the week ending Saturday, May 16th, 1903, represent an annual death-rate of 24.1 in every 1,000 of the population. There were 24 deaths from tuberculous disease; 16 deaths from diseases of the nervous system; 22 deaths from diseases of the circulatory system; and 35 deaths from diseases of the respiratory system. 57 infants died during the week, of whom 34 were under one year old. In the city the death-rate in the Castle Street district was 28.5 a 1,000; in Peter Street district, it was 29.8 a 1,000; in Grand Canal Street district, 25.2 a 1,000; and in Bewburb Street district, 47.7 a 1,000.

Vote of Thanks to a Medical Man.

At the meeting of the North Dublin Union on Wednesday, the 20th instant, Mr. John McDonnell, J.P. moved, and Mr. McGough seconded, the following resolution:—"That Dr. A. O. Speedy, who was obliged to resign his position owing to permanent ill-health and age, and having performed the duties of his office for a period of 38 5-12 years to the satisfaction of the Board, be granted a superannuation allowance under the Superannuation Acts, and that we ask the Local Government Board to add one year and seven months for efficient service in the discharge of his professional duties, the amount of proposed allowance per annum to be £236 6s.

The Mortality of the Indian and Foreign Cities.

THE following is the official weekly return of the rates of mortality in certain Indian and foreign cities, which gives the annual death-rate per 1,000 living in Calcutta at 71; Bombay, 134; Madras, 40; Paris, 18; Brussels, 16; Antwerp, 12; Amsterdam, 18; Copenhagen, 18; Stockholm, 12; Christiana, 10; St. Petersburg, 30; Moscow, 25; Hamburg, 16; Munich; Vienna, 22; Trieste, 24; Rome, 21; Venice, 23; Cairo, 26; Alexandria, 30; New York, 19; Philadelphia, 20; Boston, 19.

Vital Statistics.

THE deaths registered last week in the eighty great towns of the United Kingdom corresponded to an annual rate of 17.8 per 1,000 of their aggregate population. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—from all causes, 18.0 in Edinburgh; 20.2 in Swansea, 20.3 in Glasgow, 20.3 in Barrow in Furness, 21.2 in West Bromwich, 21.4 in Oldham, 21.8 in Merthyr Tydfil, 22.4 in Belfast, 22.2 in Coventry, 22.9 in Stockport, 23.1 in Hanley, 24.0 in Rochdale, 24.1 in Middlesbrough, and 24.8 in Dublin; from measles, 2.4 in Tottenham, 3.3 in Swansea, and 4.2 in Wigan; from diphtheria, 1.5 in Merthyr Tydfil, and 4.2 in Wigan and from whooping-cough, 1.8 in Barrow-in-Furness, and 1.9 in Oldham. Six deaths from small-pox were registered in Liverpool, 4 in Dublin, 2 in Leeds, and 1 each in Ashton Manor, Bootle, Manchester, Oldham, Rochdale, Burnley, Bradford, Hull, and Gateshead, but not one in any of the large towns.

H.M. THE KING has fixed Thursday, June 11th, to open the new out-patient department and the new rooms for the Finsen light treatment of lupus, at the London Hospital.

PASS LISTS.

Society of Apothecaries of London, May, 1903.

THE following candidates passed in *Surgery*:—E. F. Beaumont (Section II.), W. H. Crossley, N. S. Finzi (Sections I. and II.), E. Gray, W. P. Jones (Section I.), W. S. Lewis (Section II.), W. Martin (Sections I. and II.). *Medicine*.—D. Cotes-Preedy (Sections I. and II.), E. H. Drinkwater (Section I.), H. J. Gater (Sections I. and II.), L. C. A. Savatard (Sections I. and II.). *Forensic Medicine*.—D. Cotes-Preedy, E. H. Drinkwater, J. M. King. *Midwifery*.—A. J. Ambrose, C. C. Bernard, R. H. Cooper, F. F. L. How, J. E. Jones, P. J. Pagonis, H. A. Parker, N. O. Roberts, J. W. Watson. The Diploma of the Society was granted to the following Candidates, entitling them to practise *Medicine, Surgery, and Midwifery*:—E. F. Beaumont, D. Cotes-Preedy, W. H. Crossley, E. Gray, and W. Martin.

Conjoint Examinations in Ireland.

Candidates have passed Examinations as under-noted—

A. Second Professional.—Omitted in error from list, T. J. Galligan.

B. Third Professional (Four Years).—W. E. Brunskill, M. Hurley. Five Years completed examination.—H. A. Cecil, J. J. Gibney, M. W. Kelly, T. Kelly, J. S. Reeves.

B. New—1902. Regulations (Honours).—J. S. Sheill, M. J. Ryan. Pass all Subjects.—A. J. Bracken, C. A. Cusack, P. E. Harrison, W. Kelly, W. F. B. Loughnan, P. Maher, T. J. O'Donnell, Jas. Parker, B. H. Peters, J. Quirke, S. H. Robinson, Miss A. Taylor. Completed Examination.—P. Kinsella, T. B. Moriarty.

C. Final (All Subjects).—W. Cremin, J. P. Ziervogel. Completed.—J. P. Falls, J. F. Fitzmaurice, T. Keogh, T. J. Lloyd, P. McDermott.

The undermentioned have passed the Examination for the Diploma in Public Health.—Honours.—Lieut.-Col. G. F. A. Smythe, F.R.C.S.Ed., R.A.M.C.; Capt. Jas. Dorgan, M.B., B.Ch., R.A.M.C. Pass all Subjects.—Geo. Hamill, F.R.C.S.; M. C. Bea, L.R.C.P. and S., R.A.M.C.; R. A. Campbell, L.R.C.P. and S., F. E. O'Donohue, L.R.C.P. and S.; John O'Hare, M.B., B.Ch.; W. C. Rivers, M.R.C.S.; Completed.—Col. R. Huntly Nicholson, M.R.C.S., R.A.M.C.

Royal College of Surgeons, Ireland.—Dental Examinations.

THE following candidates have passed the primary part of the examination for the Licence in Dental Surgery of the College.—Mr. T. Flanagan, Mr. H. D. Griffith, Mr. J. W. Harvey, and Mr. W. Ogilvy.

Trinity College, Dublin.—Trinity Term, 1903.

PREVIOUS Medical Examination.—Anatomy and Institutes of Medicine.—William F. Samuels, Charles E. C. Williams, Henry H. White.

Royal College of Surgeons in Ireland.

FELLOWSHIP EXAMINATION.—The following candidates, having passed the necessary examination, have been admitted Fellows of the College:—Mr. C. Cooper, Miss A. N. V. Johnson, Mr. R. P. M'Donnell, Mr. R. F. C. Talbot, and Mr. J. Trumbull.

WE are asked to announce that the seventh annual Medical, Surgical and Hygiene exhibition will be held at the Queen's Hall, Langham Place, on June 2nd, 3rd, 4th, and 5th. The exhibition will be free to members of the medical profession.

H.M. THE QUEEN has given £1,000 towards the new habitation of the Queen Victoria Jubilee Institution for nurses, the work of which has now been endowed with £84,000 by the Women's Jubilee Memorial Movement.

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 VERMIFORM APPENDIX.

A CORRESPONDENT, who evidently allows his attention to wander from serious subjects, proffers the following epitaph, printed on pink paper:—

Here, free from surgeons, rests the form
Of Ebenezer Moses Bendix.
He's gone to the eternal realms
To join his vermiform appendix.

DR. M. S.—We are by no means convinced that the whole narrative has not been evolved from the imaginative brain of a journalist in quest of "summer copy." In any case the observation would not be unique, although instances of successful operation in adult life are necessarily rare.

WHAT IS IN A NAME?

In an Eastern journal to hand, a certain Ramakrishna Pandurang Rajvaitya advertises that if his "anti-stammering pills" are taken for forty days they will cure defects in speech. If they enable a man to repeat the advertiser's name forty times without stuttering they will have accomplished at least something.

DR. THOMPSON.—We regret that there was no time to obtain the information you require regarding vaccination defaulters. If, however, you address a letter to the Local Government Board and ask them the same questions they will give you full information.

DR. J. HAMILTON.—Your communication is unavoidably held over to our next.

SENIOR STUDENT.—Foreign students are not welcomed in the Paris hospitals, and are usually relegated to the tender mercies of the provincial faculties. It would, however, be possible to obtain by personal influence what the authorities are indisposed to accord officially, especially if you are proficient in the language.

MR. HY. S.—The proposed scheme has been modified in so many ways that it probably will be abandoned for the present at least.

DR. JOHN L.—The University of London now publishes a small journal which records the passes of its candidates.

MR. J. L. S.—Our objection was as to the form and not to the subject matter.

EDINBURGH STUDENT.—We have not seen the new work yet, and are therefore unable to answer your inquiry. We understand that its appearance has been announced for the present week.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 27TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—4.30 p.m. Annual General Meeting and Conference. Address: Dr. Corlett (Ohio, U.S.A.): Small-pox (illustrated with lantern slides).

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Dr. G. Newman: Milk Epidemics.

THURSDAY, MAY 28TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Dr. W. Bruce: Clinique. (Sciatica.) 5.15 p.m. Dr. C. T. Williams: The Diagnosis of Pulmonary Tuberculosis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Dr. J. F. Little: The Prevention of Consumption. (Post-Graduate Course.)

FRIDAY, MAY 29TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Dr. J. Horne: Clinique. (Throat.) 5.15 p.m. Dr. S. Taylor: Parasites of the Gastro-intestinal Canal.

ROYAL ACADEMY OF MEDICINE (Ireland).—Obstetric Section. Specimens.—Dr. Smyly: Three myomatous uteri. Papers: Adjourned discussion on Dr. Purefoy's Report of the Gynaecological Department of the Rotunda Hospital. Dr. A. Smith: Notes on Fibro-myoma.

THURSDAY, JUNE 5TH.

RÖNTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Minutes of last meeting. Nominations. Ballot.—George Henry List, M.D. Edin., Springfield House, Stoke-upon-Trent. Mr. Charles A. Clark will show his new Dental X-Ray Tube. Paper:—Rev. P. McHOLLAND, M.A.: On the Electric Field Surrounding the X-Ray Tube.

Appointments.

Birkbeck, Lawrence Henry Carr, M.B., B.Ch. Oxon., Honorary Surgeon to the Taunton and Somerset Hospital.

Beville, F. W., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Denham District of the county of Buckingham, and also for the Uxbridge District of the county of Middlesex.

Bracey, William Edelsten, L.R.C.P. & S. Edin., L.F.P.S. Glasg., Medical Officer and Public Vaccinator for the Wedmore District of the Axbridge Union (Somerset).

Day, H. B., M.R.C.S., L.R.C.P. Lond., Senior House Physician at King's College Hospital.

Dunkerton, N. E., M.R.C.S., L.R.C.P. Lond., House Surgeon at King's College Hospital.

Farrant, Samuel, M.R.C.S., L.S.A., Honorary Consulting Surgeon to the Taunton and Somerset Hospital.

Grant, Charles Christie, M.B., C.M. Glasg., District Medical Officer for Glyncorrig, by the Neath (Glamorganshire) Board of Guardians.

Gray, Walter Gordon, L.R.C.P., L.M. Edin., M.R.C.S., Medical Officer of Health for the Holworthy (Devon) Urban District.

Harris, John Henry, M.D. Durh., M.R.C.S., L.S.A., D.P.H. Cantab., Port Medical Officer by the Dartmouth and Totnes Port Sanitary Authority.

Lee, R. H., M.R.C.S., L.R.C.P. Lond., Junior House Physician at King's College Hospital.

Marshall, A. T., M.R.C.S., L.R.C.P. Lond., House Surgeon at King's College Hospital.

Prytherch, H., L.R.C.P. Edin., M.R.C.S., Certifying Surgeon under the Factory Act for the Beaumaris District of the county of Anglesey.

Smales, W. C., M.R.C.S., L.R.C.P. Lond., Assistant House Accoucheur at King's College Hospital.

Turtle, G. de B., M.B. Durh., M.R.C.S., L.R.C.P. Lond., House Accoucheur at King's College Hospital.

Vacancies.

Borough Asylum, Portsmouth.—Assistant Medical Officer. Salary £120 per annum, with board, lodging, &c. Applications to the Medical Superintendent.

Brecon and Radnor Asylum, Talgarth, R.S.O.—Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board, attendance and laundry. Applications to the Medical Superintendent.

City Asylum, Gosforth, Newcastle-upon-Tyne.—Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board and laundry. Applications to the Superintendent.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £100 to commence, with board, residence and washing. Applications to J. Parry Jones, Secretary.

East Sussex County Asylum, Hellingly.—Second Assistant Medical Officer. Salary £200 per annum, with board, lodging, washing and attendance. Applications to Reginald Blaker, Clerk to the Visiting Committee, 211, High Street, Lewes.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Resident Medical Officer. Salary £100 per annum, with board, residence and laundry. Applications to Thomas Hayes, Secretary.

Gravesend Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to F. H. Stevens, Honorary Secretary, 146, Milton Road, Gravesend.

Hereford County and City Asylum.—Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Holloway Sanatorium Hospital for the Insane, Virginia Water, Surrey.—Junior Assistant Medical Officer. Salary £175 per annum, with board, lodging and attendance. Applications to the Medical Superintendent.

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence and washing. Applications to the Chairman of the Medical Board.

Parish of Harris.—Medical Officer and Public Vaccinator. Salary £110. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clerk.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon. Salary £100, board, residence and laundry. Applications to the Honorary Secretary at the Hospital.

St. Mary's Hospital for Sick Children, Plaistow, London, E. Resident Medical Officer. Salary £100 per annum, with board, residence and laundry. Applications to Percy J. Glenton, Secretary.

The Middlesex Hospital, W.—Director of the Cancer Research Laboratories. Salary £500 per annum. Applications to F. Clare Melhado, Secretary-Superintendent.

Birth.

GIBBONS.—On May 18th, at 1, Charles Street, Leicester, the wife of Wilfred E. Gibbons, M.D., of a son.

Marriages.

LOCKYER-BRODHURST.—On May 23rd, at the Church of the Annunciation, Portman Square, W., Sir Norman Lockyer, K.C.B., to Thomazine Mary, youngest daughter of the late Samuel Woolcott Browne, of Porchester Terrace, and widow of Bernard E. Brodhurst, F.R.C.S.

SARGENT-TATUM.—On May 20th, at St. Michael's and All Angels, North Kensington, Captain Alfred Sargent, Indian Medical Service, eldest surviving son of the late Brigade Surgeon Lieut.-Col. J. F. Sargent, Indian Medical Service, to Maud, second daughter of the late Commissary-General Henry Tatum, C.B., and Mrs. Tatum, of 279, Ladbrooke Grove, W.

Death.

SMITH.—On May 23rd, at Powis Square, Brighton, the wife of Thomas P. Smith, M.B. Lond., of Beaulieu, Rowland's Road, Worthing.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, JUNE 3, 1903.

No. 22.

Original Communications.

FISH-EATING AND LEPROSY.

By JONATHAN HUTCHINSON, F.R.S., F.R.C.S.,
Consulting Surgeon to the London Hospital.

SINCE a scare in respect of fish as an article of food might conceivably lead to inconvenience and loss in the trade, and to needless self-denial on the part of individuals, I wish to state definitely that there is no risk whatever from sound fish, whether fresh or cured. The danger comes when decomposition commences. No one need fear any kind of fish ordinarily supplied in the English market. Our fish-curers use good salt and plenty of it, and their products are adapted to keep good almost indefinitely. It is in hot climates, where fish soon becomes tainted, or amongst communities where salt is dear, or where the flavour of decomposition is deliberately preferred that the risk of leprosy comes in. The facts which I have brought forward are, I venture to urge, such as to impose a duty upon the authorities of the Roman Catholic Church to reconsider their fast-day ordinances. The facts seem to show conclusively that in all districts where leprosy occurs—in other words, in all places where there is risk of obtaining unsound fish—the use of fish on fast-days ought to be forbidden. I have long ago, and many times, expressed the opinion that neither contagion nor the Crusades, but Christianity was responsible for the prevalence of leprosy in Europe during the Middle Ages. It now appears that what occurred then is being repeated now in India, and, it is to be feared, in many other parts of the world. Wherever Catholic missions are successful there is increase of leprosy. I shall be most glad to submit my facts and figures to the examination of any accredited person. They show that a convert from Hinduism to Roman Christianity incurs at once an enormously increased risk of becoming a leper. In most of the Indian asylums native Christians abound, and by far the larger proportion are Catholics. Conversion to any of the Protestant sects incurs some risks, because it removes the prejudice to animal food which, to some extent, is natural to the Hindu mind; but conversion to a creed which imposes the use of fish on one or two days at least of every week increases that risk immensely. My calculation is that the risk to a Catholic convert is twenty-fold that of one who remains in the Hindu faith. If I dare trust my figures—chiefly those of the last census—it may possibly in Bengal amount to ninety-fold. No one can be more willing than myself to admit that statistics are often fallacious, but the margin which may be here allowed for error is such that no doubt as to the

general bearing of the facts can be felt. Similar conclusions are suggested whether we examine the statistics of Bengal, Bombay, Madras, or the Punjab. Respecting the Chota Nagpur district of Bengal, the census compiler writes:—"The great centre of Roman Catholic missionary enterprise in this province is Ranchi, where its converts exceed 54,000, or about three-fifths of the total number in the province." The increase during the last decennium was 15 per cent. Now it is in precisely this district that leprosy also has increased (from 4.5 to 5.8 per 10,000), whilst in all the adjacent districts it has diminished. A fallacy which may possibly to some extent diminish the force of my estimates is that in some instances lepers who have been registered as "Christians" may have been converted subsequent to the development of their leprosy. I have no means of knowing whether or not this has been the case to any large extent, and certainly it does not invalidate the records of the Bombay Asylum at which the expression "Salsette Christian" means a descendant of those who were converted more than three centuries ago by St. Francis Xavier and his devoted colleagues. Most willingly do I bear my testimony to the temporal advantages which have accrued to these by their conversion; and it is because fish fast days are no essential nor even important part of Christian ritual that I feel entitled to urge that they ought to be done away with.

It may be well to point out that this preponderance of the disease among Catholic converts gives the *coup de grâce* to the belief in the contagiousness of leprosy. The Indian Jain, who is a vegetarian, almost absolutely escapes leprosy, the Catholic suffers fearfully. How is it possible that a disease which is spread by infection could pick out the members of one religious communion and leave another almost untouched? Such preferential incidence can be explained only on the supposition that it is due to some difference in habits, and most probably in connection with food. The average incidence of leprosy in India as a whole is less than five per 10,000; but there are three local communities—Minicoy, Salsette Christian, and Kali-goan—in which it attains the frightful prevalence of 150, 50, and 500 per 10,000, and these are all places where the inhabitants live by fishing.

From what precedes it is obvious that every endeavour should be made to secure the prompt and total abolition of the salt tax throughout our Indian Empire. It would be difficult to devise any tax more injurious to the welfare of that vast community. Give the Hindu good and cheap salt and he will cure his fish well and render it a wholesome article of diet instead of a poison. No doubt but

that the decrease in the prevalence of leprosy which has recently occurred in most parts of India has been largely due to the remission of this tax by an enlightened Government in the case of the large fishing-curing establishments. What is now wanted is its total abolition, so that salt may be cheap in the home of the peasant and the fisherman. Let anyone who lacks zeal in this matter read a paper by Mr. Francis Day in the second volume of the "Literature of the Fisheries Exhibition."

It cannot be necessary to insist that the prevention of leprosy is a work of far greater beneficence than is the mere provision for the care and comfort of the leper. That prevention on a very large scale is easily practicable by very simple measures I have done my best to demonstrate. It is obvious, however, that further inquiry is most desirable to confirm or otherwise the conclusions at which I have arrived. As yet the bacillus which causes the disease has never been actually found in fish. Our evidence thus far is circumstantial only. Such discovery would at once remove all doubt, and set in movement all the world over the agencies by which this fell disease may be prevented. Is it too much to ask that our Government and also the benevolent public should interest themselves in the further prosecution of this inquiry? It is one needing both time and money, and it ought not to be any longer left wholly to private individuals. Not only in India, but in South Africa, the West Indies, and many other of our colonies, the saving of money as well as the mitigation of human suffering would be immense if the leprosy question were once settled. Large sums are now benevolently devoted to asylums for lepers. My conviction is strong that one-tenth of the sums thus annually expended would, if devoted to discovery of the cause, render these establishments unnecessary and save their cost for all time, though whether such inquiry should be undertaken by Government or otherwise is a question which may be open to discussion. In the meantime a standing committee of the Polyclinic has been engaged in the work for five years past, but additional funds will be required to carry on the investigations.

NOTES ON AN INTERESTING CASE OF FIBRO-MYOMA OF THE UTERUS. (a)

By ALFRED SMITH, F.R.C.S.,
Gynaecologist to St. Vincent's Hospital, Dublin.

It is difficult to find anything new to be said about fibro-myomas; hence it is with diffidence that I occupy your time this evening. We are all more or less satisfied with our treatment of easy cases, but when a case is met with out of the common, in which serious complications arise, I think nothing but good can come from an interchange of ideas.

A patient, æt. 50, came to the Gynaecological Department of St. Vincent's Hospital early in last February. She said she had been married twelve years. One year after marriage she had reason to think she was pregnant and consulted a distinguished gynaecologist, who diagnosed a fibro-myoma, and kept her under observation for three weeks; he refused to operate, and he told her it would probably get smaller after the change of

life. Five years ago I saw the patient; the tumour was then the size of a six months' pregnant uterus, filling out the pelvis, but causing no pressure effects. As there were no urgent indications for the operation I refused to operate. I did not see the case again until she returned this February.

Present Condition.—The patient is of small stature, is greatly emaciated, having a typical "facies ovarii"; the abdomen is much distended, the tumour is pressing on the diaphragm, and a large mass projects through the vulva. Examination under ether gave little assistance. It was obvious that the patient could not live long in this condition. I represented the risk; I reminded her that five years ago her case appeared to me so difficult that I did not recommend operation, and now she was much worse, the tumour was larger, and her physical condition was much impaired. Determined to give her a chance, I opened the abdomen on February 24th. The abdominal walls were very thin, the muscular layers were atrophied. The anterior portion of the tumour presented no unusual features, but from the posterior surface there hung coils of small intestines and omentum. The tumour so filled the pelvis it could not be drawn out; this increased the difficulty. I followed as closely as possible the ordinary technique, and when at length I got the tumour out I was face to face with the following difficulties:—

First. Both lateral aspects of the true pelvis were stripped of the parietal peritoneum up to the brim; the large vessels and ureters were plainly to be seen beautifully dissected out. Two flaps of peritoneum only remain, those removed from anterior and posterior surfaces of the tumour, but these were much too small to cover the denuded area.

Second. There was extensive oozing from the raw surfaces, although the main arteries were controlled.

To control the hæmorrhage was now the difficulty. I took up area after area in the most systematic fashion, and surrounded it with a purse-string suture. I employed sponges wrung out of hot water, but all to no purpose, the weeping would not stop. I had no faith in adrenalin solution. As the patient was now two hours under operation, I resolved to pack the pelvis with sterilised gauze, and bring the ends out through the abdominal incision. The anterior and posterior flaps I brought up to the abdominal wound and stitched them there with mattress sutures, thus making a funnel through which the gauze passed. The abdominal wall was so thin, and the patient's condition so run down, I thought it advisable in stitching the abdominal wall to leave in a row of buried sutures. The patient was then placed in the Trendelenburg position in bed, a stimulating enema was ordered, and a hypodermic tabloid of strychnia was injected under the skin.

After Operation.—The general condition of the patient was better than I expected. The dressings got saturated with blood and required to be changed within a few hours. The second pad was not saturated, and I was able to remove the plug under gas the following morning.

The ordinary after-treatment was followed. On the evening of February 25th I found the patient's condition unsatisfactory, pulse 128, temperature 100°F. I ordered calomel, gr. v.,

(a) Read before the Obstetric Section, Royal Academy of Medicine in Ireland, May 29th, 1902.

to be followed the following morning by a turpentine enema, but without result. I then prescribed soda sulphate in one drachm doses every fourth hour, to be followed in the evening again by an enema, but without result. Vomiting now set in, and the patient's abdomen became distended. On February 27th, the third day after operation, the vomiting was almost continuous, coming up silently and without effort; pulse 136, temperature at 8 p.m. 97° F. She was so weak that the house physician was afraid to wash out her stomach. I saw her early the following morning, and as every attempt to move the bowels by enemata failed, I resolved to give one myself with Byrne's long tube; this I had much difficulty in passing (a kink in the rectum was formed by the stitching of the posterior flap of peritoneum to the abdominal wall). After patient efforts I succeeded, but the hoped-for flatus did not escape. A turpentine enema was administered with good result, a troublesome diarrhoea following which caused much anxiety; it was controlled, however, by a lead and opium pill, and an enema of starch and tr. opium (30 minims). On March 1st the patient's condition was much improved, the pulse rate began to fall, and from this on she made an uninterrupted recovery.

Report on Specimen, by Dr. EARL.—The tumour measures eleven inches in length and nine and a half inches in breadth. It is not possible to distinguish the tumour from the uterine wall, as no trace of the cavity of the uterus can be found. An attempt to trace the cavity from the Fallopian tubes failed, as the lumina of the tubes are obliterated. Underneath the peritoneum is a layer composed of fibrous and smooth muscular tissue in varying amount. This layer is thin except in the neighbourhood of the fundus, and is loosely attached by fibrous tissue, which breaks down readily with the finger, to both the peritoneum and the general mass of the tumour. The tumour is traversed by several septa of loose connective tissue, and at these septa it readily splits into parts. The tumour is soft in consistence, and is histologically a fibro-myoma with a good deal of fatty degeneration. Some very large blood-vessels can be seen on cutting into it. The incision is in the anterior aspect.

Remarks.—This case is another example of the folly of telling patients their tumour will get small after the change of life. As a matter of fact, it only began to grow rapidly three years after her menopause. I should like to hear from members what methods they adopt for the control of hæmorrhage in cases such as these; whether the plug should have been passed through the vagina or through the abdominal wound. I was influenced in selecting the wound route by the fact that if I passed the plug through the vagina the peritoneum would be liable to infection after its removal. I think it is a matter of great interest that such an extensive area of the parietal portion of the pelvic peritoneum could be removed with apparent impunity. There was no way I could think of to cover it; the omentum was only the merest tag, the tumour had pushed it completely out of the way. As to the urgent intestinal symptoms after operation I must confess I took a gloomy view. I considered a loop of intestine became adherent in an unfavourable position in the large denuded tract, and that there would be little hope of relieving the distress by a secondary

operation. The success of the passage of Byrne's tube is a fact, I think, which should not be lost sight of in future emergencies.

EXTRACTION OF A FŒTUS FROM THE URINARY BLADDER. (a)

By DR. BARTHELEMY GUISEZ,
of Paris.

IN the month of July, 1902, the author was called to visit a poor woman, æt. 36, who had been suffering from a sudden retention of water, which had continued for twenty-two hours. She had been married sixteen years, and was the mother of four children. She had had two miscarriages, and was, at the time of the visit, three months pregnant. She had suffered from severe pains in her back, renal and hypogastric regions during her changes since her last miscarriage. Her last menstrual period was March 23rd, 1902. She became pregnant immediately afterwards, and from that onwards she noticed a sero-sanguineous discharge from her vagina; it was small in amount, but constant. She also mentioned that she suffered from slight colics, diarrhoea, vomiting, and so forth. For three months these troubles continued, that is to say, from March to June; they were then followed by a violent attack of vomiting and severe pain in the hypogastric regions, most acute in the right iliac fossa. The patient described the pain as extending to the renal region and to the space between the scapula above, and passing down the thighs. She noticed a swelling the size of a hen's egg in the right iliac fossa, which quickly attained the size of an orange. It was painful to the touch, and after a time rapidly diminished in bulk. During this time she suffered from repeated rigors, and was feverish, had nausea, vomiting, constipation, and very frequent and painful micturition, her water came drop by drop, was blood-stained and peculiarly foul-smelling. This latter condition had existed for five days prior to the visit of M. Barthélemy Guisez. The urine daily became worse; it became purulent, more deeply blood-stained and contained fibres of animal tissue. When the abdomen was examined the bladder was found greatly distended; it reached to the umbilicus. The poor woman was greatly excited and feverish. An examination by the urethra detected a foreign body in the bladder, more or less hard, of a dark red or blackish brown colour, which appeared to fill the bladder and block the urethral canal, preventing the escape of a drop of urine. In order to facilitate examination of the foreign body two lateral slits, one on each side of the urethra, were made. These incisions permitted of the foreign body being slightly tilted upwards and backwards; this enabled the author to see and remove a large blood clot and give passage to a flow of fœtid, carrion-smelling sanguinolent urine, containing pus and quantities of animal *débris* that gave out a sickening stench. When the foreign body was removed it was seen to be a fœtus of three months, measuring, according to M. Kambanis, fifteen centimetres. The author and his friends acknowledged that they were surprised. For the following eighteen days the bladder was daily irrigated

(a) A Paper read in the Section of Obstetrics at the International Congress at Madrid.

with antiseptics, and at the end of the time, the patient feeling quite well, and having no unpleasant symptom, was allowed up. During the period of irrigation there was no evidence of any fistula to be found.

The author considers the case to have been one of right tubal pregnancy. The pregnancy excited inflammation in the neighbourhood of an old-standing pelvic peritonitis subsequent to the last miscarriage; the inflammation caused adhesion between the tube and the bladder, and when the former burst it poured its contents into the latter.

The womb was found to be slightly anteflexed.

[Such cases are extremely rare, but not unknown. Thomas Bartholinus (*Hist. Anat. var.*) speaks of foetal bones being discharged from the urinary passages, and P. M. Rosius (*Obser. Med. Chir.*) has met with a like case of foetal bones being removed from the urinary bladder. More remarkable still, Ebersbach (*Ephemeides*), during the process of an autopsy, removed a human foetus from the viscus. In 1878 White (*W. A. G. S.*) reported an instance of the discharge of foetal remains through the bladder, and Josephi (*L. M. and P. J.*) tells of the removal of a foetus from the urinary bladder after fifteen years. In 1802, P. R. Morlanne reported a case in which foetal bones were passed from the bladder. Sommer records a case in which foetal bones were found to form the nuclei of calculi.—TRANSLATOR.]

ON
ACUTE CEREBRO-SPINAL
MENINGITIS
CAUSED BY THE DIPLOCOCCUS INTRACELLULARIS OF WEICHELBAUM:
A CLINICAL STUDY (a)

By CECIL WALL, M.A., M.D. Oxon., M.R.C.P.

DURING the year 1901 there were admitted to the wards of the London Hospital an unusually large number of cases presenting the clinical characteristics of acute cerebro-spinal meningitis; in many of these the nature of the infecting organism was shown by the report of Dr. William Hunter, at that time assistant bacteriologist to the hospital. Through the courtesy of the physicians under whose care the cases were placed I have been permitted to make use of the notes, and for this permission I have to record my best thanks.

Hunter and Nuthall explained in the *Lancet* for June 1st, 1901, their reasons for supposing that the organism they isolated from the cases in the London Hospital was identical with the meningococcus of Weichselbaum. In the present research I have endeavoured in the first place to analyse the symptoms and signs produced by infection with this organism; secondly, to discuss the pathological conditions underlying these symptoms; and finally, to make a comparison of the results with previous descriptions of this and some other allied diseases.

In the absence of any trustworthy test for the presence of tuberculosis during life it has been necessary to assume that where recovery has taken place tuberculous infection was not present; this assumption seems justifiable when the clinical histories of cases undoubtedly tuberculous are compared with those of cases undoubtedly free from such infection.

In twenty-two cases presenting the clinical characteristics of meningitis, the bacteriological report renders it probable that the infection was pure and due to the diplococcus intracellularis meningitidis. Of these, twelve proved fatal, and in nine post-mortem examina-

tion proved the absence of tuberculosis; in the remaining three, of which a post-mortem examination was not possible, the clinical course seemed to exclude tuberculous infection.

In all cases the bacteriological report was based upon the result of the system of examination detailed by Dr. Hunter in his paper. If there was evidence of contamination the case was excluded, so that so far as possible fallacies should be avoided.

CASES IN WHICH THE MENINGITIS IN ALL PROBABILITY WAS DUE TO A SINGLE INFECTION BY THE DIPLOCOCCUS INTRACELLULARIS MENINGITIDIS.

Age.—Of the twenty-two cases collected, the ages varied from two months to thirty-five years.

The condition, therefore, though occurring with greater frequency in early life, is not exclusively confined to that period.

Source of the Infection.—It has not been possible in these cases to trace the mode of infection. No instance has occurred in which there are any suspicions of transmission from person to person.

Symptoms.—When the cases are grouped together they seem naturally to fall into subdivisions, which present both clinically and pathologically definite points of difference.

Thus, to take the fatal cases, seven died in from three to twelve days from the onset of the disease, and it appears reasonable to suppose both on clinical and pathological grounds that death resulted from the severity of the meningitis. In five cases death occurred in from five weeks to six months from the commencement, and for many reasons the supposition seems justifiable that the fatal event was determined not by the actual meningitis but by conditions consequent upon it. Closely allied with this second group of cases are those which terminated in recovery, either partial or complete.

In discussing the symptoms, therefore, it is necessary to distinguish so far as is possible between those which are indicative of actual meningitis and those indicative of secondary conditions, of which the most frequent and most important is the excess of cerebro-spinal fluid and the distension of the cerebral ventricles.

Onset.—The development of symptoms and signs may in some cases be extremely gradual, though in the majority the ingravescence of symptoms is rapid as soon as the disease starts. In one case, Dorothy R— (æt. 14), the disease had obviously progressed far, as evidenced by the enlargement of the head, before any symptoms were developed. As a general rule, however, the rapid development of symptoms and signs shows a considerable difference from the insidious onset of tuberculous meningitis, and is, therefore, of diagnostic importance.

Rigidity of the Neck.—The most marked sign, and that which most frequently first suggested the diagnosis of meningitis, was the rigidity of the neck, or rather resistance to forward flexion of the head.

Spinal opisthotonos was not marked in any of these cases; most frequently the patient lay upon the side with full flexion of the spine, even when the head retraction was so marked that the occiput seemed to lie between the scapulae. In other cases that I have seen spinal opisthotonos was extreme. In the cases that recovered, the rigidity of the neck, though it might vary from day to day, was usually one of the last signs to disappear.

Kernig's Sign.—In the investigation of this sign of spinal meningitis, certain fallacies are likely to creep in which are very difficult to exclude. In the original description the sign is demonstrated by bringing the patient to the sitting posture and then attempting to straighten the knees.

To avoid fallacy it is necessary to keep one hip fully extended, while the other is kept flexed to a right angle, and the knee-joint is gradually extended. In this way the sign may be elicited without greatly disturbing the patient. Further, the presence of the sign, especially in adults, cannot be considered as pathognomonic of spinal meningitis.

The value of the sign seems to be somewhat doubtful; it does not seem possible to assert that the presence of

(a) Abstract of Paper read before the Royal Medical and Chirurgical Society, April, 1903.

this sign will establish the diagnosis of a case in which the other signs are equivocal. In five out of the seven cases that died in the acute stage of the disease the sign was present; in two it was definitely stated to be absent. In three out of the five which died later it was also present, and in five out of the ten that recovered it was obtained. In some cases it seemed to be variable, being only obtained occasionally.

Mental Disturbance.—In those patients old enough to permit observations on this point an early and profound disturbance of the mental state was noticed. Sometimes at first there was very marked irritability and great resentment against any disturbance; this in the acute cases generally passed into a condition of drowsiness or semi-coma, in which the patient took no notice of any interference, and, later, in a more profound coma preceding death. In those cases in which the clinical course was protracted the progressive mental deterioration could be more closely observed, and in those that recovered the inverse sequence of semi-coma, irritability, and "impaired cerebration" was often noticed.

Movements.—At all stages of the disease it is common to find evidences of disturbance of the motor side of the nervous system. In young children convulsions may occur at the onset, in older patients they may only be an expression of some secondary complication, but in one case, right side epileptiform fits were a prominent feature from the onset. From the commencement, dissociated movements of the eyeballs or an intermittent strabismus, in some cases producing a coarse kind of nystagmus, are not infrequently found. A permanent strabismus suggestive of nerve paralysis appears to be rare. In four out of the seven acute cases a squint was noticed; in one there was continuous rhythmic up-and-down movement of the eyes. Uncontrolled movements of a monoplegic or hemiplegic distribution were noticed in two of the seven acute cases. Later in the disease, and possibly associated with the supervention of internal hydrocephalus, it is common to find intermittent retraction of the upper eyelids, so that a line of sclerotic is shown above the cornea. This has been described as comparable to Stellwag's sign in Graves' disease, but it is not associated with any exophthalmos. Epileptiform convulsions also may occur in the later stages of the chronic form, and probably are to be associated with the hydrocephalus rather than with the meningitis.

Temperature.—In the acute cases and at the onset the temperature was generally raised, varying between 100° and 105° . Occasionally the temperature became very high just before death. In the chronic cases that were admitted shortly after the onset of the disease some irregular pyrexia was generally noticed at first, but later the temperature continued normal or sub-normal.

Wasting.—Loss of flesh was a very marked feature in all cases, and seemed to be much more rapid than is usual in cases of tuberculous meningitis.

Vomiting.—In the acute cases vomiting was infrequent; in one only out of the seven cases did the vomiting become at all urgent. Two others each vomited once; the remaining four did not vomit at all. On the other hand, in the more protracted cases, whether they ended in death or recovery, vomiting became a marked feature as the disease progressed. The operation of lumbar puncture seemed not infrequently to have an immediately beneficial effect in checking this symptom. The deduction seems to be that the vomiting is due rather to a rise of intra-cranial pressure than to the actual meningitis.

Action of the Bowels.—In the majority of the cases, whether of the acute or chronic type, there was no tendency to constipation. Frequently actual looseness of the bowels was observed. In one case only out of the twenty-two was there marked constipation, and this was the case that had a history of six months' illness before admission to the hospital.

No special peculiarity has been noticed with regard to the pulse, and as a rule there was no marked alteration in the respiratory rhythm. Towards the end, in some of the bad cases, a grouped or periodic rhythm was noticed.

Fundi.—In twenty out of the twenty-two cases no alterations in the fundi were noticed. Blindness was apparently present in some of the cases without recognisable changes in the fundi; this disappeared later as convalescence was established. In some of the cases, at certain periods of the disease, deafness seemed to be present, though in none was it permanent.

Hydrocephalus.—In two cases in which the onset of the disease occurred before the synostosis of the cranial bones, definite enlargement of the skull was noted. In other cases the increase of fluid in the cerebral ventricles could only be surmised during life from the presence of certain symptoms. Bulging of the fontanelle, if still unclosed, was present in several of the cases, and seemed to be an indication of internal hydrocephalus. The bulging was generally relieved if a successful lumbar puncture was performed.

Morbid Anatomy.—Of the acute cases, all save one showed diffuse purulent leptomeningitis of brain and cord; the greatest collection of lymph was usually at the base, but there was, in all these cases, scattered lymph upon the vertex and down the spinal cord. In the single exception there was an excess of fluid in the ventricles and a milkiness of the membranes, but no definite lymph. In this group of cases the ventricles, though containing an excess of fluid, did not appear so distended as in those cases in which the disease ran a more protracted course. Post-mortem examination was only permitted in three out of the five cases which died at a later stage of the disease. In these three cases the characteristic feature was the distension of the ventricles and the flattening of the convolutions. In all three a little yellow lymph was found in the descending horn of the lateral ventricles, floating in clear fluid. In one there was some lymph at the base of the brain, in another, some lymph found only on the cord most marked at the lumbar enlargement. In the third no lymph was found upon the meninges, but only some matting together of the convolutions.

Pathology.—The rigidity of the neck, early convulsions, rigidity of the limbs, twitchings, and uncontrolled movements is ascribed by Dr. Carr to the cortical irritation produced by the meningitis. In this connection the boundaries of the so-called posterior arachnoid cistern are of some importance. The morbid anatomy of meningitis shows that pus or fluid may collect in a space bounded by two limiting membranes, known commonly as arachnoid and pia mater, which are connected together by numerous bridles. If the fluid be clear the appearance suggests oedema of the cortex; if purulent, it is termed purulent meningitis. At the base of the brain there are certain places where these bridles are much elongated, and thus are produced the arachnoid cisterns of Key and Retzius. In basic meningitis it is found that there is a large collection of fluid in these cisterns, which are in such free communication that they appear to form one large space bounded by the line of firmer attachment of the arachnoid to brain or cerebellum. Anteriorly the arachnoid seems to be firmly attached along the inner margins of the temporo-sphenoidal lobes—except just at the anterior poles, where the line of firm attachment is somewhat farther out—and from these boundaries to form a kind of bridge over the optic chiasma, the interpeduncular space, and the anterior surface of the pons; below, the space thus formed is continuous with the subarachnoid space of the cord. Laterally the arachnoid is loosely attached round the cerebellar peduncles and over the lobus centralis on the superior surface of the cerebellum, a space being formed which becomes continuous with that of the superior surface of the corpus callosum. Posteriorly the great basal space thus formed passes round the medulla and becomes the cisterna cerebello-medullaris, limited behind when the arachnoid becomes again united to the pia mater on the under surface of the cerebellum at some distance from the anterior extremity of that organ. The spaces thus marked out can be clearly recognised when filled with purulent material, and, by means of a probe, the situations in which the bridles become shorter can easily be demonstrated, although the greater part of the arachnoid

bridge is necessarily destroyed in removing the brain from the skull.

The existence of the cerebello-medullary space is possibly to be explained as an arrangement to permit free antero-posterior movement of the head. In such movement there must necessarily be some sliding of the lower surface of the cerebellum over the medulla; the loose attachment of the arachnoid permits this movement. The rigidity of the neck or retraction of the head present, when there is posterior basic meningitis, may be looked upon as protective and preventing mechanical disturbance of the inflamed arachnoid, and comparable in explanation to Kernig's phenomenon. In this connection it is interesting to note that in such cases there is seldom any resistance against rotation of the head round a vertical axis.

This accumulation of inflammatory products in the basal arachnoid cisterns has suggested the use of the term "posterior basic meningitis" to signify the condition. There is no reason, however, to suppose that the inflammation is confined to that region, though the products accumulate there.

Carr ascribes the strabismus to implication of one or other of the oculomotor nerves in the inflammatory process. When the extent of the basal inflammation is considered, this would seem to be extremely probable. It is curious, however, how seldom a permanent paralytic squint seems to occur; intermittent strabismus, at times described as a coarse nystagmus or merely as dissociated movements of the eyeballs, is extremely common. In accordance with the view that the squint is not due to implication of the oculomotor nerve-trunks in the inflammatory process, is the extreme rarity of affection of any other cranial nerve.

Dr. Carr takes exception to the view that the increase of the intra-cerebral fluid is due in all cases to the blocking of the foramen of Magendie, and urges that in some cases, as originally described by Merkel, an excess of fluid is found in the spinal meninges. In the cases here recorded this has been the rule.

Excess of fluid in these situations cannot be explained on any mechanical hypothesis, and it seems unnecessary to suppose that the intra-cerebral collection of fluid has a cause different to the extra-cerebral collection. Clinically the effect of withdrawing fluid by lumbar puncture in reducing the tension of a bulging fontanelle, and in the amelioration of symptoms, suggest that there is not in every case an obstruction at the foramen Magendie.

Finally, if obstruction of the foramen of Magendie were a common cause of hydrocephalus, it would not be unnatural to suppose that in some cases at least dilatation of the central canal of the cord would occur. In none of the cases here reported was this condition found, nor does literature seem to contain records of such cases.

This mechanical view of the pathology of hydrocephalus has been urged against the employment of lumbar puncture as a remedial measure. It seems, however, that this particular argument against the mode of treatment is based upon a fallacy.

A second mechanical view, originally urged by Rilliet and Barthez and subsequently by Bastian, and discussed by Carr, suggests as a cause of the exudation an obstruction in the veins of Galen. In several cases where there was much lymph at the base of the great arachnoid cistern it was found that this lymph extended round the peduncles of the cerebellum to the anterior extremity of the superior verum. In this situation it is obvious that it might reasonably be expected to lead to obstruction of the venous circulation of the velum interpositum. Such obstruction should lead to distension of the venous radicles; this, as Carr points out, is usual in the vein seen upon the walls of the lateral ventricles. In none of the cases examined, however, was there any evidence of thrombosis, or even distension of the choroid plexus, though this condition might be expected to be consequent upon venous obstruction.

The third view, which supposes the exudate to be inflammatory, seems most in accord with the appearances found upon the post-mortem table. The main objections to this view are based upon the chemical composition of the fluid, which, it is stated, does not

suggest an inflammatory origin. Unfortunately, it was not possible to investigate fully the chemical composition of the fluid obtained by lumbar puncture, since the intention of the research was to establish the bacteriology of the disease, and the supply was insufficient for the two purposes. Further investigations in this direction are necessary before the mechanical theories can be fully rejected.

In the cases under consideration the constant factor has been the presence of the diplococcus intracellularis of Weichselbaum, or an organism closely resembling it, in the cerebro-spinal fluid. Starting with this insight into their etiology, it has been possible to group together the cases and to demonstrate that they present from their clinical aspect many points of resemblance. It has further been shown that the signs and symptoms of the disease vary according to its stage. Thus, some have died apparently from the acuteness of the initial disease; others from secondary complications, of which by far the most important is hydrocephalus; while others have passed safely through both these stages and achieved a recovery either complete or incomplete.

The cases which Weichselbaum investigated were six in number, and were spread over a period of three years (1885-1887); at the same time there were a few other similar cases in Vienna, but there was nothing of the nature of an epidemic.

Netter, in describing a typical case of the epidemic variety, speaks of three stages—first, that of invasion, lasting from a few hours to three days; secondly, that of reaction, in which the rash appears and the symptoms are ameliorated; and, thirdly, that of purulent meningitis. The average duration of the disease, he says, is about twenty days, and, as a rule, if not fatal, the convalescence is long and tedious. The signs are those of acute cerebro-spinal leptomeningitis, together with those of a more or less acute septicæmia, indicated by a purpuric eruption, the typhoid state, and the enlargement of the spleen. My cases showed no tendency to division into those stages, and presented no septicæmic symptoms.

In the circumstances it is impossible to dogmatise; instances are not far to seek of diseases with a different degree of virulence in the sporadic and in the epidemic forms. It may yet be proved beyond question that the epidemic form is due to the diplococcus intracellularis. For the present it is only certain that there is a group of cases occurring with a sporadic distribution in which an acute leptomeningitis is associated with an organism closely resembling, and probably identical with, that which Weichselbaum, in 1887, isolated from cases which apparently presented somewhat similar clinical characteristics.

Conclusions.—Passing these considerations in review, it seems necessary to arrive at the following conclusions:—

1. That infection by the diplococcus intracellularis of Weichselbaum had been shown to be associated with a train of symptoms to which have been applied the names epidemic cerebro-spinal meningitis, cervical opisthotonos of infants, and posterior basic meningitis.
2. That these conditions are therefore identical in their etiology, and are probably identical with certain epidemics of cerebro-spinal meningitis which occurred before the introduction of bacteriological methods of diagnosis.
3. That cases of chronic hydrocephalus sometimes are consequent upon this form of acute meningitis.

Clinical Records.

AN UNUSUAL CASE OF INVERSION OF THE UTERUS. (a)

By SIDNEY BOYD, M.R.C.S., L.R.C.P.,
Obstetric House Physician to Charing Cross Hospital.

Mrs. M., æt. 29, was admitted into Charing Cross Hospital on March 6th, 1903, under Dr. Amand Routh, for inversion of the uterus.

(a) Read at a meeting of the Obstetrical Society, London, on May 6th, 1903.

History.—Patient has been married seven and a half years and has had two children, the first in 1898, the second on September 27th, 1902. The first delivery was natural, the second instrumental. On the latter occasion the birth of the child was followed by profuse hæmorrhage, and as the placenta did not come away, Dr. Michie, the patient's doctor, peeled it off by hand, after which the uterus contracted and retracted efficiently and the hæmorrhage ceased. The uterus, after removal of the placenta, presented nothing indicative of inversion as ascertained by external and internal examination. The patient was a good deal exhausted from loss of blood.

During the next fortnight the patient suffered from "after-pains," anorexia, vomiting, and weakness. The vomiting at the end of the first week was so severe that rectal feeding was practised for two days. The lochial discharge was more profuse than usual, and lasted fourteen days.

She was given a mixture of ergot and strychnine from the first. The uterus was examined once, *per vaginam*, during this time, and nothing abnormal was discovered. There was a little pyrexia during the first fortnight of the puerperium, and slight phlebitis developed in both legs, which soon disappeared. Convalescence was slowly established, and she got up at the end of October. During November, December, and part of January the patient had some white or slightly blood-stained discharge, but no pain or hæmorrhage. At the end of January patient began to lose freely, and when examined by her medical attendant on February 4th, the uterus was found to be completely inverted. An attempt was made to replace the uterus by means of repositors, but this was unsuccessful, as it was found impossible to devote the necessary attention to it in the patient's home.

When admitted to the hospital on March 6th, patient was very weak and anæmic; the pulse was very small and feeble, 88 to the minute; the temperature was raised about one degree above normal; she was losing freely.

On examination under an anæsthetic, a rounded tumour, the size of a hen's egg, was found in the upper part of the vagina; traced upwards, the neck of the tumour passed just inside the cervix, which was greatly distended and hardly appreciable. No fundus could be felt in the usual situation on bimanual examination. The tumour was drawn down by the fingers outside the vulva, and at each inverted corner, symmetrically placed, were found the orifices of the Fallopian tubes, along which a probe could be passed. There was no fibroid present.

Aveling's repositor was used off and on for nearly a week, for some hours daily, and on each occasion the fundus was found to have been pushed up inside the cervix, but would go no further. Galabin's modified form was finally substituted, and with the help of two small hypodermic doses of morphia the patient was enabled to bear the instrument for nearly forty-eight hours. At the end of this time, the fundus was found to be completely reduced. An intra-uterine douche was given and the uterine cavity packed with iodoform gauze. A small portion of the gauze was removed each day, and the patient was kept in bed for a fortnight. The uterus was then found to be in a retroverted position, but was easily replaced. The sound passed $2\frac{1}{2}$ ins.

Remarks.—Two explanations of this case are possible. Either she had a partial inversion during the third stage of labour which became suddenly complete four months afterwards; or, which is less likely, the inversion began spontaneously four months after labour. If the former, which seems the more probable, be the correct explanation, the absence of symptoms except leucorrhœa during the three and a half months following the cessation of the lochia is a very unusual history. The reposition took a long time, but eventually succeeded, and the result has been good.

The case thus bears out Dr. Routh's statement in a clinique at the hospital, that provided the repositor could be used with such watchfulness and opportunity as can be afforded in a hospital, no need for hysterectomy or other operation would arise.

A CASE OF HÆMOPHILIA.

By FRANK MORLEY, M.R.C.P., L.D.S.

A LAD, æt. 10½, was admitted to hospital on the evening of Friday, February 13th, bleeding from the gums, around the second right lower temporary molar, which was loose and carious below the gum margin. The bleeding had been continuous for three days, and the boy was obviously pale and weak from loss of blood. His own history indicated that he was a hæmophilic; he suffered frequently from epistaxis, which was controlled with difficulty, and he bled profusely from any slight scratch. His grandfather on the maternal side was also "a bleeder," and once nearly died from hæmorrhage following tooth extraction—this bears out the text-book dictum, that the disease attacks the males, but is transmitted through the female line. The House-Surgeon took the boy in, put him to bed, gave him ice to suck, and applied lint soaked in adrenalin (Parke-Davis's solution), with pressure. I saw the boy the next morning (February 14th) and the bleeding had nearly ceased. It was not considered safe to allow the boy to leave the hospital, as with the loose tooth in, the hæmorrhage might recur at any moment, therefore I gave him large doses of calcium chloride for a week, and then removed the tooth, plugged the socket with strips of cyanide gauze soaked in adrenalin, and applied digital pressure for ten minutes. On removing the gauze there was no hæmorrhage, and on February 23rd, he was discharged. I am, unfortunately, not in a position to decide whether the success of the treatment was due to the adrenalin applied locally, or to the calcium chloride given internally for seven days.

The Out-Patient Departments.

WEST LONDON HOSPITAL.

DERMATOLOGICAL CASES UNDER THE CARE OF

DR. P. S. ABRAHAM.

I.—*Psoriasis or Seborrhœa?*—A boy, æt. 14, presented himself with "scurfy patches" on his head which he had had for one year. There were several places on his scalp covered with oily scales, which, however, were not "silvery" in appearance, but on their removal the underlying epidermis was congested. The most careful examination failed to reveal any broken or stumpy hairs. Several nits were also present. He was given an ointment of ammoniated mercury, to be rubbed into the patches after shampooing the head with soft soap. Three weeks afterwards the scalp had nearly recovered its normal condition, but scaly areas appeared upon the extensor surface of his left knee. These latter were quite typical of ordinary psoriasis. There was no rheumatic history.

This case was instructive as illustrating how closely a psoriasis may resemble a seborrhœic dermatitis in its physical characteristics, and also in its distribution. Many dermatologists believe that the two conditions are very closely allied if not actually identical, and cases such as the above, in which the one shades insensibly into the other, are by no means infrequent. There is another class of cases presenting a more or less generalised eruption which would answer equally well to the clinical description of either psoriasis or seborrhœic dermatitis. In such it may be supposed that the two conditions are concomitant, or that the psoriasis is engrafted upon a seborrhœic basis.

This boy was given an ointment containing one drachm each of carbolic and salicylic acids to the ounce of vaseline to be rubbed into the patches on the knee after bathing them with a creolin lotion.

II.—*Chronic Eczema with Recent Scabies.*—A man, æt. 23, came with a large patch of eczema on his right groin, extending well up to the abdomen and downwards upon the thigh. This, he stated, had been present ever since birth, more or less, and it had never entirely disappeared. It did not cause him much trouble, however, and he really sought advice for an itching, papular eruption upon the limbs and trunk, which appeared about three weeks ago. There were numerous papules and pustules scattered irregularly

upon the body, some in close proximity to the patch of eczema, while others were grouped about the fore-arms, wrists and shoulders. After diligent examination the search was rewarded by the discovery of the *Acarus scabiei*, which was identified under the microscope.

Bearing in mind the very close association of eczema with scabies, the former frequently being a complication of the latter, it would have been quite possible to overlook the scabietic element in this case, and to have regarded the recent eruption as an acute papular exacerbation of the existing chronic eczema. The papules of eczema do not, however, so quickly become pustular as those of scabies, probably because the irritation set up by the parasite is greater than that due to the stretching of the minute nerve filaments in the epidermis through the gradual distension of the eczema vesicle. Moreover, the acarus opens the way for the entrance of pus-forming cocci.

Mistakes were most frequently made in diagnosis simply from the neglect to find the parasite, which could almost always be obtained by careful search with the aid of a lens. The extremity of the burrow, sometimes marked by a minute vesicle or pustule, was a favourite place to find it.

The patient was ordered a sulphur bath every night, a mild sulphur ointment for rubbing into the itching parts, and an ointment containing gr. xx. of zinc oxide; gr. x. of hydrarg. ammon.; and gr. x. of plumbi subacet. to the ounce of vaseline for inunction into the large patch of eczema.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.
MEETING HELD THURSDAY, MAY 21ST, 1903.

DR. W. WINSLOW HALL, President, in the Chair.

MR. LAMING EVANS showed an infant with swelling of the right foot. The swelling involves the four outer toes, and the dorsal and plantar surfaces of the foot to the level of the bases of the metatarsals, and is for most part firm and solid. The three middle toes are webbed, and there is increase in the circumference of the leg and of the right buttock. The thigh appears normal. A skiagram shows that the phalanges of the four outer toes are expanded, that the second and the third are irregularly placed, and that the third phalanges of the third and fourth toes are conjoined. The rest of the bones are normal. Probably the case is one of congenital hypertrophy involving vessels, nerves, bones, muscles and fibrous tissues, the chief characteristic being hyperplasia of the subcutaneous tissue with special involvement of the lymphatics. Other possibilities are fibro-chondroma or nœvopiloma. The treatment suggested was dissection of the growth from the dorsal and plantar surfaces, with removal of the fifth metatarsal bone and all the phalanges, leaving the great toes intact.

MR. JAFFREY thought the case likely to be one of nœvopiloma.

MR. CRISP ENGLISH considered that the child was suffering from congenital hypertrophy, especially as the calf and buttock on the same side are also hypertrophied.

DR. WINSLOW HALL asked if Mr. Evans proposed to deal with the calf and buttock.

MR. EVANS replied that he saw no reason for interfering with the swelling on the calf and buttock.

MR. T. CRISP ENGLISH showed a girl, æt. 5, with a congenital facial cleft. An operation had been previously performed, but no further particulars could be obtained. The cleft extends from the right side of the upper lip to the inner canthus. The right side of the nose and the right nostril are completely absent, and the palate is very highly arched. The question of improvement in appearance by plastic operation was raised. Mr. English was inclined to think that injection of paraffin might be of some use.

MR. CRISP ENGLISH also showed a woman, æt. 30,

suffering from a large "desmoid," or fibrous tumour of the abdominal and thoracic walls. The patient has had one child. The tumour has existed for eight years, and at the present time occupies the greater part of the anterior abdominal wall, and extends upwards over the thorax, involving the left breast.

DR. WINSLOW HALL asked if such tumours occur anywhere else than in the abdomen, and whether they always originate in the posterior sheath of the rectus.

MR. CRISP ENGLISH replied that the tumours appeared always to originate in the abdominal wall. In the present case for the last four years the tumour has steadily decreased in size without any special treatment.

DR. ALEXANDER MORISON showed a case of mitral valvular disease with much hypertrophy of the heart, and probably adherent pericardium, in which he considered that the chief mechanical difficulty is the reflux of blood though the auriculo-ventricular orifice, and some mitral stenosis of the same from enlargement of the ventricular cavity. He showed the patient on account of the wide area of audibility of the systolic bruit. There was also a palpable thrill. The bruit could be heard in the back as low down as the sacrum, and in front at the pubes, but not in the femoral arteries. The second sounds at the base are normal, and can at times be heard to reduplicate at the level of the fourth left costal cartilage. Sphygmograms show a well-marked aortic notch, and cardiograms the flat top of systole from a hypertrophied ventricle. In reply to a question by Mr. English, Dr. Morison believed that there are cases of adherent pericardium only discoverable by exploratory operation, which are amenable to surgical methods. He based his opinion on post-mortem observations.

MR. FRANCIS JAFFREY showed a man, æt. 47, with oesophageal obstruction. There had been difficulty in swallowing for about three months, and his condition was becoming more acute, so that he could only swallow fluids. He asserts that some ten days ago he vomited a pint of bright blood. The day after admission to hospital he brought up seven or eight ounces of bright blood, and immediately afterwards he could swallow with greater ease. A bougie passes twelve inches and impinges on what appears to be a hard growth. Owing to the bleeding, however, it has been suggested that the obstruction may be due to a leaking aneurysm. During a week in hospital the man has increased six pounds in weight. No sign of aneurysm is apparent by the X-rays. Mr. Jaffrey considered the case to be one of carcinoma, and proposed to do gastrostomy when the patient's condition becomes worse.

MR. CRISP ENGLISH thought the obstruction to be due to carcinoma and not to aneurysm. The obstruction had been felt twelve inches from the teeth, a situation in which carcinoma is common, while aneurysm is quite exceptional. In this region skiagraphy is practically valueless. In either case the treatment is the same; as long as the patient is either gaining or holding ground careful dieting with nutritious food should be continued; as soon as he begins to go downhill, gastrostomy should be performed.

SOCIETY FOR THE STUDY OF DISEASES IN CHILDREN.

MEETING HELD MAY 15TH (Room of the Medical Society of London).

DR. FREDERICK TAYLOR in the Chair.

DR. PORTER PARKINSON showed a specimen of "colloid cancer of the peritoneum" removed from a child, æt. 12. During life the abdomen was distended with free fluid and she was thought to be suffering from tuberculous peritonitis. On removal of the fluid large cells filled with colloid deposits were found in the *débris*. An irregular hard swelling was then palpable in the hepatic area and some scattered nodules elsewhere could be

felt. An abdominal section was subsequently made, and the peritoneum was found to be sown with small masses of growth of a sodden semi-transparent appearance, which microscopically were colloid cancer. Subsequently the abdomen became completely filled with irregular masses of growth which surrounded all the contained organs.

Dr. THEODORE FISHER (Bristol) said the majority of cases of peritoneal cancer were secondary to disease somewhere else in the alimentary canal, and it was in his experience often very difficult to find the primary source.

Dr. A. E. SANSOM thought by reason of its early age the case was probably a record, and it raised the question as to the value of a microscopical examination of the ascitic fluid for diagnostic purposes.

Dr. PARKINSON, in reply, said the primary seat of the growth was thought to have been in the rectum. He thought the detection of cells by the microscope such as he had described might possibly prove of assistance in diagnosis.

Dr. A. A. H. PARTRIDGE (introduced) showed a boy, *æt.* 10½, the subject of "interstitial keratitis," who simultaneously developed an affection of the hands. The question as to the precise condition to which the joint changes were due was an interesting one. The joints looked to most people like those of osteo-arthritis, but he supposed they must be considered due to the general condition. An interesting point about the case was, that the left hand became affected after the left eye and the right later on—this happened in November, 1901. The right eye failed in January, 1903.

Dr. EDMUND CAUTLEY said it did not seem to him to be a syphilitic affection of the joints; he was much more inclined to consider it a case of osteo-arthritis, arising in a child the subject of inherited syphilis. The condition of the joints was so comparable to what was found in that condition that he saw no reason to suppose that it was syphilitic.

Dr. G. A. SUTHERLAND was opposed to Dr. Cautley's views. He admitted the appearance was very like that of osteo-arthritis, nevertheless seeing that the child was syphilitic, and knowing that that disorder comprised many manifestations which would simulate almost any known form of disease, he thought that the joint changes were probably syphilitic in origin. The important test in that connection was the result from treatment, though the want of success from treatment was not always a criterion.

Dr. GEORGE CARPENTER agreed as to the striking resemblance between the child's condition and osteo-arthritis. He thought there was periosteal thickening of the heads of the metacarpal bones, and that the condition of the knuckles could not be distinguished from syphilitic epiphysitis. He thought one or two of the metacarpo-phalangeal joints displayed gummatous synovitis, and it had apparently escaped notice that the carpus on both sides was also involved. He thought the type the disease had assumed was very unusual, but he was in favour of its syphilitic nature. He hoped some X-ray photographs would be taken, as they might throw some light on the structures involved, and that the child would be again shown to the Society after a topical and medicinal antisyphilitic course.

Dr. F. PARKES WEBER said he had examined the case very carefully with Dr. Carpenter, and the evidence was very strong in favour of its being a symptom of congenital syphilis. Unlike osteo-arthritis there was a complete absence of tenderness and the movement in the joints was almost perfect. The changes were almost entirely confined to the bones and the periosteum. Certainly there was just the slightest effusion into one or two of the joints. He regarded the case as one of phalangitis of syphilitic origin. A Continental observer had pointed out that one of the diagnostic signs, where the metacarpal bones as well as the phalanges were effected, was that the swelling occurred chiefly at the distal ends of the metacarpal bones—*i.e.*, in the neighbourhood of the epiphyses. This diagnostic feature was strongly marked in the present case.

Dr. FREDERICK TAYLOR said he was interested in the discussion and related the case of a child with swelling of the knees where a difficulty arose as to the nature of

the affection as between osteo-arthritis and syphilis. She had a hard lump on one parietal bone and her mother had suffered from syphilitic necrosis of one of the cranial bones. She had not the appearance of a syphilitic child.

Dr. PARTRIDGE, in reply, did not consider the ends of the bones were enlarged, but he thought the tissues round the joints were thickened. He did not see how any plain distinction could be drawn between osteo-arthritis and syphilis, except that the child was syphilitic.

Dr. EDMUND CAUTLEY showed the stomach and œsophagus of an infant, aged 18 months, who had died from diphtheria. The child was admitted for constipation and anuria, and ten days later developed bacilluria, the variety being the bacillus coli. Subsequently it became feverish, profoundly asthenic, and died in twelve days from the onset of the fever. The œsophagus contained membrane in the upper third. One-third of the mucous membrane of the stomach towards the pyloric end was covered with yellowish-grey membrane.

Dr. THEODORE FISHER said that if bacilli were examined for in the urine they would be found more often, and he drew attention to the large number of cases of pyelitis that were overlooked in the post-mortem room. If the pus from such were examined microscopically the micro-organisms of the associated disease would be found in it.

Dr. J. PORTER PARKINSON showed a case of "enlarged bronchial glands" in a child, *æt.* 4½, which was associated with a paroxysmal cough like whooping-cough. The associated signs were those of bronchitis with weaker breath sounds on the right side and in places somewhat bronchial in quality. There was much sputum which was free from tubercle bacilli. The fingers and toes were clubbed. He thought there were enlarged mediastinal glands pressing on the right bronchus with secondary dilatation of the tubes, and that the "whoop" was occasioned by irritation of the vagus nerve.

Dr. FREDERICK TAYLOR said his clinical experience had considerably modified the ideas which had been impressed upon him years ago as to the supposed frequency of enlarged bronchial glands, which he now looked upon as quite a rarity.

Dr. G. A. SUTHERLAND said the evidence of enlarged glands was not very striking to those who saw the child for the first time. The physical signs in the right lung were quite sufficient to account for the condition. He would be inclined, perhaps in a spirit of contradiction, to take the opposite view and to look upon the changes in the lung as primary. Dr. Parkinson would find it equally difficult to disprove that contention.

Dr. PARKINSON, in reply, was doubtful whether the bronchiectasis alone was sufficient to explain the very continuous whoop. It was so distinct that the child was not allowed by its mother's friends to associate with their children, and it was sent out of hospital on several occasions as a case of whooping-cough.

Dr. FREDERICK TAYLOR showed a case of "athetosis" in a child with mitral disease. The girl was suddenly attacked with right-sided hemiplegia during sleep and some twitchings of the right arm and leg were noticed at the onset. Involuntary movements commenced in the right hand and foot two days after the hemiplegia began.

Dr. A. E. SANSOM said there was no question as to the embolic plugging of the left middle cerebral artery. Plugging in a purely rheumatic case of heart disease was not quite so common as people thought.

Dr. EDMUND CAUTLEY asked if it were a common experience for athetosis to develop so quickly after hemiplegia?

Dr. G. A. SUTHERLAND said Dr. Taylor's first impression was that he was not quite sure whether it was athetosis or chorea, and his own impression was that it was a case of chorea from the nature of the movements. It seemed to him that the movements were very rapid for athetosis, and there was also the fact of the rapidity of their onset, and there was the association of endocarditis, a strong point in favour of chorea, and he did not think the absence of facial movements

absolutely excluded chorea. He also asked whether there had been any rigidity or spasticity?

Dr. GEORGE CARPENTER related a case where athetosis involved both sides in sequence to meningitis, and the movements on the right side were so violent that the arm had to be strapped to the side. First, one side of the body was attacked by paralysis and then the other, but the choreiform movements were not so distinctive a feature on the left side as on the right. The illness was very chronic and progressive, but the child, who became subject to epileptic attacks, lived for about ten years.

Dr. FREDERICK TAYLOR, in reply, said such an early onset was very uncommon. The difference in rapidity of the movements observed in various cases went for very little, and to illustrate that he called attention to a man sometimes to be encountered in the London streets who had a "mad" arm, the movements of which were sometimes so violent that it had to be strapped to the side. Chorea itself was sometimes "fast" and sometimes "slow." In regard to spasticity he would not expect to find that, as he thought it was not present in athetosis; it was replaced by abnormal mobility. His opinion was that it was embolic and permanent, but that if it were choreic as Dr. Sutherland thought, its recovery might naturally be expected in two or three months.

Dr. FREDERICK TAYLOR showed a case of acute anterior polio-myelitis involving the abdominal muscles, as well as the legs and lumbar muscles.

Mr. A. H. TUBBY was interested in the question of the exact influence of the abdominal muscles in relation to the maintenance of the equilibrium. He had been looking for a case of paralysis of the abdominal muscles alone, but so far he had not found it.

Dr. THEODORE FISHER drew attention to a case of his own, one of paralysis of the abdominal muscles where the belly-wall "ballooned" on one side in sequence to respiratory movements, and in which case the anterior cornua appeared to the naked eye to be involved.

Dr. G. A. SUTHERLAND asked Mr. Tubby if he had any theory as to why the trunk muscles escaped and why they were so rarely involved?

Mr. TUBBY, in reply, said the more he saw of cases of infantile paralysis the more he found these muscles were involved, and he thought the lesions were as much primary there as in the limbs.

Dr. TAYLOR said he was not surprised at Mr. Tubby's answer, he was going to suggest the same thing. Probably the abdominal muscles escaped examination along with the limbs. In regard to Dr. Fisher's case he assumed that in order to obtain bulging there must be a considerable portion of the muscles intact and a limited portion affected.

Dr. E. C. WILLIAMS (Bristol), read a paper upon a case of "Infantilism" in a child, *æt.* 10, who had not grown since four years old. Her weight was 86 lbs., and her height 3 feet. She was awkward to manage and rather dirty in her habits. She could read her letters and count and answer simple questions fairly intelligently. There was no heart disease; she was free from congenital syphilis and rickets, and she had lost weight under thyroid treatment.

Dr. G. A. SUTHERLAND asked whether there were any anatomical defects, and drew attention to a case he had recently brought to the notice of the Society.

Dr. GEORGE CARPENTER drew attention to the association of infantilism in congenital syphilis with atrophied testicles. He suggested that Dr. Williams should make a rectal and bimanual exploration of the pelvic viscera, and report upon the condition of the uterus and the Fallopian tubes and ovaries, as it would make the case more complete if that were done.

Dr. JOHN McCAW (Belfast) read a paper on a case of "splenic leukæmia" in a child, *æt.* 18 months. There was no history of syphilis and she was not rickety. The accessible lymphatic glands were enlarged. The spleen reached to the umbilicus and the liver also. The urine was loaded with oxalates and contained a trace of albumin. There was intense leucocytosis—the lymphocytes reached 99.2 per cent. of the leucocyte count. The red corpuscles were diminished by more than half,

and a few nucleated corpuscles were seen. The hæmoglobin was 39 per cent. She subsequently developed purpura and died soon afterwards. The spleen diminished in size very considerably before death, and was not nearly so hard to the touch. The swelling of the lymphatic glands disappeared to a large extent and were not so hard.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION. SPRING SESSION, 1903.

FOURTH DAY.—MONDAY, MAY 25TH, 1903.

DISCIPLINARY CASES.

MR. JAMES KIRKLAND, M.B., M.S., GLASG.

Mr. James Kirkland, M.B., M.S., Glasg., of Ladbroke Grove, W., was charged with publishing advertisements in pamphlets on social purity in which the public were informed that the services had been obtained of a "well-known physician who had for years made a study of the nervous and physical conditions begotten of evil habits," and inviting readers to apply for his address, Mr. Kirkland's address, &c., being sent to all such applicants.

The prosecution was initiated by the London and Counties Medical Protection Society, represented by the secretary, Dr. Hugh Woods, Mr. W. B. Campbell appearing as counsel for the defendant.

Dr. Woods, in his opening statement, said that in various pamphlets published at the office of Mr. John Kensit, paragraphs appeared inviting sufferers to apply for the address of a certain physician. Young men had consulted Mr. Kirkland after obtaining his address from the office, and fees had been claimed from them for the advice they received. The responsibility for such advertisements had never been denied by Dr. Kirkland. With regard to the pamphlets themselves Dr. Woods said it was not only that the advertisements were infamous in a professional respect, but the pamphlets themselves were "dirty little pamphlets," which ought not to be circulated. The charge was based on the statutory declarations of three persons.

Mr. Campbell, on behalf of Mr. Kirkland, said he need not contest the facts, his defence was that Mr. Kirkland was not responsible for any one of the pamphlets, nor for the opinions they contained; that he was not the physician referred to therein, and that he was not aware of their appearance therein. He was therefore under no obligation to defend the pamphlets, this issue being irrelevant. Mr. Kirkland admitted, however, that he had authorised his name and address being lithographed for distribution to those who might ask for it, but he had not authorised the name being published in the advertisements of the pamphlets. It followed that the forms had been used for a purpose not contemplated by Mr. Kirkland.

Mr. Kirkland presented himself for examination and denied all knowledge of the pamphlets until his attention had been called thereto. He had made no special study of the subjects therein referred to. The forms with his name and address were given to a Mr. Varley, a preacher on social purity, merely in order to save his writing so many letters. He did not at any time consent to these forms being given to Mr. Kensit. He had ordered the forms to be destroyed in October last. He had had no patients in consequence of the circulation of the pamphlets since that date. He denied giving the forms to Mr. Varley for distribution at his lectures.

Mr. Holness, the publisher of Mr. Varley's pamphlet, said it was a reprint of one published twenty years ago, so could not refer to Mr. Kirkland. He had been asked by Mr. Kensit to allow him to make use of the circular, which he knew had been prepared for Mr. Varley, and he himself saw no objection and consented. He had not asked the consent of either Mr. Varley or Mr. Kirkland. Mr. Kirkland had subsequently requested him not to give away any more of the circulars, but he had done so notwithstanding. They now furnished the name

of another medical man but he declined to mention his name. The other doctor had not been formally appointed.

Mr. Henry Varley said the sending out of the circulars was the result of a conference with Mr. Kirkland, who told him that advertising was not allowed, and in endeavouring to secure the services of a qualified medical man he had no idea of advertising him. The circulars were never issued promiscuously, but only in response to a genuine demand.

The Council then deliberated *in camerâ*, and on the re-admission of strangers the PRESIDENT asked Mr. Kirkland if he accepted the expression of regret made on his behalf by counsel and whether he would undertake not to repeat the offence. Mr. Kirkland having replied in the affirmative, the President informed him that the Council had come to the conclusion that the facts alleged against him had been proved, but that in view of his promise to abstain in future from what the Council regarded as a grave professional offence, they would not proceed further.

E. J. SMITH, M.R.C.S., L.S.A.

Mr. Edward John Smith, of Balsall Heath, Birmingham, was found guilty last session of advertising in connection with a medical aid society and he now appeared to give an assurance in respect of his subsequent conduct.

Mr. Smith stated that he had entirely relinquished the practices complained of and had no intention of resuming them, whereupon, as Dr. Bateman, on behalf of the Medical Defence Union formulated no objection, the PRESIDENT informed Mr. Smith that the Council did not adjudge him guilty of infamous conduct in a professional respect.

The meeting then adjourned.

FIFTH DAY—TUESDAY, MAY 26TH, 1903.
The President, SIR WM. TUNER in the Chair.

THE whole sitting was devoted to the consideration of disciplinary cases. The first was that of

MR. J. D. MACLEAN, M.B., M.S. Ed.

The charge against Mr. Maclean, of Birmingham, was that he had given certain certificates of inability to attend school in respect of a child whom he had not seen and examined. Mr. Maclean appeared in person, and was accompanied by Dr. Hugh Woods, who claimed the right to assist him as a member of the London and Counties' Medical Protection Society. Exception however was taken to his claim, and the President ruled that he might attend as witness but not to assist Mr. Maclean, that being a privilege reserved to members of the legal profession.

Dr. WINDLE stated his intention of not taking part in the deliberation, because he had recently become a member of the Education Committee which had succeeded the School Board at Birmingham.

Mr. Winterbotham, representing the complainant (the Birmingham Education Committee), referred to the declaration made by Mr. John Ashton, the chief superintendent of the Committee, in which it was set forth that in December, 1902, the father of Ernest Cotterill was summoned on account of the non-attendance of his son at school, the boy having been absent several weeks. At the hearing four certificates were produced, signed by Mr. Maclean, to the effect that he had examined the boy and was of opinion that he was then unable to attend school. The evidence given before the magistrates showed that the boy was at work during the greater part of the time covered by the certificates. After further inquiry the bench fined the defendant, ordered the certificates to be impounded, and requested the School Board to communicate with the proper authorities in reference to these certificates. Mr. Whitehouse had made a declaration to the effect that Mr. Maclean had stated to him that he had not seen the boy for several weeks, and that he had given the certificates on the strength of the mother's statements, adding that he thought at the time that the case was "fishy," because the mother wanted certificates but no medicine. He had

charged sixpence for each certificate. Samuel Southall, another inspector, stated that he had seen the boy actually at work during the time covered by the certificates. Mr. Maclean had sent a letter to the Council, in which he asserted that the certificates were given in good faith, because he had previously treated the lad for a persistent cough, and because he had been informed that he had been sent home on account of his being a source of annoyance at school. Under the circumstances he regretted having given the certificates. The School Board however felt bound to report the matter to the Council, so that an explanation might be afforded.

Mr. Howard Lloyd, Chairman of the Attendance Committee, and Mr. John Aston, chief superintendent, gave evidence confirming Mr. Winterbotham's opening statement.

Mr. Maclean wished questions to be asked on his behalf by Dr. Woods, and ultimately, on the motion of Sir VICTOR HORSLEY, the Standing Orders were suspended in order that Dr. Woods might be so permitted.

In reply to Dr. Woods, the witness said that all he knew of was the certificates and the evidence given in court.

Mr. Whitehouse confirmed his declaration, and in reply to Dr. Woods said he knew nothing against Mr. Maclean's character, professional or otherwise. Mr. Southall also confirmed his declaration.

Certain declarations tendered by Mr. Maclean were ruled out of order, in that, according to the rules, they should have been sent in beforehand, but ultimately they were allowed to be read.

Mr. Maclean then read a declaration by Alice Beard, who stated that she attended with the boy on three occasions at the surgery, in November and December, 1902, when Mr. Maclean gave the certificates after examining the boy; also a declaration by the mother of the boy, who stated that she had attended with the lad on November 24th, at the surgery, when he was examined by Mr. Maclean before giving the certificate, also a declaration by the lad himself to the same effect. Mr. Maclean also read a statement by himself that he had seen and examined the boy on the dates mentioned; and he denied that he told Mr. Whitehouse or anyone else that he had not seen the boy for several weeks, and that he had given no medicine. He stated that he never gave a medical certificate without examining the patient.

In reply to Mr. MUIR MACKENZIE he said that the statutory declarations in question had been drafted by a solicitor, and the persons making the declarations had been taken to his office to make them. He met them there, but they had given the information themselves. He found, however, that there was a lot of deception in the case, and then he refused to give any further certificates.

Mr. Winterbotham thereupon recalled Mr. Ashton, who said that no evidence was given before the magistrates as to the attendance of the boy on the doctor; in fact, no evidence bearing on this point at all was given before them.

Mr. Maclean, addressing the Council, said he had signed the certificates believing them to be true, and he urged that it was absurd to suppose he would give a false certificate for sixpence. He submitted that the evidence against him would not be admitted in a court of law. He affirmed on his honour that he believed he was certifying the truth.

Mr. Winterbotham, in reply, said the Council was called upon to decide a simple question of fact. The evidence upon which Mr. Maclean relied had been sprung upon the Council, and had made the position difficult because the deponents could not be cross-examined. That the boy and the mother were uniting to deceive was obvious. If the certificates were given for a small charge merely upon the mother's declaration when Dr. Maclean had not seen the boy, he thought it was a serious matter, and one which ought to receive the attention of the Council.

After deliberation *in camerâ* the President announced

that the charges and facts alleged "had not been proved to the satisfaction of the Council."

After several dental cases had been disposed of, the Council passed to the consideration of the case of

MOSES BLOK, L.S.A., OF CANONBURY, N.

who was charged with having on divers occasions permitted an unqualified person, one Camille Lebon, to attend and prescribe for patients, and to practise medicine on his behalf and in his name at Aldgate, and at the homes of certain patients.

Dr. Bateman represented the Medical Defence Union, and Mr. Blok was represented by Mr. Romaine.

Dr. Bateman said it was a charge of covering, and he pointed out that the distance of the surgery in Aldgate from Mr. Blok's residence in Canonbury was several miles, so that it was impossible for him to superintend what happened at both places. He had heard that Mr. Blok had dismissed his unqualified assistant, but this, he urged, was no answer to the charge. He then read the depositions bearing out the charges preferred.

Mr. Blok, examined by Mr. Romaine, said he had engaged Mr. Lebon, who was an M.D. of Strasburg, and was going in for the Conjoint Board in April, simply to act as dispenser and surgery attendant, and he had given him no authority to see patients without supervision. In night calls his instructions were that Mr. Lebon should give the patient a cab fare and send him to his private address. During Lebon's engagement there had only been about three night calls, which he (Mr. Blok) had attended himself. He had dismissed him for seeing a patient without his (Mr. Blok's) supervision, and had since engaged a registered man.

After due consideration the Council came to the conclusion that the facts alleged had not been satisfactorily proved.

SIXTH DAY—WEDNESDAY, MAY 27TH, 1903.

The whole sitting was given up to the consideration of a case *in camera* in which no decision had been arrived at when the Council adjourned at 6 p.m.

SEVENTH DAY—THURSDAY, MAY 28TH, 1903.

AFTER deliberating for a time on an unknown subject *in camera*, the Council passed to the consideration of the case of

DAVID BARNETT BRADLAW, L.R.C.P.I., L.R.C.S.I.
OF DUBLIN,

who was charged with having carried on dental practice in the name of and of personating his brother, a dental practitioner, such dental practice being extensively advertised by pamphlets in newspapers and otherwise.

Mr. Bradlaw attended in person, and was accompanied by Mr. Houston L. W. Rosenthal his counsel.

Mr. R. W. Turner represented the complainants, the British Dental Association, and put in a statutory declaration, together with the report of proceedings at the Marylebone Police Court on March 11th, 1903.

Mr. Houston, on behalf of the defendant, generally contravened the allegations, and urged that the defendant could not be held responsible for acts which were not committed by him or with his authority. He did not desire to call the defendant as witness.

After deliberating on the case, the PRESIDENT announced that the Council had come to the conclusion that the facts alleged had been proved, and that they had adjourned the further consideration of the case until the next session, when the defendant would have to appear and satisfy the Council as to his conduct in the interval.

The next case was that of

EDWARD ARNOLD CLOETE-SMITH, M.R.C.S., L.R.C.P.,
LOND., OF WESTBOURNE STREET, W.,

who was charged with having systematically sought to attract practice and patients by means of circular letters, circulars, &c., and publishing his name as surgeon of an institution which publicly advertised treatment of cancer by electricity, called "The Free Hospital for Medical Treatment of Cancer by Electricity."

Mr. Cloete-Smith attended in person, and was accompanied by Dr. Woods, the secretary of the London and Counties Medical Protection Society, of which he was a member, and Mr. J. W. H. Thompson, a solicitor.

The complainants were the Medical Defence Union, represented by Dr. Bateman, who read a declaration made by Mr. Tyrrell, clerk to Messrs. Hempson, solicitors, annexed to which was a handbill. Mr. Tyrrell was called as a witness to substantiate his declaration, and was cross-examined by Mr. Thompson.

The Standing Orders were again suspended in order to permit Dr. Woods to put questions to witnesses on behalf of the defendant.

EIGHTH DAY—FRIDAY, MAY 29TH, 1903.

The President, SIR WM. TURNER, in the Chair.

THE consideration was resumed of the case of

EDWARD ARNOLD CLOETE-SMITH, M.R.C.S., L.R.C.P.
LOND.

Dr. Bateman, in his opening statement, said that the institution in question had been founded by a Mr. J. W. H. Thompson, a solicitor, and his wife, and Mr. Cloete-Smith had taken charge of the medical department, to which no salary attached, though an honorarium was promised. An article on the treatment of cancer by electricity had been published in the lay press by a Mrs. Black, in which the names of the medical staff connected with the institution were given.

Mrs. Black was called as a witness, and stated that she had written the article and issued the circulars without consulting Mr. Cloete-Smith in reference thereto, and as soon as he had intimated his objection she had done her best to withdraw them from circulation.

Mr. Cloete-Smith denied any knowledge of the article and circulars in question, and he had telegraphed to stop them as soon as they became known to him. He had made no profit out of his connection with the institution. He was interested in the method of treatment, and simply availed himself of an opportunity of studying it further.

After deliberating *in camera*, the Council came to the conclusion that the facts alleged had not been proved to their satisfaction.

THE REPRESENTATION OF THE SEGMENTED VICTORIA UNIVERSITY.

The Council then passed to the resumed consideration of Mr. Jackson's motion that in view of the proposed disruption of the Victoria University the Privy Council should be petitioned to provide that the new universities should be represented on the Council by only one member, in order that the number of members might not be further increased. It will be remembered that an amendment by Dr. Pye-Smith in favour of a redistribution of representation was negatived when the subject was last before the Council, and after a brief discussion the "previous question" was moved and carried, thus disposing of an awkward proposal.

REPORT OF THE EDUCATION COMMITTEE.

An important report by the Education Committee on the returns from teaching institutions recognised by the Royal Colleges, but not approved by the Council, was received and entered on the minutes.

The institutions recognised by the Royal Colleges but not approved by the Council which had sent replies

to the questions formulated by the Council regarding the courses of study in chemistry, physics, and biology to be gone through by candidates for the qualifications L.R.C.P., London, and M.R.C.S., England, consisted of thirty-four secondary schools, two higher grade Board schools, seventeen municipal technical schools, five polytechnic institutions, and one special institution. The synopses issued by the conjoint board of its examinations in chemistry, physics, and biology did not, in the opinion of the committee, afford adequate guidance to schoolmasters and heads of polytechnic institutions as to the course of study best suited to the needs of medical students, and in point of fact they did not appear to have been generally followed. Certain institutions stated that they worked up to the level of the preliminary scientific examination of the University of London; others that they followed what was laid down in the South Kensington syllabus for schools of science; but the majority did not indicate that they gave other than the usual school courses of instruction. By the regulations of the conjoint board every candidate for its qualification was required to complete five years of professional study after passing a recognised preliminary examination. Every candidate must also, after passing the examination in chemistry, physics, and biology, complete four of the five years at a recognised medical school and hospital. The whole of the first year he might spend at one of the institutions recognised by the board for instruction in chemistry, physics, and biology; or he might spend six months of the first year at one of the institutions recognised for chemistry and physics only. While, therefore, not more than one year (or not more than six months, as the case might be) spent at one of the recognised institutions might be reckoned in the complete course of five years, on the other hand this complete course was not shortened in case the student spent at the institution a less period than one year (or than six months, as the case might be). The board, however, did not in its regulations or certificates indicate the minimum length of the course of instruction in any one of the subjects—physics, chemistry, and biology—which were deemed to be sufficient. The committee were of opinion that had the conjoint board made a full investigation into the conditions of study in each of the institutions recognised by it, the number of teaching institutions to which it would have been able to extend formal recognition would have scarcely exceeded one-third of those on the present list. Apart from the question as to the propriety of recognising secondary schools and night classes as the equivalent (for the first year) of medical schools, the committee indicated in the returns those institutions in which the shortness of the time given to scientific study should alone, in the opinion of the committee, have sufficed to exclude them from such a list. The committee laid special emphasis on the fact that the Royal Colleges of England did not demand, as an essential for admission to their professional examination in chemistry, physics, and biology, that any certified course of instruction in those subjects should be taken subsequent to the preliminary examination in general knowledge. In cases where the whole time spent upon these three subjects was antecedent to the date of the preliminary examination in general knowledge, the licensing body did not permit the prescribed five years' curriculum in medical study to be curtailed thereby, but, on the other hand, a student whose course of study in chemistry, physics, and biology was taken out subsequent to the date of his preliminary examination was permitted to count, as part of the necessary five years, any period from three months to one year spent in one of the recognised schools, provided that during the period specified he engaged in study in one, two, or all of the subjects mentioned. In the majority of the recognised institutions biology was not taught, and in most of the schools the course of instruction followed in chemistry and physics was less than fifteen hours a week; in many it was very much less; It was evident from the statistics presented that in some of the cases it was actually possible for six months of medical study to be constituted by

a course of instruction in chemistry and physics limited so far as these subjects were concerned to four or five hours a week, and taken out at an ordinary grammar school during school hours, or at a technical institute, it might be in its evening classes.

A note was appended by Dr. Norman Moore to the effect that the principle generally adopted on the recognition of institutions by the Conjoint Board had been that where the laboratories and appliances were satisfactory, and teachers efficient, the syllabus and examination of the Board would, in chemistry, physics, and biology, be sufficient to regulate the course of study.

In view of the importance of the subject, it was resolved to hold a special meeting of the Council on July 15th, for the purpose of considering this and other reports on examinations.

SIR VICTOR HORSLEY gave notice of a motion to the effect that, inasmuch as the examination in chemistry, physics, and biology of the Examining Board in England, the synopses and requirements of that board for its examination in those subjects, and the courses of study in them in the majority of the teaching institutions recognised by the Examining Board are, in the opinion of the Council, insufficient, it be represented to the Privy Council that the courses of study and examination to be gone through in order to obtain qualifications for registration from the Examining Board in England of the Royal College of Physicians of London and the Royal College of Surgeons of England, are not such as to secure the possession of the requisite knowledge and skill for the efficient practice of their profession by persons obtaining such qualification.

The Council then adjourned.

NINTH DAY—SATURDAY, MAY 30TH, 1903.

The President, SIR WM. TURNER, in the Chair.

At the commencement of the meeting the PRESIDENT expressed an opinion that reporters should be requested not to enter notices of motions intimated, as these were not public property until entered on the minutes. He then called on Mr. Bryant to read extracts from reports of the Examination Committee for Cambridge, Durham and Victoria Universities, after which the "Report dealing with the President's memorandum on the present inadequacy of the income of the Council as the basis of an appeal to the proper authorities" was discussed, Dr. Windle saying he wished to draw attention to the Registration of Teachers' Act, formed by order in 1899. They were obliged by Order in Council to place every elementary teacher on the list without fee—the fee for a regular teacher being one guinea. He (Dr. Windle) estimated that the expenses of that body would be £2,000 per annum.

Dr. NORMAN MOORE objected to asking more money from the Government. The General Medical Council meetings showed they (the Council) did not manage their business in a satisfactory way. Too much attention was given to matters which had better be left alone, and it would be much better if penal cases could be more thoroughly sifted so as to save time afterwards.

Sir VICTOR HORSLEY expressed his objection to this criticism, whereupon Dr. Norman Moore replied that his remarks were intended to apply to things in general.

Sir CHRISTOPHER NIXON observed that there were two reasons why money should be asked for. The work was increasing, and such work was certainly in the public interest. He did not see why the State should not contribute towards the expenses of work done to protect the public.

Several minor points, including the procedure of the Penal Committee, were discussed by Drs. Finlay, Moore, Bruce and Sir John Tuke, after which

Dr. PYE-SMITH, in referring again to their financial position, said as trustees they must avoid profligate expenditure and miserliness. He would suggest that all possible retrenchments be made before applying

to Government. He would suggest three things to be borne in mind by the Council:—Peace, Retrenchment and Reform.

Dr. MACKAY reminded the Council that if they accepted a grant they would be under the Treasury, and possibly such grant might have unwelcome conditions.

Dr. McVAIL said that if there were any question as to the way in which funds were used he, personally, would welcome Parliamentary powers reviewing annually the work done. As to asking for money they (the Council) were still in possession of considerable funds, and had to consider whether it was a suitable time to ask. They were sometimes able to put money aside when the work was not so incessant. Moreover, the penal cases became fewer every year, whereby expense was saved. He (Dr. McVail) would remind them that they had £15,000, and the building they were then sitting in.

Sir VICTOR HORSLEY remarked that he would like to add one thing to the suggestions given by Dr. Pye-Smith—Efficiency. Certainly efficiency would be lacking if accumulated funds were spent. They (the Council) were doing more useful work than they had done forty years ago, and expenses had increased.

Votes taken for and against the motion showed:—21 for; 3 against; 4 members not voting.

Dr. MACKAY then touched briefly on the question of the re-registration fee, saying that if it were raised from five shillings to £1, some £680 a year would be added to the funds.

Drs. Norman Moore, McVail, and Bruce then discussed whether this fee should cover two separate degrees entered at one time, and should be levied as a fine in case of non-registration. The proposals for raising the fee and inflicting fine were carried, and £1 was to be paid for each separate entry, the fee for diploma in public health to remain as at present.

Before the conclusion of the meeting Sir Victor Horsley moved several resolutions relating to hours of sitting, travelling expenses, printing, &c., all of which were adopted save that of prolonging the sittings by one hour.

With regard to the financial position the Council retired to discuss *in camera* the valuation of property belonging to the Council in Oxford Street and Hanover Square, and the public proceedings were brought to a close.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 30th, 1903.

At the Medical Society Hr. Lassar showed a medical man who for some months had been performing on himself a series of experiments relating to

INOCULATION TUBERCULOSIS.

He had repeatedly thrust his hand and arm down the mouths of cattle suffering from tuberculosis, suffering slight scratches on the hand in the process. On these spots on the back of the hand nothing appeared but typical nodules of tuberculosis cutis. These would be excised and submitted to bacteriological examination.

Hr. L. Danelius spoke on the subject of the treatment of tuberculosis. He said that R. Schneider, in his travels through Australia, had made the observation that the natives of Northern Australia were in the habit of using a decoction of a certain kind of eucalyptus (*E. maculata citriodorus*) in the treatment of the disease. An ætherial oil had been prepared from the roots and leaves, which was added to a powder of powdered sulphur and coal. This powder was heated and the fumes were inhaled.

At first the inhalation excited a cough, but later on this ceased, so that narcotics were not required. The expectoration became less free, was at first purulent, then mucoid. Tubercle bacilli disappeared in a few weeks. This disappearance might be due to accidental

causes, however, and must not be too much relied on. What was of more importance, however, was that the elastic fibres disappeared from the sputum more and more, a sign that disintegration had come to a standstill.

The night-sweats were favourably influenced, the temperature became lower. The treatment could be carried out without patients leaving their occupations, and they gained flesh, although not submitted to any fattening treatment or any other drugs.

The speaker believed that the inhalation treatment did not act directly on the tuberculosis, but on the catarrhal condition to which it gave origin.

Hr. Th. Sommerfeld confirmed the statements of the previous speaker. One could not cure tuberculosis with the preparation which was called sanosin, but an influence could be exercised on its deleterious course. A great advantage was that the treatment could be carried out on out-patients, as they had only to breathe the vapour for some hours each day. It was perfectly harmless in other respects.

Hr. M. Wolff thought there was at present not enough experience on the subject to justify a decision as to the value of the treatment. Transient improvement was seen after the use of other ætherial oils.

Hr. Kaminer considered it impossible to cure any pulmonary tuberculosis by inhalations, as the material did not penetrate the alveoli, and the diseased alveoli did not respire at all.

Hr. S. Cohn had seen similar improvements after many other remedies.

Hr. Sommerfeld said he had not brought forward the substance as a specific for tuberculosis, but only as a simple remedy that acted favourably on the catarrhal symptoms.

In the *Zeitsch f. Chim.*, 66, Hr. Borchan, Posen, relates

TWO CASES OF FRACTURE OF THE SKULL.

with unusual consequences. In both cases glycosuria and albuminuria followed the injury, and he proceeded to discuss the connection of these symptoms with the cerebral injury. He makes first of all a distinction between diabetes mellitis and diabetes insipidus. If only diabetes insipidus follows an injury the prognosis is not so unfavourable; but if the diabetes is of the glycosuric form the prognosis is grave. The cause of the affection is a lesion of the fourth ventricle. The prognosis is more favourable when the sugar appears immediately after the injury, as it then generally disappears. The appearance of the albumen along with the sugar is also of rather favourable omen. The cause of the albuminuria, according to the author, lies in the violent bodily concussion, the kidneys themselves being injured directly, or, what is more likely, vasomotor disturbances are caused by concussion of the brain, which may be the cause of the diabetes on the one hand and of the albuminuria on the other.

Professor Carl v. Noorden and Dr. C. Dapper have a paper on "Mucous Colic" in the *Samml. Klin. Abhandl. u. Pathologie und Therap.*, H3. Cholera mucosa, according to the writer, must be classed amongst the chronic diseases of the intestines. The many-sidedness of the symptoms compelled Northnagel to distinguish between enteritis membranacea (with inflammatory symptoms) and enteritis mucosa (without such symptoms). Leube rejects Northnagel's dualistic views. Boas attributes the whole train of symptoms to chronic constipation with consecutive neurasthenia or hysteria. The authors say: "Typical mucous colic almost always occurs in people who have suffered from constipation (mostly so-called spastic constipation), and are still suffering from it. For the onset of a mucous colic,

however, there must be excessive excitability and activity of the secreting mucous glands of the large intestines, which is dependent not on an anatomical lesion of the mucous membrane, but on nervous influence. It only occurs in people disposed to neurasthenia or hysteria. The removal of the constipation is in the first line of treatment. The food should be coarse and rich in fats. A glass of Rakoczy should be taken in the morning and the body massaged. The unpleasant sensation of the first few days should be relieved by mild narcotics (belladonna suppositories) and an oil enema. The treatment of the neurasthenia should follow or go parallel with this, but should not precede it.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 30th, 1903.

PAROXYSMAL HÆMOGLOBINURIA.

KRETZ, at the Gesellschaft der Aerzte, read notes of a case of hæmoglobinuria which he had long had under observation. He found in the blood of the patient a decided increase of Ehrlick's "ambozeptoven." Besides this he found in a case of herpes zoster that when the arm of the patient was cooled by bathing in cold water there was a decided increase in the proportion of hæmoglobin, which, he concluded, was the final cause of the paroxysmal disease. It is evident that this overloading of the blood corpuscles with the thermal injury to the bloodvessels produced an increased and abnormal amount of hæmoglobin in the circulation, and this was eliminated by the kidneys.

Donatti said he had performed similar experiments with the same results, and he concluded from Chvostek's results that the cause was first a mechanical lesion of the red blood corpuscle, followed by a chemical action. In this case he thought the serum of the blood played the rôle of a chemical agent having a feeble hæmolytic action even in health on the normal blood corpuscle, and by the action of cold this hæmolysis is greatly intensified, producing an abnormally large quantity of hæmoglobin that had to be eliminated. This action can be easily demonstrated by taking a patient suffering from hæmoglobinuria, and placing a ligature round two fingers in order to produce local anæmia; having done this, the hand is plunged into cold water, the ligatures quickly removed and the blood examined, when the hæmolysis can be easily proved beyond question by comparing it with the result of a control experiment in a healthy subject.

DEATH BY LIGHTNING.

In discussing Jellinek's results Swaty asked whether current of the strength of 5,500 volts and upwards produced death by anatomical or chemical destruction, that is to say, were the changes produced simply fatal functional paralysis of the ganglionic cells, or were they chemically changed. This he supposed applied to lightning deaths as well as electrical deaths. Nothnagel remarked that hæmorrhages into the central nerve system seemed to be the actual cause of death in most of the cases recorded, yet a large number did not present this lesion. It might be admitted that the functional condition of life was destroyed by the sudden action of the fluid and that the hæmorrhage was a co-ordinate factor. We have on record deaths from electricity where functional paralyses were first produced, and sudden death resulting some time after by hæmorrhage into the medulla oblongata or pons varolii. He thought a distinction should be drawn between the pathological effects in deaths from lightning and deaths from electricity.

Jellinek replied that the central nervous system was the point of attack, but how this person with such a load of electricity escaped destruction of the medulla oblongata it was hard to explain. There is undoubtedly a connection between the cause of death and the hæmorrhage with destruction of the nerve cells.

SPLenic EXTIRPATION.

Rautenberg reported an interesting case of a young woman, æt. 38, from whom the spleen was removed for sarcoma. The changes in the blood after its removal were—(1) the number of red blood corpuscles rapidly increased shortly after the operation and continued for five months, although the hæmoglobin remained much about the same; (2) the white blood corpuscles increased during the first five weeks from 5,000 to 10,000 and fell during the next four weeks to 7,000; (3) the polynuclear neutrophile cells had a temporary increase, but afterwards fell from 75 per cent. to 60 per cent.; (4) four weeks after the operation a decided condition of lymphocytosis set in, *i.e.*, the lymphocytes increased three times their number, with swelling of the lymphatic glands; (5) The eosinophile cells increased within a month after operation to five or six times their former number.

The Operating Theatres.

ST. PETER'S HOSPITAL FOR URINARY DISEASES.

EXCISION OF COWPER'S GLAND.—MR. SWINFORD EDWARDS operated on a young man, æt. 32, who had been under his observation in the out-patient department for about six weeks suffering with perineal pain, which, in spite of many remedies, did not get better. There was a history of gonorrhœa, but all discharge had ceased for some time. Pressure in the perineum showed that Cowper's gland on the left side was slightly enlarged and tender. On admission the following were the patient's symptoms:—1. He complained of a burning sensation always present in the perineum and suprapubic region which was aggravated by micturition. 2. Increased frequency of micturition, especially when getting about or at work. He never had had hæmaturia, but often had to strain a good deal in order to pass water, though the stream was a good one; there were some threads in the urine. On examination per rectum, the left vesicula seminalis was found to be full; the prostate was firm and small; there was tenderness on pressure in the perineum, and Cowper's gland on the left side showed distinct enlargement. The patient was placed in the lithotomy position, and a transverse perineal incision was made between the bulb and the central tendinous point of the perineum. Attention was first directed to the right side, when the triangle formed by the erector penis, transversus perinei, and accelerator urinæ was exposed; dissection was carried further down by cutting through the anterior layer of the triangular ligament, and the fibres of the compressor urethræ were seen. These fibres were separated, and two or three small arteries ligatured, but the operator failed to find the gland. Attention was now directed to the left side and the same dissection carried out there, when Cowper's gland, about the size of a couple of lentils was exposed to view; the dissection was facilitated by an assistant's finger in the rectum, pressing upwards and forwards. The gland, which was very hard, was excised; several bleeding points required ligature, and the wound was closed with silkworm gut sutures. Mr. Edwards remarked that in consequence of a former gonorrhœa Cowper's gland on the left side had become inflamed. This it was which

evidently gave rise to the excessive perineal pain from which this patient suffered, and which, he had said, quite prevented him following his occupation as a labourer. In this case Mr. Edwards said the inflammation had evidently been of a chronic type rather than an acute. In most cases of gonorrhœal Cowperitis the gland or glands suppurate, and either discharge by their ducts into the deep urethra or a perineal abscess is formed which either breaks or is opened by the surgeon; in the latter case the free opening of the abscess usually suffices for the cure of the patient, whereas in the former intra-urethral medication has to be carried out through an endoscopic tube, either by injecting the duct with some astringent, as nitrate of silver, or the insertion of the electrolytic needle. He thought that in cases of chronic Cowperitis, where palliative measures had been carried out unsuccessfully over the period of about a month, ablation of the gland was called for. Mr. Edwards pointed out how difficult it was to find a normal Cowper's gland in the perineal dissection, and also to distinguish it from the muscular fibres in which it lies, but when the gland becomes enlarged and sclerosed through a process of inflammation its exposure is much facilitated, especially when the part is brought forward by a finger in the rectum. A microscopical section of the tumour showed considerable inflammatory thickening around the ducts with some distension of the glandular substance.

It is satisfactory to state that the wound healed by first intention and that the operation has been successful in ridding the patient of all his symptoms.

GREAT NORTHERN HOSPITAL.

OPERATION FOR LARGE ABSCESS BEHIND THE LIVER.

—Mr. PEYTON BEALE operated on a woman, æt. 45, who had been admitted with a tense swelling in the upper part of the abdomen in the middle line, which moved with respiration, and was presumably behind the liver. The temperature was between 103 and 104° at night falling to 100° by day; the patient had had an attack of pleurisy about six months previously, but no history could be obtained of an empyema, though the attack was a long one, the chest having been aspirated more than once. The tumour was diagnosed as a large abscess, either subphrenic or a result of the previous pleurisy, or as a suppurating hydatid. A vertical incision was made in the middle line immediately below the sternum; the surface of the liver at once presented and there were no adhesions whatever between it and the abdominal wall. On introducing the hand a tense tumour was felt extending back to the spine about the size of an adult head. It involved the liver, this organ being fixed to it. A quarter-inch trochar and cannula was inserted into the tumour through the liver at its presenting portion. On withdrawal of the trochar pus came out with great force. Having withdrawn about half a pint the cannula was temporarily plugged and three thick silk sutures were inserted by means of a strong curved needle in each side and below the anterior wall of the abscess, which really consisted of the thinned out liver substance. The thick sutures were then pulled forwards and tied through the wound edges, the idea being to isolate the presenting part of the abscess wall from the general peritoneal cavity. The cannula was then removed and the opening previously made by it freely enlarged. The pus was evacuated and the large abscess cavity, which contained about four pints, irrigated with sterile water until the liquid flowed out clean. The wound was then stuffed with gauze and dressed in the usual way. Mr. Beale said that he did not think it wise to explore the depths of the abscess by inserting the

hand into it, because by so doing there was great danger of the pus escaping into the peritoneal cavity, but, he concluded, it was a large subphrenic abscess which had originated from a localised empyema. On bacterial investigation of the pus, which was undertaken by Dr. Hair, the pathologist, it was found to be sterile.

The patient made an uneventful and uninterrupted recovery.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 3, 1903.

THE GENERAL MEDICAL COUNCIL.

THE session of the Council came to an end on Saturday last, leaving the most important part of the business standing over, in such wise that it is deemed necessary to convoke a special meeting to take place in July for the purpose of discussing the reports on examinations, more particularly the report of the Education Committee on the recognition of teaching institutions for instruction in elementary science by the Royal Colleges in London. This course was rendered unavoidable by the serious demands made on the time of the Council by the unprecedented number of penal cases, including quite a number of dental ones. A large proportion of the cases in which charges were brought against medical men of “covering” or advertising proved abortive, in the sense that the Council held the charges not to have been satisfactorily proved. The indulgence displayed by the Council in these cases does not justify the assumption that the cases were not such as to justify their being brought forward, nor does the “not proven” conclusion imply any want of care or discretion on the part of complainants, since even in the absence of conviction these prosecutions unquestionably exert a very salutary influence.

The cost of initiating charges of professional misconduct before the General Medical Council is considerable, and since the Council declines to

allocate any part of its funds to this preliminary investigation, the expense falls entirely upon the individual or association undertaking the ungrateful task, and this even when the charge is held to have been substantiated. This is extremely unjust, because it throws on individuals or collectivities onerous duties which by right belong to the Council itself. Now that measures are contemplated having for object to place the Council's finances on a sound basis, some provision should be made, if not to initiate, at any rate to contribute to the cost of, the investigations which are a necessary prelude to the judicial consideration of such cases by the Council. Moreover, since the Council has in view to modify the exercise of the penal clauses by substituting punishments less drastic than erasure from the *Register* in certain cases, it might be well to consider the propriety of mulcting the guilty parties in the cost of the proceedings or such part thereof as may be thought proper. This would constitute a pecuniary penalty which *per se* could not but have a deterrent influence on prospective offenders, and it would relieve our defence societies of a severe tax on their resources.

In respect of two of the cases the inconvenience of having two medical defence societies was made manifest, the prosecution being undertaken by one of them and the defence by the other. The precedent set on these occasions of relaxing the Standing Orders in order to allow the secretary of an association to undertake the duties of adviser to the defendant is one which, we trust, will not be repeated, for it creates a very awkward situation, and may prove very detrimental to the interests of the person charged with unprofessional conduct.

The report of the Education Committee on the returns from teaching institutions recognised by the Royal Colleges in London but not approved by the Council provides some very solid ground for criticising the course followed by the colleges. At many of the institutions recognised by the colleges the scientific instruction only entails a few hours' study a week, and in the majority of them biology is not taught at all. It is evident, says the report, that "in some of the cases it is possible for six months of medical study to be constituted by a course of instruction in chemistry and physics limited, so far as these subjects are concerned, to four or five hours a week, taken out at an ordinary grammar school during school hours or at a technical institute in its evening classes." To pretend that this modicum of scientific instruction is at all commensurate with the requirements of scientific education is absurd, and if the matter be one which is legally within the discretion of the colleges it is nevertheless one in which it must be held that the discretion has not been wisely exercised.

Mr. Jackson's motion having for object to prevent any addition to the present unwieldy number of members of Council, as the result of the separation of the Victoria University into two or more independent universities, was disposed of by the familiar device of moving "the previous question." It evidently raised a spectre which was uncongenial to the Council, though it would

be puerile to suppose that the highly important subject of a reduction in the number of corporate representatives on the Council can long be staved off by such devices.

TEA AND COFFEE INEBRIETY.

TEXT-BOOKS on the practice of medicine and on nervous diseases are curiously silent on the morbid effects of excessive indulgence in tea and coffee, and the literature of the subject in general is very scanty. This must be due to the fact that practitioners are not sufficiently imbued with the importance of the subject and are consequently not on their guard to recognise the symptoms and warn their patients against the dangers associated with repeated and habitual indulgence in such powerfully stimulating beverages as tea and coffee. Both of them contain comparatively high proportions of physiologically-active ingredients, and when taken in excess they determine a well-marked deterioration of the functions, especially the digestive and the nervous systems. Although thein and caffen are stated to be chemically identical, the effects of the two beverages are by no means the same. This may be explained by the presence, in tea of a higher percentage of tannin, and in coffee of certain empyreumatic and volatile substances known collectively as caffeone. The action of these alkaloids is to stimulate the cerebral cells, inducing wakefulness and an ephemeral increase of mental activity, the spinal reflexes being at the same time enhanced, showing greater excitability of the spinal cord. The heart's action is at first strengthened, then rendered rapid and irregular, an effect which is thought to be due to their action on the medulla. Arterial tension being heightened increased diuresis is produced, the increase bearing on the solid as well as the liquid constituents of the fluid. Thein is said to cause a reduction of temperature, while caffen raises it, and their moreover possesses local anæsthetic properties from which caffen is free. The tannin exerts its recognised astringent effects on the digestive tract, and unquestionably hinders digestion and assimilation. The physiological effects of the alkaloids when taken in excess, and the margin is not very wide, are: insomnia, headache, mental depression, palpitation and general debility, in association with chronic dyspepsia. The number of patients presenting a mild degree of intoxication is very large, and unless the cause of the mischief is recognised, treatment will not afford more than passing benefit. Practitioners are alive to the injurious influence of alcohol and tobacco in men, but they are curiously tolerant of excess in respect of tea and coffee, tea inebriety in particular being apparently regarded as a venial physiological sin. The robust and otherwise healthy adult may be able to take tea without obvious ill effects twice a day, but even this quantity, moderate as it would appear to many, is sufficient to cause symptoms in persons addicted to sedentary pursuits and already prone to dyspepsia, such, for example as type-writers, post-office employées and the like. What then is to be

expected when we find the average female taking from five to ten cups at odd hours throughout the day, especially as the appetite soon fails, and a positive distaste for substantial food is created. Tremulousness, associated with digestive disturbances in the woman, is in the great majority of instances directly attributable to undue indulgence in tea. The susceptibility to this form of intoxication varies according to age, sex, occupation and individual temperament. Although it leads to no characteristic organic disease as does alcohol, tea inebriety is destructive of health and is unquestionably responsible for a large proportion of the cases of neurasthenia met with in women, whose nervous systems, naturally more amenable to excitants, suffer more from constant stimulation than the comparatively resisting nervous organisations of the males.

THE MEDICAL DEFENCE UNION.

THE history of the Medical Defence Union affords material of greatest interest to members of the medical profession. As a pioneer society it showed the way to self-protection by medical co-operation and has once again proved the truth of the familiar adage that "God helps those who help themselves." The Union was incorporated in 1885, and during the eighteen years that have since elapsed it has come to the succour of its members in scores of thousands of cases. A medical man is peculiarly subject to false charges of misconduct, of mal-praxis, and of other litigious attacks more or less incidental to the practice of his profession. Any member of the Defence Union attacked in this way may turn at once to that society in the full assurance that he will find full legal and financial support until the matter is threshed out to the end. In many instances the mere fact that he is backed by a powerful body like the Defence Union is sufficient to stay further proceedings. When a lawsuit actually occurs the member whose case is taken up by the Union finds himself relieved of a load of anxiety, of distracting personal attention, and of loss of time as well as of money that might otherwise, in not a few cases, bring him to the verge of ruin. These benefits are brought to him in return for the wise insurance premium of ten shillings per annum, with a guarantee of one pound towards a reserve fund, which is called up only in case of need. The latter fund is the chief reserve in the hands of the Union, as the necessary costs of defence of members and working expenses have hitherto left little margin for the accumulation of funds. It is true that within the last year or two the steady growth of membership has permitted the saving of some eleven hundred pounds, which it is to be hoped will form the nucleus of a future endowment. The Union some time ago recognised the desirability of a firm financial basis in that direction, and various schemes have been under consideration for some years past. Their Annual Report for the year 1902, however, contains the first announcement of a definite step towards the attainment of that end by the imposition in future of an entrance fee of ten shillings.

During the year in question the membership of the Union has increased by some nine hundred new members, bringing the numbers approximately to 6,000. This result, although gratifying in itself, reminds us that there is still room for a good deal of expansion. When the two younger defence associations are taken into consideration, there yet remains far too large a margin of medical men who have not availed themselves of this most wise method of insurance against a calamity that may at any moment overtake a professional career. In this attitude of aloofness, and in the fact that three separate societies exist where one would be ample as well as stronger and more efficient, may be traced the want of co-ordination that constitutes an ever-present stumbling-block to the consolidation of the interests of the medical profession. At the same time, the firm and extending popularity of the Medical Defence Union shows that the germ of unity and organisation is present, and that it needs only careful attention to develop into a great tree. The medical profession may boast of three democratic institutions—namely, the Defence Association, the British Medical Association, and the Medical Sickness and Annuity Insurance Society. The first of these bodies, the Medical Defence Union, may be congratulated upon having borne the heat and burden of its day and of having firmly established the principle of mutual legal defence. The Union has done more than that, inasmuch as it has of late years done an immense service to the whole profession by the prosecution of unlawful practice. In the year 1902, out of the total number of cases referred to the Council of the Union no fewer than 155 were placed in the hands of the solicitor of the Union for defence. The latter official reports that the total expenditure for law charges was £1,350 13s. 1d., of which sum £557 16s. 5d. was out-of-pocket expenses. The cost of defending twelve actions alone amounted to £930 2s. 6d., and four of them average £180 each. The cost of all these legal proceedings, it must be remembered, was saved to each member concerned in consideration of the annual subscription of ten shillings. The point, however, is sufficiently obvious to remove the need of any further elaboration. Among the solid services rendered to the medical profession by the Union in the year 1902 was the establishment of a legal utterance of the utmost importance as regards the prosecution of unqualified practitioners. In the notorious case of personation in which a man named Herring carried on a practice under the name of a registered practitioner, it may be remembered the accused gave sworn evidence of the cause of death at an inquest and was prosecuted on the ground of perjury and manslaughter. Mr. Justice Bigham directed the jury to accept his ruling that the mere fact of the prisoner holding himself out to be a medical man by assuming the name of a registered practitioner in itself constituted gross and criminal negligence. Under that ruling prisoner was guilty of manslaughter. The annual report of the Union deserves, in that and many other things, the careful attention of all members of the medical profession.

Notes on Current Topics.

The Competition Mania.

ONE of the most remarkable features of modern journalism is the introduction of contests or competitions for the successful solution of which more or less endowment of mental ability is required. These tests of skill are of the most varied kind, some demanding the possession of a wide range of knowledge and a high degree of mental concentration, such as the staid acrostic and the regular examination question involving prolonged delving into many ponderous volumes of a standard work of reference. Others, again, can be solved almost at a glance, or with the exercise of a little common ingenuity, such as the puzzle picture. Those in which no skill whatever is needed, but only pure memory or simply good luck, are, happily, dying a natural death. From a psychological aspect the subject is one of interest. Why this sudden exhibition of generous offers, this tender solicitude after the mental improvement of the race, these unique opportunities of gaining so much for the expenditure of so little? Why these throngings of the free libraries, the unrest until the next issue of the paper appears, the earnest hope that the correct solution may present itself after a night's sleep, the eager consultation with friends on a seat in the park, the feverish triumph of knowing the right answer and hoarding it up until the editor's pleasure? These and similar questions come into our minds as we ask "What does it all mean?" It cannot wholly be for the gratification of sordid tastes, nor yet for the love of greed, since this extraordinary desire to excel one's fellow-man upon platforms of paper with weapons of pen and ink seems to have taken possession of all classes, from the least to the greatest. The love of overcoming obstacles, inherent in the mind of every Briton, combined with the thought of future reward, is in all probability responsible for this almost universal question-answering, picture-solving and conundrum-guessing epidemic.

Walking Matches.

THE craze for athletics that has lately settled down upon all classes of the United Kingdom bids fair to outrival in speed the chameleon-like changes of woman's fashion in raiment. The kaleidoscope of our muscular fellow-countrymen has for the moment been arrested at an endless phantasmagoria of walking matches. The imagination and ardour of the whole nation seem to have been set aflame with one desire, namely, to excel in a long distance walk. Old men, middle-aged men, youths, and boys are one and all immersed in the rigours of training for the prize they hope to win; or, when a stern fate forbids their joining the struggle, they think and talk, and dream of nothing else than walking contests past, present, and future. Women, excepting one instance, have not been drawn into the whirlpool. In spite of the handicap of an irrational and supremely ridiculous dress, however, we venture to say that before long there will be plenty of women's walking matches. It is not a little interesting to note how

the pendulum of fashion has swung round once again to one of the most natural and enjoyable of all methods of exercise. The delights of a rustic ramble are within the reach of every dweller in our great cities, if only he will make the effort and keep beyond the outskirts of his abiding place, and get that good old fashioned steed "Shanks' pony" in tolerable condition. One word of caution may be added from a medical point of view. Let the man who is not sound in wind and limb take his walks in moderation. Otherwise disaster will take the place of the refreshing benefits that await the man who walks with due regard to age and time and season, and other conditions that specially affect himself.

Twentieth Century Witchcraft.

THE law no longer recognises the existence of witchcraft, although from the dawn of history that mysterious agency formed a favourite legal weapon. Every misfortune that could befall mankind was made at one time or another the excuse for some such test as walking upon red-hot ploughshares, or other murderous ordeal. Superstition, however, dies hard, and the ignorant imaginings of the early and mediæval Briton still linger in our midst. Only a few weeks since an Exeter herbalist named Thomas was fined £100 for practising as a witch doctor. For many years he had carried on a flourishing and lucrative business among the credulous Devonshire country folk, many of whom fancied that their ill-luck was due to being "overlooked" or "witched." One simpleton who had been losing horses, sheep, cows, and so on, paid two guineas to Thomas for a "cure." In return he received a packet of powder with instructions to scatter it around his homestead between nine and twelve at night, "uttering the Lord's Prayer the while." Superstitious folly is this with a vengeance, but not a jot worse than that to be found among wealthy folk in great cities. At this present moment, to take one instance out of a multitude. There is a quack in London who professes to cure incurable diseases by electrical methods, for which he charges exorbitant fees. Many members of Society, titled and otherwise, flock to his consulting-room. Surely if the police can prosecute the witch-doctor they can find a way of stopping that no less dangerous parasite of society, the quack doctor. The one is just as much a rogue and a vagabond as the other—no more and no less.

A Flaw in the Dentists' Act.

IN some ways the Dentists' Act is every whit as weak as that of their medical brethren. The whole measure, in point of fact, is riddled with loopholes through which a wily offender may wriggle with ease and impunity. This phase of the question was well illustrated in an appeal to the King's Bench Division against the decision of a magistrate, who had dismissed an information charging respondent with unlawfully using the description "R.D.S.Eng.," implying thereby that he was registered under the Act. The facts of the case were that respondent, an unqualified dentist

from Australia, bought the practice of a deceased registered dentist, Mr. C. R. Stent, whose brass plate he retained in a position facing the street. On a side door he placed his own name. On this evidence the magistrate decided against the prosecution, inasmuch as the respondent, Mr. Whillock, in his opinion, had not used an addition implying that he was registered under the Act. This view was confirmed, regretfully, by the Lord Chief Justice, who expressed a strong feeling that Stent's name had been kept up in order that respondent might identify himself with Stent, and lead people to suppose he was a properly qualified practitioner. This case, along with many others of a similar nature, shows that the Dentists' Act should be extended so as to protect deceased members who have been registered. Protection of that kind is emphatically needed in the case of the medical profession, whose names may be and are hawked about posthumously under the most degrading circumstances. In the above-mentioned trial it was testified that the respondent stated that were he stopped from acting as he had done he would soon get over the difficulty by turning himself into a company. That brazen defiance is probably founded on fact. It emphasises the absolute necessity of the protection of the dental and medical professions by stopping the trespass of trading companies into their domain. Here is a subject worthy of the instant and strenuous attention of the General Medical Council.

Post-Anæsthetic Paralysis.

LIKE the small rift within the lute, the occurrence of even one of the minor untoward sequelæ of a surgical operation may mar its otherwise successful result in such a way that it is judged by the patient and his friends to have been a failure. Sometimes this unfortunate turn of events is a direct outcome of the operation itself, while at others it may be traced to an anæsthetic. The term "post-anæsthetic" paralysis is not altogether appropriate, since the tingling numbness or paresis occasionally met with in the upper extremities is not of a toxic, but simply a mechanical origin. Drs. Allen and Cotton, of Boston, in a recent study of the subject, consider that it is due to pressure on the nerve-roots, probably between the clavicle and the muscles over the transverse processes of the cervical vertebræ, or from stretching upon the head of the humerus in forcible abduction. The loss of function returns in part quite early, but the total recovery may be delayed much longer. It may be convenient when operating upon the chest or abdomen to have the arms and hands well out of the way, but the possible risk of a post-operative paralysis should be borne in mind when tying them up over the head, which is a most reprehensible practice. The ideal position, both for the patient and the anæsthetist, is to have the forearm folded across the chest, but where this would interfere with the operation they are probably best laid straight down upon the table by the side of the trunk. By such precautions this

very undesirable result of an operation can be prevented.

The Shape of the Consumptive Chest.

THAT the popular ideas with regard to medical matters, some of which are even shared by medical men themselves, are not always in strict accordance with scientific facts, is being gradually shown by careful observers. One of the latest beliefs to receive a rude shaking is that the consumptive chest is flat. Professor Woods Hutchinson has demonstrated that such does not appear to be the case, but rather that the antero-posterior diameter is actually greater relatively to the transverse one than is the normal chest. In other words, the consumptive chest is a persistent immature chest, or one that is normal about the age of from fifteen to eighteen years. The flat-chested individual is at the same time round-shouldered, this being a matter of cause and effect. What is known as the "index" of the chest is simply the ratio between the two diameters, expressed in percentages, taking the transverse diameter as 100. Professor Hutchinson has found that the normal ratio is about 70, whereas in a series of measurements in over 350 cases of tuberculosis the average index was 79.7. The whole question is one of great importance, especially from the point of view of prophylaxis, for if the chest-index is found to be higher than normal, active measures can then be taken to counteract this by the encouragement of suitable sports and exercises which tend to keep the shoulders well out and so to flatten the chest.

The Bee-Sting in the Diagnosis of Acute Articular Rheumatism.

THE diagnosis of acute articular rheumatism is not as a rule a matter of much uncertainty, but an Austrian practitioner, Dr. Terc, has just published some interesting details concerning the reaction of rheumatic patients to the sting of the bee. Under ordinary circumstances the sting is followed by intense local reaction and the formation of a vesicle which is soon surrounded by a zone of inflammation. If frequently repeated a certain immunity is acquired which, however, only becomes permanent if maintained for several years. In typical articular rheumatism the sting, although followed by the formation of a vesicle, does not give rise to the characteristic inflammatory zone, whereas in gonorrhœal rheumatism, for instance, the reaction is normal. According to Dr. Terc, the poison contained in the bee-sting exerts a specific effect on the rheumatic virus, and he asserts that persons who have developed immunity to bee-stings become refractory to rheumatism. He has employed this peculiarly rural treatment in upwards of 500 cases, applying the therapeutic bee over the affected joints to the number of from fifty to seventy. In one of his cases the complete cure entailed no less than 6,500 stings. We can quite believe that the joint pain would cease to attract attention after twenty or thirty bees had

done their worst on the skin over it, just as the thumb-screw relieves the pain of toothache. If, however, it can be shown that a tangible degree of immunity against recurrence is thereby created, it might be worth while to investigate the nature of the bee poison with the object of employing it in a less empirical and more scientific manner.

Abdominal Pain in Pneumonia.

THE Hippocratic maxim of regarding the difficulty of medical art is well illustrated in disease involving the great cavities and viscera of the chest and abdomen. The onset of many acute complaints in which these regions are affected may be characterised by the appearance of symptoms so atypical and unexpected as to deceive the very elect. Thus, the pulmonary signs of pneumonia may be so masked by abdominal pain and tenderness that the diagnosis of appendicitis or peritonitis is made only to be negated a few days later by physical evidences of consolidation in the chest. Cases showing such perversity of symptoms are not infrequently met with, so that a very careful examination of the lungs is indicated in all acute abdominal affections. Dr. James Herrick, of Chicago, attributes this pain, when present, to the involvement of the lower intercostal nerves and also the possible influence of the phrenic nerve. For all the referred pains seen in disease there is always an explanation. This is sometimes to be found in direct connection between nerve tracts, or, failing this, the invocation of the mysterious influence of sympathy furnishes a satisfactory physiological reason to the mind of the perplexed physician.

Iron and Anæmia.

WE have been accustomed for so many years to regard the action of iron in the treatment of anæmia as a simple act of nutrition that any change in this view is almost in the nature of a therapeutical heresy. In anæmia the hæmoglobin is diminished in quantity; hæmoglobin contains iron—iron is good for anæmics—*ergo*, it acts by forming new hæmoglobin. What more obvious? When we said that a patient "wanted" iron, we meant that not only would iron cure his condition, but that his system actually lacked some of its proper complement of iron. Nowadays, however, it would seem that we must give up this very simple theory, and look for another explanation. It was first pointed out that many cases of chlorosis were untouched by iron, unless careful attention was paid to the condition of the bowels. Later, several observers have noticed that manganese exerted the same influence as iron when administered to anæmics, and was often a more serviceable drug—but manganese has normally no place in the tissues. Sir William Broadbent then showed that this tonic action is not peculiar to iron and manganese, but is possessed by the other "heavy metals," copper, cobalt, nickel—and mercury has since been added to the list. Consequently, our old notion of iron as a specific food to the red corpuscles must be discarded, and all we get in its place is the doctrine

that the metals mentioned act as a stimulus to the vitality of the red blood corpuscles. In support of this is the fact that, if given in excess, a degeneration of the corpuscles takes place, probably due to excess of the stimulus.

The Anti-Tetanic Treatment of Wounds.

THE non-success of anti-tetanic serum injections in warding off infection is no doubt due to the fact that in practice they are never employed until symptoms have supervened, a stage at which the protective action of the serum is no longer of avail. If the injections were made whenever there is reason to suspect the presence of the specific virus the number of deaths from this fell disease would be greatly reduced. A step in the direction of making this preventive treatment a matter of routine has been achieved by Dr. Calmette, the well-known bacteriologist, who finds that an extremely small quantity of the dried serum, if applied to the wound, suffices to confer immunity against doses of the active virus which proved fatal to the control animals in forty-eight hours. The dried serum is stated to retain its protective properties almost indefinitely, so that it can be kept ready for use as a dressing for wounds contaminated with soil, on the battle-field and in hot climates, where tetanus is so common. The principle which cannot be too strongly impressed is, that while tetanus cannot be cured it can with approximate certainty be prevented.

An Early Sign of Typhoid Fever in Children.

TYPHOID fever is such a Protean disease—that is to say, it presents such a variable symptomatology in its early stages in the young—that any assistance in the matter of diagnosis is welcome. We therefore call attention to a sign discovered by Dr. Bernard, of Zichyfalva, who points out that on careful but gentle palpation of the ileo-cæcal region in children suspected to be suffering from this disease, two or three small swellings may be detected, varying in size from a filbert to that of a pigeon's egg, distributed on a line parallel to the axis of the body. These small swellings are only to be met with during the first week, and disappear in three or four days. Their exact nature has not been ascertained. They may be hypertrophied lymphatic glands situated in the walls of the ileum or enlarged mesenteric glands, although the latter are less likely to become accessible to palpation, in view of their deeper situation. However this may be, the sign is one of some importance in doubtful cases, since Widal's reaction has not yet become part of the routine investigation in general practice.

The Reform of the System of Death Certification.

SIR WALTER FOSTER has done service by calling attention in Parliament to the unnecessary delay in giving legislative effect to the recommendation of the Committee on Death Certification of 1893. Several recent criminal cases have emphasised the imperative necessity of reforming

an antiquated and admittedly imperfect system which affords scant protection against the perpetration of crime. It is difficult to explain, and impossible to justify the apathy shown by the Government in respect of this much-needed legislation, especially as the main lines upon which the reform must take place have long since been laid down by the General Medical Council and various medical bodies. The question is one which appeals to all parties in Parliament and is not likely to excite much opposition; but as it possesses no political importance the report is allowed to slumber in the seclusion of the Government pigeon-holes.

Dried and Anti-Diphtheritic Serum.

At the Institut Pasteur, at Paris, it has been found possible to prepare desiccated anti-diphtheritic serum, in which form it can be administered as pastilles or cachets by the mouth, thus to some extent obviating the necessity for making painful subcutaneous injections. As the action of the serum thus administered is slower than when injected, recourse to injections will probably continue to be had in cases of actual diphtheria, but the employment of the serum as a prophylactic will be greatly facilitated by this innovation. Incidentally attention is called to the advantages to be derived from the direct application of the serum to the throat in cases of diphtheria, the effect of which is marked and immediate.

"The Great Physician."

GABRIEL VON MAX'S famous picture "The Great Physician," which attracted favourable notice at the last Paris Exhibition, has been reproduced by Mr. Nicolaus Lehmann, of Prague, in the form of a *gravure*, measuring 47 by 69 centimetres. The beauty and pathos of the original are admirably rendered and the subject and artistic excellence of the picture make it peculiarly appropriate for the adornment of the hospital ward and the consulting room. It represents Christ the Physician resuscitating the daughter of Jairus (Mark v. 41). The dignity and harmony of the composition and the deep tenderness of the Master's expression combine to make a really touching picture, one which breathes hope, comfort, and confidence.

Chloroform as a Vermicide.

IN tropical countries where intestinal worms are very common, excellent results have been obtained by the administration of chloroform as a vermifuge. Dr. Leger, of the French Colonial Army, speaks highly of the drug administered in fifteen-minim doses, with syrup and water, repeated every three-quarters of an hour, the patient being previously placed on a milk diet, and the bowels emptied by means of an enema. Between the third and fourth doses an ounce of castor oil is given, and this is almost invariably followed by the expulsion of the parasite in its entirety.

Harveian Society of London.

THE Harveian Lectures will be delivered by Dr. D. B. Lees, on November 5th, 12th, and 19th of this year at the Stafford Rooms, Titchborne Street, Edgware Road. Subject:—"The Treatment of some Acute Visceral Inflammations."

PERSONAL.

DR THOMAS SHELDON has been placed on the Commission of the Peace for the County of London.

DR. JOSEPH SMITH, Chairman of the Chiswick Urban District Council, had the honour of being presented to their Majesties on the occasion of the opening of the Kew Bridge.

DR. FLORENCE R. SABIN has been awarded a prize of £200 for the best piece of research work done in America, her subject being "The Origin of the Lymphatic System."

DR. W. COLLINGRIDGE, Medical Officer of Health for the City of London, will take the chair at the 11th Annual Meeting of the Church Sanitary Association at the Church House Westminster to-day (Wednesday).

Special Correspondence.

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

[FROM OUR OWN CORRESPONDENTS.]

GLASGOW.

GLASGOW ROYAL INFIRMARY RECONSTRUCTION.—Some interesting correspondence has just been published in the daily newspapers on the above subject, which has taken place between the secretary to the Glasgow Institute of Architects and the managers of the Royal Infirmary through their secretary, Mr. Henry Lamond. The Institute formulate objections to the reconstruction scheme of the managers as follows:—"First, the setting aside of the assessor's award and other unsatisfactory features of the adjudication on the competition designs with the resultant injustice to the competitors. Second, the nature of the design thus selected as regards its faulty distribution of the buildings on the site, and especially the seven-storey "Jubilee" block, placed so as to shut out the sun and air from the surrounding area. Third, the irretrievable injury to the Cathedral from the contiguity of this abnormally lofty building." The secretary to the Institute points out that "the submission of the whole scheme in its present state to one or more experts of acknowledged position from a distance, which the Institute in 1901 offered to arrange for, and, if need were, to itself pay for, still seems the only way in which the board can meet the criticism of the Institute, and set itself right with the public. My council is, therefore, at a loss to understand why the managers have not seen their way to adopt this course in the past, and, while giving no reasons to the contrary, from the tenor of your letter apparently still refuse to do so." To this the secretary to the Royal Infirmary replies, "I am instructed by the managers of the Royal Infirmary to acknowledge receipt of your letter to me of 27th ult., and to say, in reply, that while they do not accept the criticisms of your Institute as accurate, they have given them careful consideration, and are unable to see what good purpose can be served by a continuation of this correspondence." It seems to us that the managers

of the Royal Infirmary are determined to prosecute a course which is calculated to interfere materially with the financial success of the much enlarged and ambitious scheme which is now contemplated. Surely the opinion of such an authoritative body as the Institute of Architects was worthy of being received with the utmost respect. It is, we think, a matter for regret that the magnanimous offer of the Institute to meet, if necessary, the expense of further expert opinion was not cheerfully accepted by the managers of the Royal Infirmary. We are aware of adverse criticism, which is much to be deplored, and the publishing of lengthened correspondence such as has recently appeared in the newspapers is not likely to restore the confidence of the public, which has been somewhat shaken by the protracted delay in proceeding with the reconstruction scheme.

BELFAST.

THE appointment of a Royal Commission to inquire into various questions connected with Irish work-houses has been the subject of much conversation here during the past week, and great dissatisfaction is expressed in medical circles at the terms of the reference. The grievances of Irish Poor-law medical officers have been much to the front of late, and it would seem only natural that when a Royal Commission was appointed to inquire into any questions connected with the Poor-law and its administration, these alleged grievances should be included in the scope of the inquiry. No member of our profession doubts the reality of these grievances, or the serious disturbance they are causing in the efficient administration of the Poor-law system in Ireland, and the sooner they are inquired into the better. The hope is expressed in some quarters that they may eventually be included in the inquiry now to be made, since the Chief Secretary seemed, in a recent statement in Parliament, to wish to make that inquiry as broad as possible, but the general opinion here is that if the medical questions are not specifically mentioned they will be carefully excluded as being "outside the scope of the inquiry"—an official expression with which we have become painfully familiar in recent years.

Correspondence.

ORAL SEPSIS AS A FACTOR IN THE CAUSATION OF DISEASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Edmund Owen asks *dental surgeons* (the italics are mine) to express their views on this question. He also mentions a class of dentists (?) who advertise their capabilities. With these, sir, we have nothing to do, for as Mr. Sewill, in the same number of THE MEDICAL PRESS AND CIRCULAR says, they are nothing more nor less than rascally quacks, who would, in all probability, be unable to mention a single antiseptic if you asked them, and would most likely not even know the meaning of the word.

I am sure Mr. Owen would not like the work of the medical or surgical profession discussed in any way, or compared with that of the herbalist or bone-setter, neither does the properly qualified dental surgeon, who may in addition be M.R.C.S., L.R.C.P., like his work held in comparison with that of the dental quack.

As regards the treatment of carious milk teeth, I think that conservative treatment in this respect is never carried too far, on account of the numerous difficulties one has to contend with in children in the way of overflow of saliva, difficulty of applying the rubber dam, irritability, or nervousness of the young patient, over anxiety on the part of the mother, &c.

On the other hand, conservative treatment of the milk teeth is absolutely necessary in certain cases of irregularities of the permanent teeth.

I will now briefly deal with "Oral Sepsis" in the adult. Many of these cases only come under the notice

of the *dental surgeon* when the patient has had pain. I well remember a clinical lecture given by Dr. Allchin many years ago at the Westminster Hospital on "Pain," in which he said (not in any way referring to oral sepsis) that pain was the very disease, or, in other words, providing the patient was not in pain he did not consider there was anything the matter with him. Now this is practically the case with "oral sepsis." As an example a patient may have several broken down teeth, from the roots of which pus is exuding in small quantities and is being swallowed. An alveolar abscess starts in one and gives him pain. If he goes to a *dental surgeon* advice is given him as to the necessity of having all the septic roots removed. But no, just the one that is giving him pain is all that he requires extracted, and perhaps thinks the conscientious practitioner is trying to get a case for artificial teeth.

From the *dental surgeon's* point of view "oral sepsis" is occasionally the fault of the general practitioner or consultant. Take say, a neurotic, dyspeptic, or anæmic patient. A few questions are asked, the stethoscope used, state of bowels inquired into, and then "put out your tongue," and unless that organ shows signs of ulceration at the edges, which might be caused by a jagged tooth, how many medical men would think of *looking at the teeth*? They might perhaps ask if his teeth are all right, and should the answer be in the affirmative no further trouble is taken. Mouth mirrors are very cheap and are easily carried in the waistcoat pocket. Need I say more? Cases of carious roots to which so-called "bridge work" has been attached, or covered by dentures belong to the genus "quack," and, therefore, need no controversy.

I am, sir, yours truly,

CHAS. W. GLASSINGTON, M.R.C.S., L.D.S.,

Senior Dental Surgeon, Westminster Hospital.

THE COMMERCIAL ASPECT OF MEDICINE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your recent annotations about the evils of repeating prescriptions, and on the overcrowded condition of the medical profession, bring again to the front the old question:—"Is it not undignified and reducing the profession to a trade for medical men to dispense their own prescriptions in towns where there are chemists?"

Much has been written on the subject, both by leader writers and practitioners, during the past few years, the majority being against the plan of making up one's own medicine; but I feel convinced that if a poll could be taken of general practitioners the vast majority would vote for doing their own dispensing. I take it that most men enter the medical profession to gain a living, just as others become clergymen, barristers or solicitors for the same reason, and not simply because it is a noble profession, as we are told so often in introductory lectures; and as our object is to attain this end by all honourable means, it behoves us to look to the business side of the question, although we must never forget the claims of the suffering and needy.

If I give a prescription the patient goes to the chemist and has the medicine repeated as long as he thinks he is getting any benefit, and also passes round the prescription to his friends, and I get no advantage except the few shillings paid in the first place—the chemist reaps the benefit. An example will show better what I mean. Last summer a man who was attending me for secondary syphilis, and paid me the very moderate fee of 2s. 6d. each visit, went for a holiday, and wrote asking for the prescription, as he would not be back in town for a month. In a weak moment I gave it him. I met him casually a short time ago, and on enquiring how he was he said he was now quite well, and that he had been taking the medicine almost regularly since he had the prescription. Now in this case I have had no recompense, and the only person who has gained is the chemist.

Is this right? A lady told me a few weeks ago that she had had a prescription made up which had been given by the late Sir A. Clark to a friend of hers for indigestion. So that we have not only competition from earth dwellers, but from the shades! Another patient of mine has been taking a draught of chloral each night which was prescribed some fifteen years ago. If there were a law that prescriptions could not be repeated without the sanction of the prescriber there might be something to be said against dispensing, but even then unless chemists dispensed at about cost price the majority of people could not pay the two charges. When I first started practice I tried giving prescriptions, but I found that the chemists charged as much or more than I did—no matter what the cost of the ingredients—and so I soon came to the conclusion that I must either dispense or starve. I chose the former, and have no reason to regret the resolve. I know that the ways of chemists have altered very much in the quarter of a century, when, I remember, a chemist charged 5s. for a sulphate of zinc injection and an alkaline mixture with hyoscinum; but still if one has to see a patient and give medicine for 1s. 6d. or 2s. 6d. he cannot give a prescription, or rather the patient cannot pay the two charges. If medical men are to be bebarred from dispensing, the Apothecaries Act will have to be more strictly enforced. It is a well-known fact that when patients consult a chemist about an ailment and inquire if he can treat them, he replies "Yes, here is a prescription by Sir Wm. this or Sir John that for a precisely similar set of symptoms," and forthwith proceeds to give a mixture that had been prescribed for another patient whose symptoms are supposed to be similar, after having looked at the tongue, felt the wrist (I do not say the pulse), and inquired as to the alvine discharges—thus contravening the Apothecaries Act. I see that Dr. Rentoul, of Liverpool, states that giving prescriptions would reduce the income of practitioners by about 50 per cent., and I quite agree with him. Now as to the degradation. A solicitor does not consider that he is reducing his profession to a trade because he supplies, by his clerks or himself, the actual writings and stamps required. He does not give the client a written order or prescription to take to the law stationer, indicating in what form a will or indenture or transfer of lease is to be drawn up, but has the thing done in his office under his supervision, and charges for the time, material and stamps, and yet he is no more considered a tradesman than the architect or sculptor who only plan out as the medical man does.

There is another side to the question. Both medicine and surgery have of late become, to use a vulgarism, too big for their boots. Thus we have a quack posing to teach surgeons how to overcome deformities, because the surgeons think it beneath their dignity to do the manipulations themselves, and the former veterinary surgeon reaps kudos, and poses as the superior of the *élite* of surgery. And much the same obtains in medicine; many of the so-called leaders cannot write a prescription, and so order So and So's mixture or tabloids, and frequently, as I have seen, not even the dose is mentioned, but the quantity is left to the chemist. Would it not be better if dispensing or pharmacology were taught at our medical schools?—then we would have more of the old-fashioned practitioners like Graves, Stokes, Begbie, Tanner, &c., who knew intimately each and every thing that they prescribed.

I am, sir, yours truly,

JAMES HAMILTON, M.D., Q.U.I.

60, Sydney Street, Chelsea.

Trinity College, Dublin.

The following candidates passed the Final Examination in Surgery.—Trinity Term, 1903.—William G. Harvey, William R. P. M'Neight, Robert J. Fleming, Reginald H. Lee, John M. Holmes, Henry O'H. May, Alexander L. Otway, John H. Askins, Douglas B. Thomson, David C. Pearson, Reginald W. T. Clappett, Alexander H. Marks, Samuel H. Vickery, Harry R. Nelson, Augustus B. Tighe, Bertram L. Middleton.

Literature.

HERBERT ON CATARACT EXTRACTION. (a)

This little book fulfils its author's object as set forth in his preface: "it is largely made up of a mass of practical detail ordinarily omitted."

The routine operation in cases of senile cataract, as practised by Major Herbert, is that of an incision encroaching $\frac{1}{2}$ mm. on sclerotic all round, of rather less than half the cornea, with a 3 to 4 mm. conjunctival flap, combined with an iridectomy upwards. The nucleus is delivered by pressure on the cornea with a tortoise-shell spoon, and whatever cortex is left is removed by irrigation with sterilised normal saline solution. His preliminary treatment of the conjunctiva is not usually practised in this country. Before any cocaine is instilled the conjunctival sac is douched out with perchloride lotion 1 in 3,000. Then 4 per cent. cocaine is dropped in and, after ten minutes, the meibomian secretion is squeezed out and removed by a pad soaked in perchloride. The use of a 1 in 3,000 solution of perchloride produces a certain amount of mucus, and this is removed by douching with normal saline solution immediately before operating. If necessary the perchloride is dropped in four or five times until some mucus appears. Between each step in the operation an assistant douches with normal saline solution. As may be conjectured, the author's object is to cause a rapid exfoliation of the superficial epithelium and with it the micro-organisms usually embedded therein; this *débris* is then washed away by the normal saline solution. The statistics of the operations performed between January, 1901, and November, 1902, show that in 930 cases there was only one eye absolutely lost by suppuration (probably due to secondary infection), though iridicyclitis, iritis, and acute glaucoma damaged the vision of some five or six others. We need hardly point out that this is an extremely good result.

The author lays great stress on the necessity of avoiding touching any of the cilia with his instruments, and therefore cuts short those which protrude beyond the blade of the speculum. He has abandoned all attempts at trying to sterilise the lid margins and cilia.

This method of preliminary treatment of a conjunctival sac by 1 in 3,000 perchloride solution would really seem to have but one disadvantage, and that is that iritis appears to be more likely to set in, consequently atropine must be used more frequently.

Most of Major Herbert's patients are ordered plain spherical lenses, and the author is of opinion that the astigmatism, if any, after extraction does not materially change after an interval of two months. Such is not the experience of all ophthalmic surgeons.

Various sections of the book are allotted to the "discussion of operation technique and of alternative procedures," "after complications," "complicated and soft cataracts," &c., &c. All of these will be found to be full of interest to the ophthalmic surgeon. In short, the book is an eminently *practical* one, written by a surgeon who has had exceptional opportunities of realising where the difficulties lie, and the best methods of surmounting them, and his experience will prove of incalculable advantage to all engaged in ophthalmic practice.

THE GREEN REPUBLIC. (b)

This book, as its author tells us, is written with the idea of calling attention to the necessity of applying to the study of the agrarian industry the methods of induction, and trying if by the knowledge thus accumulated one can arrive at the solution of the ever-present land difficulty. The scene is placed in South Tyrone, where the author, a young American, recently qualified

(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-Cowassie Jehangir Ophthalmic Hospital, Bombay; Fellow of the Bombay University. Pp. viii. and 100. Four plates. Crown 8vo. Price 4s. net. London: Baillière, Tindall and Cox. 1903.

(b) "The Green Republic: a Visit to South Tyrone." By A. P. A. O'Gara, M.D. London: T. Fisher Unwin. 1903.

as a medical practitioner in Europe, comes and takes up the position of *locum tenens* for the dispensary doctor. The study of the land question is presented to him as an impartial investigator, and the sketches of agrarian life in the work before us represent the data on which his conclusions are based. It would be out of place in a medical paper to criticise these solutions, which, although of great interest, deal with purely economic problems; suffice it to say that our author finds a solution to the problem in the application of the methods of modern commercial and industrial enterprise to develop the agricultural industry of the country.

Though our author's business is with the land question, and it is that with which he principally deals, yet we find through the book many interesting pictures of the dispensary doctor's life. The out-dispensary is described as follows:—"Its walls were stone, its roof slate, but evidently before its consecration it had been the cow-house or byre of a ruined farmhouse hard by, and in spite of counter, desk and shelves, adorned with rows of medicine bottles, the original purpose had cost nothing to disguise. The incense which gently choked one on entering was distinctly referable to castor oil qualified by the odour of the primitive bovine inhabitants exhaled from the clay floor." This description may perhaps be true of some places, but we cannot help feeling that the blame for its existence must rest in a great part, at all events, on the shoulders of the medical officer. The character of "Doctor John" is well drawn and is typical of many of our dispensary doctors, but we doubt if the prototype of Dr. Capel will be so often found among their numbers. The book will be found full of suggestions for those interested in the land question, but we doubt if its general human interest is strong enough to attract many readers; in places, too, it is marred by distinctly bad grammar.

SURGICAL TREATMENT OF ULCER OF THE STOMACH. (a)

This is a small volume of some fifty-three pages, and is evidently a recapitulation of several previous papers.

The author begins by describing numerous post-mortem and *intra vitam* appearances of gastric ulcers; he then upholds the view that the cause is suppuration in a lymphoid follicle, and is of opinion that many cases with a long history of recurring attacks are instances of recurrent ulceration and not of continuous chronic ulceration. It is doubtful whether many will agree with the remarks about pain, and evidently the author leaves out of consideration that the visceral peritoneum and viscera are acutely sensitive in many cases when inflamed, a fact which clinical observation can easily establish. There are a few remarks about the indications for operation, then hæmorrhage is discussed. The remainder of the book consists of notes of 13 cases, 11 of which were operated upon for hæmatemesis, and two for pain and other symptoms.

NURSING IN HOT CLIMATES. (b)

DR. HENDERSON has been well advised in publishing this attractive brochure, revised and reprinted from the pages of the *Hospital*. It supplies in simple style and concise form much useful information which it is wise for every nurse working in hot climates to know. There is good advice regarding the protection of the nurse's own health, and many suggestions which, if borne in mind, will greatly add to the value of the nurse's services to her charge. Dr. Henderson speaks of protection by prophylactic inoculation from small-pox, enteric fever, cholera and plague, and says that "it is believed a more or less lasting and effective protection can be obtained either before she leaves England or when she reaches her destination abroad";

(a) "The Surgical Treatment of Ulcer of the Stomach." By C. Mansell Moullin, M.D., F.R.C.S. London: John Bale, Sons, and Danielsson, Ltd. Price 2s 6d

(b) "The Nurse in Hot Climates." By Edward Henderson, M.D., F.R.C.S. Edin., late of Shanghai, China. Pp. 47. London: The Scientific Press, Ltd. 1903. Price 1s. net.

but regarding prophylactic inoculation against cholera and plague he later states "the nurse may on reaching her destination decide to make a trial of one or other of these last prophylactics, but the operation is not one which is at all likely, in the present state of our knowledge, to be undertaken before she leaves England," a somewhat confused and confusing presentation which can hardly be considered helpful. There is much, however, concerning outfit, the voyage, climatic conditions, the effects of heat, the service of punkahs, the use of ice, the taking of temperatures, the management of heat apoplexy, the application of the cold bath, the arrangement of mosquito nets and houses, the nursing of patients with bowel disorders, fevers, surgical and obstetrical cases, as well as sensible advice regarding personal hygiene. The work is one which any nurse who intends visiting tropical and subtropical lands would do well to study, and we venture to think that many a junior practitioner voyaging to hot countries might with benefit glance through these pages. The get-up of the little volume is particularly attractive and convenient.

Literary Notes and Gossip.

THE *Leisure Hour* for June contains an interesting article by the editor on "England's Northern University" (Durham), with portraits of the principals of University College and of the Colleges of Medicine and Science.

DR. FRANCIS ZATLOUKA has prepared an interesting little medical guide, "Carlsbad and its Therapeutical Importance" (London: The Health Resorts Bureau, 1903) which medical men visiting, or sending patients to, this fashionable health resort would do well to consult.

MACEDONIA is now much to the front and in Mr. G. F. Abbott's interesting and opportune "Tale of a Town in Macedonia" (London: Edward Arnold, 1903) will be found much that throws light on the non-hygienic procedures of the people of this now much-discussed country.

THE *Syndicat Général des Médecins des Stations Balnéaires et Sanitaires de France* have just issued an excellent "Index Médical des Principales Stations Thermales et Climatiques de France" (Paris: Jean Gainche, 1903) which physicians in this country would do well to keep for ready reference.

DR. DOUGLAS A. REID, Medical Officer of Health for the Borough of Tenby, the deservedly popular South Wales health and pleasure resort, has prepared a dainty little handbook on the charms of Tenby, which is excellently illustrated. It is published with the authority of the Corporation by the Health Resorts Association, and we understand a copy will be sent free to any medical man on application being made to the Town Clerk, Tenby.

It is not often that the man of science figures prominently in the world of letters, but in the present day medicine and literature seem interwoven in the lives of several distinguished members of our profession. A conspicuous example is afforded by Sir James Crichton Browne, who contributes a brilliant and luminous introduction to the fascinating volume, edited by Mr. Alexander Carlyle, "New Letters and Memorials of Jane Welsh Carlyle." Sir James' essay will be studied by medical men with peculiar interest, not only for its charm of style and intrinsic literary merit, but particularly for its valuable service in throwing revealing light on what we may term the psychological features of the "Carlyle controversy."

WALLACE'S "Preparations for Operations in Private-

Houses" (Glaisher, 1s.) was written for the Nurses' Co-operation. In the compass of a few pages, directions are given for ensuring surgical cleanliness, on which the success of operations is absolutely dependent. The author first lays down the general principles of asepsis, and then proceeds to describe the various methods of cleaning and sterilising the hands of the nurse, the skin of the patient, and the instruments. He then gives directions for the preparation of the room in which the operation is to be performed, and of the various accessories which ought to be at hand. Every nurse should have this little book before her, for a careful study of its contents will greatly facilitate the work of the surgeon.

NEW BOOKS AND NEW EDITIONS.

The following have been received since the publication of our last list:—

D. APPLETON & Co. (London).

Obstetrics: A Text Book for the Use of Students and Practitioners. By J. Whitridge Williams. Pp. 845. Price 25s net.

The Surgical Diseases of the Genito-Urinary Organs. By E. L. Keyes, A.M., M.D., &c., and E. L. Keyes, jun., A.B., M.D., &c. Pp. 827. Price 21s. net.

BAILLIÈRE, TINDALL & COX (London).

The Imperfectly Descended Testis. By W. McAdam Eccles, M.S. Lond., F.R.C.S. Eng. Illustrated Pp. 140. Price 7s. 6d. net.

The Dental Annual, 1903. A Year-book of Dental Surgery. Pp. 190. Price 7s. 6d.

JOHN BALE, SONS & DANIELSSON, LTD. (London).

The British Sanatoria Annual. With numerous Illustrations and Appendix. Third year of Publication. Pp. 158. Price 2s. 6d. net.

The Diseases of Warm Countries. A Handbook for Medical Men. By Dr. B. Scheube. Translated from the German by Pauline Falcke. Edited by James Cantlie, M.A., M.B., &c. Second Edition. Pp. 594. Price 30s. net.

Squint: Its Causes, Pathology, and Treatment. By Claud Worth, F.R.C.S. Pp. 229. Price 6s. net.

Observations on the Sensibility of the Abdominal Cavity. By K. G. Lennander, F.R.C.S. Eng. Translated by Arthur E. Barker, F.R.C.S. Pp. 76. Price 3s. net.

BLACKIE & SON, LTD. (London).

Elementary Ophthalmic Optics. By Freeland Fergus, M.D., F.R.S.E. Pp. 106. Price 3s. 6d. net.

CASSELL & Co., LTD. (London).

Tropical Diseases: A Manual of the Diseases of Warm Climates. By Patrick Manson, C.M.G., M.D., LL.D. Aber. New Edition. With 130 illustrations and two coloured plates. Pp. 756. Price 10s. 6d. net.

THE HEALTH REPORTS BUREAU (London).

Carlsbad and its Therapeutical Importance: A Handbook for the Visitors of Carlsbad Spa. By Francis Zallouhal, M.D. With Illustrations and Map. Pp. 138.

Thirty-five Years at Contréxeville. By Debout D'Estrées, M.D. Translated from the French by A. C. Grylls, M.A. Pp. 132. Price 2s. 6d.

HODDER & STOUGHTON (London).

Nerves in Disorder: A Plea for Rational Treatment. By Alfred T. Schofield, M.D. Pp. 202. Price 3s. 6d.

H. K. LEWIS (London).

Public Health Laboratory. Work by Henry R. Kenwood, M.B. Part VII. contributed by W. G. Savage, M.D., &c. Third Edition, with Illustrations Pp. 606.

Practical Pharmacy and Prescribing for Students of Medicine. By James Calvert, B.A., B.Sc., M.D. Lond. Second Edition. Pp. 110. Price 4s. 6d.

LONGMANS, GREEN & Co. (London).

A Manual of Surgical Treatment. By W. Watson Cheyne, C.B., M.B., &c., and F. F. Burghard, M.D. In six parts. Part VI., Section 2. Pp. 559. Price 21s. net.

Social Origins, Primal Law. By Andrew Lang, M.A., LL.D., and J. J. Atkinson. Pp. 311. Price 10s. 6d. net.

MACMILLAN & Co., LTD. (London).

Life History Album. Second Edition. Re-arranged by Francis Galton, D.C.L., F.R.S. Pp. 178. Price 5s. net.

YOUNG, J. PENTLAND (London).

Manual of Practical Anatomy. By D. J. Cunningham. Vol. I. Third Edition. With 250 Engravings. Pp. 605.

GRANT RICHARDS (London).

The Human Machine. By J. F. Nisbet. Pp. 297. Price 3s. 6d.

ALEX. THOM & Co. (Dublin).

The Royal University of Ireland. The Calendar for the year 1903. Pp. 519.

JOHN WRIGHT & Co. (Bristol).

The Pocket Therapist: A Dictionary of Disease and its Treatment. By Thomas Stretch Dowse. M.D. Aber., F.R.C.P. Edin. Third Edition, revised and enlarged. Pp. 411. Price 3s. 6d. net.

Tunacy Department.

ASYLUM MANAGEMENT IN AUSTRALIA.

THERE is no branch of medical practice which has undergone more complete change during the last half

century than the treatment of the insane. Insanity is no longer regarded as a crime and a disgrace, but as a disease, and one that is, to a great extent, amenable to treatment. We no longer have "keepers" in our asylums, but "trained attendants"—trained in the same sense as hospital nurses are trained, but with a view to the particular requirements of their services. No longer are the patients loaded with irons, or bound up in strait-waistcoats, and the superintendent regards his success in treatment as varying inversely with the employment of physical restraint. Keeping such changes in view, we confess to have been somewhat startled by the facts detailed regarding the Government Asylums in Melbourne, in a recent report (a) by Dr. Springthorpe, the official visitor. For purposes of comparison, he puts side by side with his figures regarding the Melbourne asylums the corresponding figures from seven large insane hospitals in the State of New York. The New York reports are for the year 1894, so that he gives Melbourne the advantage of eight years' progress. Nevertheless, in every particular the Australian institutions are far behind those in New York eight years ago. In only one of the New York institutions, for example (and then very occasionally), had any physical restraint been used in the year 1894. In Melbourne, on the other hand, physical restraint had been applied for 24,251 and 29,429 hours in Kew and Yarra Bend asylums respectively. Again, except in the Criminal Asylum at Matteawan, unalld and locked airing-courts have been abolished in the American institutions for many years; while in the Australian more than half the patients get their only exercise in small courts. More important still is the entire lack of individual treatment and curative employment which have been found so successful elsewhere. Instances of antiquated methods might be multiplied, but we have quoted enough to show that the treatment of the insane in Victoria is far from being satisfactory, and calls for very sweeping reform.

New Instruments.

NEW URETHRAL SYRINGE WITH REVERSE FLOW.

MESSRS. ARNOLD AND SON, of Smithfield, manufacture a "Reverse-flow Urethral Syringe," specially designed to meet the requirements, not only of the patient, but of the surgeon. This, unlike existing instruments of its type, is not rendered useless after

employment in an infectious case, but may, with absolute safety, be used in an unlimited number of cases. Its construction and arrangement are such that disconnection of its parts is almost instantaneous, and subsequent sterilisation is easy of accomplishment. Its essential feature consists in the employment of a flexible rubber cap, detachably secured to the nozzle end of the syringe by means of a central rod, and against the walls of which the injected liquid impinges to produce radical distension thereof, and consequent complete occlusion of the urethra at this point. The

unobstructed passage of the liquid from the nozzle of

(a) *Intercolonial Medical Journal for Australasia*, March 20th.

the instrument towards the meatus is facilitated by the presence of a series of flutes formed on the interior of the barrel, and arranged coincidentally with the lateral openings from the interior of the syringe.

The instrument is stated to have received an exhaustive test, and its employment has in all cases been attended with unqualified success. It should be remarked that withdrawal of the syringe from the urethra—particularly in cases where constriction of the parts is present—not infrequently produces complete inversion of the cap, which is made of exceedingly soft rubber to enable this readily to take place.

A PERFECTED FOUNTAIN PEN.

WE have had occasion to test the capabilities of a "Swan" Fountain Pen, provided with the latest improvements, manufactured by Messrs. Mabie, Todd and Bard. One noticeable innovation is the ingenious and simple device for regulating the flow of ink—for the lack of which many a pen has excited feelings of vexation in the mind of the user. With this device, neither constipation nor diarrhoea is to be apprehended, the flow being capable of adjustment according to the fluidity and the temperature of the ink employed. By extension, this same device allows of the pen being refilled without the trouble and inky risk of unscrewing the barrel. Thus adjusted the pen leaves nothing to be desired. It runs smoothly over the pages, evenly distributing the ink and—a highly important detail—it is always ready for use without any violent movements of centrifugal intent. The iridium-tipped gold nib is well made and elastic, and the size of the point is, of course, a matter of choice. Nowadays no medical man can afford to be without a pen of this kind. It is such an immense convenience at all times that no one who has ever tried a really good one would willingly forego its use.

Medical News.

Deaths under Anæsthetics.

A LAD, *æt.* 11, died last week at the Children's Hospital, Birmingham, after an operation for the removal of enlarged tonsils and adenoids. The anæsthetic employed was a mixture of chloroform and ether administered by the so-called, "open method." The usual verdict was returned. Chloroform also caused the death of a child, *æt.* 9, to whom it had been administered for a similar operation at the Great Northern Central Hospital, London, and a verdict of death from misadventure was returned.

The King and the London Hospital.

HIS MAJESTY has arranged that his visit to the London Hospital shall take place on Thursday, June 11th, at 4 p.m., for the opening of the new out-patient department. Her Majesty the Queen will at the same time open the new and enlarged rooms fitted up for the Finsen light treatment of lupus. The out-patient department has cost £80,000, of which £25,000 has been given by one anonymous donor. It is hoped that by the date of the opening the balance (£55,000) may be subscribed as a mark of the public appreciation of their Majesties' great kindness in visiting the hospital to open the buildings.

The British Medical Temperance Association

THE annual meeting of this Association was held through the kind hospitality of the Honorary Secretary, Dr. J. J. Ridge, at Enfield, on May 29th. Prof. Sims Woodhead, of Cambridge, occupied the chair, and after the report of the Council had been read and adopted, Dr. Heywood Smith made some very trite remarks on "Some Aspects of the Semi-Teetotal Movement." While acknowledging that the movement presented many good features, the speaker considered that medical men, who had a right to educate the public upon this question, could influence a far greater number in the direction of temperance than a semi-teetotal society could ever hope to do. He looked for a greater unity in the profession in dealing with

this subject, since by it alone the forces of the armies of workers in this field could be consolidated. There was a good attendance of members, many of whom had come long distances, and by such the grateful shade of the spacious lawn was much appreciated.

The Royal Medical Benevolent College.

A preliminary "List of Stewards" to the Festival Dinner of this College on the 10th inst. reminds us that a special appeal is being made on behalf of the Pensioners' and Foundation Scholars' Funds. The College is in every way deserving of support, especially by the richer members of the profession, and we trust the appeal will be liberally responded to.

Dublin Death-Rate.

THE deaths registered during the week ending Saturday, May 23rd, 1903, in the Dublin registration area represent an annual death-rate of 23.8 in every 1,000 of the population. Tuberculous disease caused 34 deaths; diseases of the nervous system caused 13 deaths; diseases of the circulatory system caused 26 deaths; and diseases of the respiratory system 36 deaths. Seven deaths were uncertified, there having been no medical attendant during the last illness. Forty-four infants died during the week, of whom 27 were under twelve months of age. In the city the death-rate in Lisburn Street district was 27.7; in Clarence Street North, it was 40.5; in Castle Street district it was 37.1; and in Benburb Street district it was 42.8 per 1000.

Enforcement of a Covenant not to Practise.

IN an action in the High Court tried on Friday last Dr. Buxton, of Tamworth, applied for an injunction to restrain his former assistant, Dr. Proctor, from practising medicine within ten miles of Tamworth, in virtue of a covenant entered into to that effect. It seems that the defendant became the plaintiff's assistant in 1890 under the usual agreement, but left him in 1891, having married a lady in the neighbourhood. The defendant, however, had recently returned to Tamworth and had commenced practice, an act which, it was contended, constituted a breach of the agreement referred to. It was urged for the defendant that the covenant terminated with the agreement since there was no reservation of the covenant, and the agreement had been determined. Alternatively, it was urged that the covenant was unreasonable. Mr. Justice Grantham held that the covenant was still binding, since it contained the words "at any future time hereafter," and he further held that it was not harsh or unreasonable. He, therefore, granted the injunction.

St. Thomas's Hospital House Appointments.

THE following gentlemen have been selected as House Officers from Tuesday, June 2nd, 1903:—

House Physicians—C. N. Sears, L.R.C.P., M.R.C.S. (Extension), A. E. Boycott, M.A., M.B., B.Ch.Oxon. B.Sc.Oxon. (Extension), O. Hildesheim, B.A., M.B., B.Ch.Oxon., and H. W. Sexton, L.R.C.P., M.R.C.S.

Assistant House Physicians—B. N. Panton, B.A. Cantab., L.R.C.P., M.R.C.S., and J. N. Sergeant, L.R.C.P., M.R.C.S.

House Surgeons—J. W. Rob, B.A., M.B., B.C. Cantab., T. B. Henderson, M.A., M.B., B.Ch.Oxon., J. P. Hedley, M.A., M.B., B.C. Cantab., and A. B. Bradford, M.B., B.S.Durh., L.R.C.P., M.R.C.S. (Extensions).

Assistant House Surgeons—J. E. Adams, L.R.C.P., M.R.C.S., H. Upcott, L.R.C.P., M.R.C.S., C. Wheen, B.A.Oxon., L.R.C.P., M.R.C.S., and N. Carpmael, L.R.C.P., M.R.C.S. (Extensions).

Obstetric House Physicians—(Senior) W. M. G. Glanville, B.A., M.B., B.Ch.Oxon., and (Junior) H. Spurrier, B.A. Cantab., L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Throat:—R. E. H. Leach, B.A.Oxon., L.R.C.P., M.R.C.S. (Extension), and J. Coates, L.R.C.P., M.R.C.S. Skin—T. Guthrie, B.A. Cantab., L.R.C.P., M.R.C.S. (Extension), and W. Ibbotson, L.R.C.P., M.R.C.S. Ear—A. Bevan, M.B. Lond., L.R.C.P., M.R.C.S. (Extension), and E. A. Ross, M.B., B.C. Cantab.

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 POPULATION OF FOREIGN CITIES.

In answer to the enquiry of a correspondent as to the relative populations of certain cities in Europe and America, which he needs for the purpose of "statistical comparison," we quote those given officially by the Registrar-General:—London, 4,613,812; Paris, 2,660,559; Berlin, 1,883,613; Vienna, 1,744,177; St. Petersburg, 1,248,643; Moscow, 1,098,410. The other cities he mentions have populations considerably under a million, and not approaching the figures of Liverpool and Glasgow, in each of which there are between 700,000 and 800,000 inhabitants. In the United States, New York has 3,782,903 and Philadelphia 1,293,097. We have no knowledge of the extent of Chicago's population.

Mr. T. F. S.—The date fixed for the "Cavendish Lecture" is June 26th, and the lecturer will be Dr. Clifford Allbutt.

M. H. J. will see the subject is referred to in another column of present issue.

Dr. WARD COUSINS.—"University Report" received as we were at press. We propose dealing with it in our next.

Mr. C. H. C.—We will consult a legal friend, and inform you of his opinion.

GARDEN CITIES FOR THE WORKING CLASSES.

Mr. George Cadbury, writing from Bournville, near Birmingham, to the Hon. Sec. of the Church Sanitary Association on the forthcoming meeting, says:—"I am glad the condition of workers in factories in our large towns will come under consideration. The English people cannot maintain their position among the nations unless they pay more attention to the physique of inhabitants of towns. The only real remedy is the establishing of Garden Cities, where men who work in factories have the opportunity of coming in touch with the land. We, here in Bournville, last year, kept careful account of the produce of five gardens, each less than an eighth of an acre in extent. In two of these poultry were kept. The average profit, after deducting the expense incurred for seed and the like, was 1s. 11½d. per week, this constituting a material reduction of the house-rent of 6s. 6d. a week. But the benefit physically, morally, and even spiritually, was so great that it would have been worth cultivating the gardens even if there had been no profit from the labour expended. I may add that the adoption of Garden Cities would materially increase the food supply of the country, as one acre of garden ground produces as much food as thirteen acres of pasture land, and if every working man had an eighth of an acre only one hundredth part of the area of Great Britain would be covered."

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 3RD.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Discussion on Chorionepithelioma and the Occurrence of Chorionepitheliomatous and Hydatiform Mole-like Structures in Teratomata (opened by Dr. J. H. Teacher, of Glasgow (introduced by Dr. Eden) by a paper and epidiascope demonstration). The following have notified their intention to speak and show specimens:—Dr. P. Horrocks, Dr. F. W. N. Hautain, Dr. W. E. Fothergill, Mr. H. Briggs, Dr. A. Helme, Dr. H. Spencer, Dr. A. H. N. Lewers, Dr. W. H. Tate, Dr. T. W. Eden, Mr. J. H. Targett, Dr. T. G. Stevens, Dr. J. M. Kerr, Dr. J. F. McCann, Dr. E. W. A. Walker, Dr. R. Andrews, and Dr. C. Lockyer. 7.30 p.m. Specimens will be exhibited.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. R. Harrison: Clinique. (Surgical.) 5.15 p.m. Dr. L. Lack: Nasal Polypus.

THURSDAY, JUNE 4TH.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital, N.).—4 p.m. Discussion (opened by Dr. S. E. Dore).

Röntgen Society (20, Hanover Square, W.).—8.30 p.m. Mr. C. A. Clark will show Dental X-Ray Tube. Paper:—Rev. P. Mulholland: On the Electric Field surrounding the X-Ray Tube.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. R. Harrison: Hamaturia.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fiteroy Square, W.).—4 p.m. Dr. F. W. Tunnicliffe: Digestion, Assimilation, and Dietetics in Phthisis. (Post-Graduate Course.)

FRIDAY, JUNE 5TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases, Specimens, and Instruments will be shown by Mr. W. H. R. Stewart, Dr. F. Potter, Dr. Y. Wingrave, Mr. de Santil, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. M. Gunn: Clinique. (Eye.) 5.15 p.m. Dr. S. Taylor: Parasites of the Gastro-intestinal Canal.

Appointments.

Cann, T. P., M.D. Durh., Certifying Surgeon under the Factory Act for the Newhaven District of the County of Sussex.

Coady, D. P., L.R.C.P. Edin., L.R.C.S. Edin., F.R.C.S.I., Certifying Surgeon under the Factory Act for the Naas District of the County of Kildare.

Coleman, F., L.R.C.S., L.R.C.P., L.D.S. Eng., Dental Surgeon to the Metropolitan Hospital.

Crooks, J., L.R.C.S. Edin., Certifying Surgeon under the Factory Act for the Axminster District of the County of Devon.

Fairclough, T. B., M.D., M.S. Ire., Certifying Surgeon under the Factory Act for the Dewsbury District of the West Riding of the County of York.

Forsyth, Charles W., M.R.C.S., L.R.C.P. Lond., Assistant Medical Officer to St. Mary, Islington, Infirmary, Highgate Hill.

Hearn, E. M. W., M.R.C.S. Eng., L.R.C.P. Lond., Medical Superintendent of the Bollingbroke Hospital.

Jack, J. G., M.B., B.S. Edin., Certifying Surgeon under the Factory Act for the Falkland District of the County of Fife.

Mason, Henry B., L.D.S. Eng., Consulting Dental Surgeon to the Devon and Exeter Dental Hospital.

Meagher, W., L.R.C.P. Ire., L.R.C.S. Ire., Certifying Surgeon under the Factory Act for the Ferbane District of the King's County.

Ogilvy, S. G., M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Fauldhouse District of the County of Linlithgow.

Pipette, Walter, L.R.C.P., L.R.C.S. Edin., L.S.A. Lond., Public Vaccinator for the Bawdrip and Chedsoy district by the Barnstaple Board of Guardians.

Prytherch, H., M.R.C.S., L.R.C.P. Edin., Certifying Surgeon under the Factory Act for the Beaumaris District of the County of Anglesey.

Simpson, C., M.B., M.S. Aberd., Certifying Surgeon under the Factory Act for the Towcester District of the County of Northampton.

Vacancies.

The Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.—Resident Medical Officer. Salary £70 per annum. Applications to the Secretary.

Beckett Hospital, Barnsley, Yorkshire.—Resident House Surgeon. Salary £100, with board, lodging, and washing. Applications to Ralph F. Pawsey, Hon. Secretary.

Manchester Royal Infirmary.—Surgical Registrar. Salary £80 per annum. Applications to the Chairman of the Medical Board.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E. House Surgeon. Salary £80 per annum, with board, residence, and laundry allowance. Applications to T. Glenton-Kerr, Secretary.

Haydock Lodge Asylum, Lancashire.—Assistant Medical Officer. Salary £200 a year, with furnished quarters, board, washing, &c. Applications to Dr. Street, Haydock Lodge, Newton-le-Willows, Lancs.

Royal United Hospital, Bath.—House Surgeon. Salary £80 per annum, with board, lodging, and lodging. Applications to J. M. Sheppard, Secretary.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, together with furnished apartments, board, attendance, and washing. Application to the Medical Superintendent.

St. Mary's Hospital for Sick Children, Plaistow, London, E.—Resident Medical Officer. Salary £100 per annum, with board, residence and laundry. Applications immediately to Percy J. Glenton, Secretary.

St. Mary's Hospital for Sick Children, Plaistow, London, E.—Assistant Resident Medical Officer. Salary £80 per annum, with board, residence, and laundry. Applications immediately to Percy J. Glenton, Secretary.

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Physiology. Salary £300 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

East Sussex County Asylum, Hellingly.—Second Assistant Medical Officer. Salary £200 per annum, with board, lodging, washing and attendance. Applications to Reginald Blaker, Clerk to the Visiting Committee, 211, High Street, Lewes.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Resident Medical Officer. Salary £100 per annum, with board, residence and laundry. Applications to Thomas Hayes, Secretary.

Parish of Harris.—Medical Officer and Public Vaccinator. Salary £110. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clerk.

Holloway Sanatorium Hospital for the Insane, Virginia Water, Surrey.—Junior Assistant Medical Officer. Salary £175 per annum, with board, lodging, and attendance.—Applications to the Medical Superintendent.

Births

BAYLIS.—On May 26th, at Broadclyst, Ray Park Avenue, Maidenhead, the wife of H. E. Montgomery Baylis, M.B. Durh., M.R.C.S., L.R.C.P. Lond., of a son.

PRITCHARD.—On May 29th, at 14, Cromwell Place, South Kensington, the wife of Eric Pritchard, M.D., of a son.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

DISEASES COMMONLY MISTAKEN FOR RHEUMATISM. (a)

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital, Lecturer on Clinical Medicine and Joint Lecturer on the Principles and Practice of Medicine in the Westminster Hospital Medical School.

THE term "rheumatism" has no definite meaning, but is simply a generic term employed to hide our ignorance. It is a conglomeration of diseases, and for the purposes both of diagnosis and treatment it is necessary to resolve it into its component parts. Ordinarily we speak of muscular rheumatism, articular rheumatism and gonorrhœal rheumatism.

Muscular rheumatism is probably in most cases a myalgia, and is a local and non-febrile condition. It affects the voluntary muscles and the fascia and periosteum to which they are attached. It is known by various names according to the particular muscle or group of muscles attacked. Thus we speak of lumbago, torticollis and pleurodynia, all three terms being used somewhat vaguely. A pain in the lumbar region may be purely muscular in origin, but it may be due to caries of the vertebræ, renal calculus, perinephritic abscess, or congestion of the female generative organs. Torticollis includes not only the rheumatic affection, but a condition which is congenital, certain tonic and clonic conditions due to irritation of the spinal accessory nerves, and some cases of Gilles de la Tourette's disease. Pleurodynia is made to cover myalgia, intercostal neuralgia, herpes zoster, and dry or localised pleurisy. Most cases of muscular rheumatism are directly traceable to exposure to cold or wet. A young man in good health travels up to Glasgow from London by the night train, and finding that he has the carriage to himself, piles the cushions on the floor and sleeps soundly covered only by a light rug. The draught from under the door catches him in the back, and on arriving at his destination he is suffering so severely from lumbago that he has to be assisted from the compartment. In some cases the pain is due to over-exertion. A young lady goes to her first ball and dances every dance. On reaching home she suffers from pain and cramp in the muscles of the calves, thighs and back, and has to be given a hypodermic injection of morphine before she can be undressed. Many cases of so-called rheumatism sent to the hospital are due to sclerosis of the

posterior columns, and have to be labelled *tabes dorsalis*. This mistake is not surprising, for locomotor ataxy in its early stages is often overlooked, and many patients are sent to the eye, throat or surgical out-patient departments. Recently a case of *tabes* with a Charcot knee and a little eczema of the adjacent parts was admitted with the diagnosis of gangrene of the leg. A common provisional diagnosis is "*lumbago and sciatica*." The *sciatica* may be sciatic neuralgia, sciatic neuritis, popliteal, gluteal, or sciatic aneurysm, melano-sarcoma of the femur, renal calculus or malignant disease of the rectum. In one of my cases it was due to fibrous adhesions strangulating the nerve in the sciatic foramen, the result of a hunting accident—a condition cured by cutting down on the parts, breaking through the adhesions and stretching and "harrowing" the nerve. The popular treatment of neuralgia at the present time is the injection of osmic acid, but it is not safe to employ it for mixed nerves such as the sciatic. Many cases of muscular rheumatism are due to uric acid diathesis, the patient suffering from goutiness, although he may never have had a distinct attack of gout. The growing pains of children are often described as rheumatic, as are the pains of anæmia and general debility. The probabilities are that when a patient has been treated for rheumatism for some weeks without benefit there is some grave organic lesion which has been overlooked.

Articular rheumatism is a term often used as a synonym for rheumatic fever, a disease which, in its typical form cannot be mistaken. The sudden onset, usually without a rigor, after some definite exposure to cold and wet, the age of the patient, the history of previous similar attacks, the tonsillitis, the sweating with sudamina and millaria, the involvement of the middle-sized joints with a tendency to metastasis, the complication of pericarditis and endocarditis, with possibly hyperpyrexia, and the association, in many cases, with erythema nodosum and peliosis rheumatica, are typical. The readiness with which the temperature falls under the influence of salicin, salicylic acid or salicylate of sodium is almost diagnostic. Whether the disease is always due to a specific organism is not definitely established, but it is often associated with the diplococcus rheumaticus described by Poynton and Pain, and before them by Triboulet and Wassermann. This organism has been isolated from twenty-two cases of rheumatic fever and its presence has been demonstrated in the principal lesions. It is a minute diplococcus, streptococcal in liquid media, and staphylococcal on solid media. It

(a) Abstract of a Clinical Lecture delivered at the Westminster Hospital, May 6th, 1903.

can be cultivated aëroically and anaëroically. Its virulence is low, and is raised with difficulty. No specific test for it has been discovered. When grown in pure culture it produces by intravenous injections in rabbits identical lesions from which in turn the bacillus can be isolated and cultivated. This work is not new, but it has recently been brought forward in a manner to ensure consideration. It is by way of the tonsils, as Dr. Bertram Abraham has shown, that the specific organism finds its entrances into the circulation. It is usually said that rheumatic fever has to be diagnosed from gout, but the two diseases can hardly be confounded. An acute attack of gout may occur as podagra or chiragra, and it is the former variety which is usually described in text-books. As a matter of fact the great majority of cases of acute gout seen in London hospital practice affect the wrist and hand, the subjects being brewers' draymen who drink much beer, and who maintain that it does them no harm as it is supplied gratuitously. When a man suffers from chiragra he walks to the hospital, but when the feet are affected, and it is a question of taking a cab, he prefers calling in a doctor, from motives of economy. The treatment of these cases of chiragra presents no difficulty, and it is rarely necessary for the patient to absent himself from his duties for more than forty-eight hours. A mixture, containing twenty grains of iodide of potassium and a drachm of colchicum wine should be taken every four hours. It may produce vomiting and diarrhoea, but it cuts short the attack, and the inflammation rapidly subsides. This treatment is adapted only to patients of this particular class, and is not suited for private practice, or for delicate women. As a local application nothing is better than a mixture of equal parts of extract of belladonna and glycerin applied freely, and covered with a thick layer of cotton wool.

Another disease which we are told may be confounded with acute rheumatism is osteoarthritis or rheumatic gout, as it was formerly called. There seems to be little doubt that this affection is bacterial in origin, and that it is due to an organism indistinguishable morphologically and culturally from diplococcus rheumaticus. This statement, however, must be received with a certain amount of reserve, for it is not always easy to say positively whether organisms described by different observers are identical. This disease is usually chronic in its course, attacks the smaller joints, especially those of the hand, and is attended with little elevation of temperature. Some cases run an acute course, and it is then difficult in the early stages to distinguish them from rheumatic fever. The age and sex of the patient, the absence of sweating, and of such complications as endocarditis and pericarditis should put the careful observer on his guard. The treatment of arthritis deformans presents many difficulties, and although large doses of arsenic and of iodide of potassium are commonly recommended it must be confessed that they usually fail to check the progress of the disease. Hot-air baths, at a temperature of 200° F., are useful, and hot douches relieve the pain. The choice of a health resort for these patients presents much difficulty. Bath and Harrogate are available in summer, but in winter the only place at all suitable is Hamman R'Irha, near Algiers. There is an abundance of sunlight, the temperature is uniform, the air is bracing,

the scenery is not unlike that of the Highlands of Scotland, there is an excellent hotel with every convenience, and the baths and douches are admirably adapted for carrying out a systematic course of treatment under the direction of the resident physician. The railway facilities have of late been greatly improved, and the journey presents no difficulty even to patients suffering from advanced rheumatic arthritis. Another disease sometimes in the early stages mistaken for rheumatic fever is pyæmia, but the abrupt onset, the hectic temperature, the suppurative condition of the joints with the formation of multiple abscesses, make the diagnosis easy. Salicylates are of little avail in this condition, and the only hope is in the prompt administration of antistreptococcal serum and surgical interference. The spinal arthropathies such as the Charcot joints of tabes and the gliomatous arthropathy of syringomyelia present little or no difficulty, and are readily recognised.

Gonorrhœal rheumatism or gonococcal arthritis following in the wake of a specific arthritis, and frequently accompanied by iritis, is well known. Usually the iritis occurs concomitantly with the arthritis. Its onset, however, may precede the joint inflammation, or the iritis may occur without arthritic complications. Usually the eyes and the joints are not affected simultaneously. Both conditions are liable to relapse, and they leave behind a vulnerability of the tissues which may persist for years. The majority of the patients do badly in England and are glad to seek some warmer climate in winter, such as Hamman R'Irha. Cases of gonococcal rheumatism originating in ophthalmia neonatorum are often overlooked. Ophthalmic rheumatism may attack infants, either as an acute arthritis accompanied by much pain, swelling and redness, or as a sub-acute synovitis with effusion. The original ophthalmia may be due to an inoculation from the vaginal discharge of the mother at the time of birth, or it may take place accidentally at a later period. The joint affection makes its appearance at the end of the second or at the beginning of the third week. The disease shows a predilection for the knee-joints, but the wrist, elbow, ankle and hip are often involved. It runs a course of about three weeks, and suppuration rarely occurs. It is possible that in cases in which the effusion becomes purulent there may be a double infection, and streptococci as well as gonococci may be present. In the gonococcal arthritis of adults dilatation of the urethra is useful, whilst in children local treatment directed to the ophthalmia affords the best results. The gonococcus in the ophthalmic secretion has been demonstrated by Darier and by Deutschmann in the fluid from the inflamed joints.

Pneumococcal arthritis is a subject which of late has received much attention. The specific organism on which it depends, the diplococcus lanceolatus, is strictly parasitic, but confines its attention entirely to the human subject. It is often present in conditions which are not pathogenic, but it is responsible for a considerable number of morbid conditions. In addition to acute lobar pneumonia and pneumococcal arthritis, it may give rise to abscess and cellulitis, pleurisy and empyema, pericarditis and endocarditis, meningitis, peritonitis, and salpingitis, tonsillitis, keratitis, and otitis media—all of pneumococcal

origin. The arthritis is usually preceded by pneumonia, but it may anticipate the lung condition, and in some cases it occurs as a primary pneumococcal arthritis. This last condition is rare, but I recently had a case under my care. The patient, a pregnant woman, æt. 32, was admitted into the Westminster Hospital on January 1st, 1903. She had septic arthritis of both knees, and of one shoulder and wrist. Mr. Walter Spencer performed arthrotomy of both knees, and the bacteriological report showed the presence of an organism culturally and morphologically indistinguishable from *diplococcus pneumoniae*. The point of interest about this case is that there was no history of pneumonia, and although the patient was kept under observation for six weeks she developed no lung mischief. The joint affection in these cases is continuous and presents none of the fugitive characters of acute rheumatism. The morbid anatomy of the joint is that of other septic arthritides. The pneumococcus is especially liable to attack a joint, the vitality of which is lowered either by some previous attack of disease or by mechanical injury. The treatment of these cases is simple. The joint should be laid open and thoroughly washed out with sterilised water; subsequently rubbing and douches will be found useful in restoring movement. The patients, as a rule, make a good recovery.

Closely allied to the foregoing variety is the arthritis of influenza origin. These cases are either rare or they are overlooked and confounded with acute rheumatism. This must be the case when one considers the prevalence of influenza during the last decade. The disease commonly originates in people who have passed the age in which a first attack of rheumatism occurs, and usually there is a history of several attacks of influenza without anything pointing to the incidence of acute rheumatism. The amount of effusion is not great, but there may be stiffness in one or more joints lasting for some weeks. In one of my cases, a man, æt. 43, had repeated attacks of influenza, but never acute rheumatism, and there was no history of either syphilis or gonorrhœa. The arthritis followed immediately a severe attack of influenza. The joints affected were the shoulders, knees and wrists. There was very little effusion, and not enough to justify aspiration. The disease ran a favourable course, but some stiffness was left in one wrist.

Cases of traumatic arthritis are sometimes associated with the presence of a specific organism. A boy, apparently healthy, receives a blow on the knee, and the fluid obtained from the joint is found to contain a *diplococcus* identical with the *diplococcus* of rheumatic fever. The gradual onset of tuberculous disease in a joint, the resistive power of which has been reduced by injury, is of such frequent occurrence that it should always be suspected. Tuberculous arthritis occurs as a complication of advanced phthisis, but I cannot say that I have met with many such cases. There are cases of polyarthritis occurring in women suffering from leucorrhœa said not to be gonococcal in origin. In scarlet fever, joint lesions are comparatively common, and these cases were formerly known as "scarlatinal rheumatism." Other forms of arthritis are due to syphilis, enteric fever, erysipelas and glanders.

Cases of bronchiectatic arthritis have been recorded by Dr. H. E. Symes-Thompson. Hypertrophic pulmonary osteo-arthritis is often

associated with some chronic affection of the bronchi, lungs or pleura. I have met with a case in which the joint affection, a septic arthritis, was due to a suppurative condition of the roots of a number of decayed teeth. Hæmarthrosis in patients suffering from hæmophilia must be borne in mind. Not infrequently pain in or about a joint is reflex in origin; for example, pain in the knee may be indicative of tuberculous disease of the head of the femur, or it may be due to renal or vesical calculus. It is well to remember the existence of hysterical or mimetic joint affections.

Probably one of the greatest misfortunes that can happen to a man in practice is to confound osteo-myelitis with rheumatism, but the mistake has been made over and over again. Acute suppurative osteo-myelitis occurs chiefly in young subjects, and is staphylococcal in origin. It may arise without any obvious external wound or lesion. It attacks the bone in the immediate vicinity of the epiphysis, the common seats being the upper end of the tibia and the lower extremity of the femur. In addition to high fever and general constitutional disturbance there is pain on percussion over the affected parts. The treatment is to cut down on the bone, gouge out the diseased part and apply pure carbolic acid. Injections of antistaphylococcal serum are useful, and if one particular make or brand fails it is well to try another, but amputation is often the only means of saving the patient's life.

The diagnosis of acute rheumatism is easy, but there are many sources of fallacy, and every case should be regarded with a critical eye. One mistake in diagnosis will create an unfavourable impression, which will take many years of successful practice to wipe out.

The diseases referred to or briefly summarised in this paper are:—

Muscular rheumatism, lumbago, torticollis, pleurodynia.

Acute rheumatism, gout (*chiragra* and *podagra*), rheumatoid or osteo-arthritis in its various forms.

Gonococcal arthritis and iritis, ophthalmic arthritis, leucorrhœal arthritis.

Pneumococcal arthritis and other pneumococcal manifestations.

Influenzal arthritis, scarlatinal, enteric and other arthritides.

Traumatic arthritis, tuberculous arthritis.

Bronchiectatic arthritis, hypertrophic, pulmonary, osteo-arthritis (*Marie's disease*).

Septic arthritis of Rigg's disease.

Hæmarthrosis of hæmophilia.

Charcot joints of *tabes dorsalis* and gliomatous arthritis of syringomyelia.

Hysterical or neuro-mimetic joints.

Acute septic osteo-myelitis.

PIONEERS IN THE COMBAT WITH CONSUMPTION.

By T. N. KELYNACK, M.D., M.R.C.P.,

Assistant Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest, Hampstead and Northwood, London.

ALTHOUGH the pioneers pass, their principles persist and prevail. This is particularly true in regard to "the science and art of medicine." The brilliant results which during the last few years have followed the adoption of the so-called "open-air" treatment of consumption have not only impressed

all thinking members of the public with the importance of a return to hygienic life, at least for the sick, but have encouraged the profession to agitate for means which may allow of the establishment of the greatest powers of resistance to disease-producing agencies and the development of the highest degree of recuperative vigour.

The upspringing of sanatoria for the consumptive in all civilised countries abundantly testifies to the belief in the remedial and alleviative influence of systematised and scientifically applied hygienic measures. The very novelty of the open-air method has favoured its adoption. It is now generally received as a comparatively new and certainly fashionable procedure; and there are not wanting cynics who scornfully ask how it is members of the medical profession have been so slow to recognise the benefits which follow the unfettered action of natural forces.

It is not our purpose at the present time to present any systematic study of the evolution of the modern sanatorium for the consumptive, but merely to draw attention to some of the work of the early pioneers in this field of research. In our enthusiasm for the further development of a now well-established method of practice which both experiment and experience have clearly indicated as based on sound scientific principles, it is but an act of justice to remember the work of those who amidst discouragement and oftentimes active opposition did not hesitate to indicate the path along which advance was to be made. And in a consideration of the expressions of far-seeing minds in the past it may be that fresh light will be thrown on some of the obscure corners which still remain even in the present.

The late Sir Benjamin Ward Richardson deserves a high place among the pioneers of the hygienic treatment of phthisis. Early in 1857 Dr. Richardson issued a remarkable monograph on "The Hygienic Treatment of Pulmonary Consumption" (London: John Churchill), the greater part of which had already appeared in the *Sanitary Review and Journal of Public Health*, in which an outline of the hygienic code for the treatment of consumptives is presented. The first rule reads—"A supply of pure air for respiration is the first indication in the treatment of the consumptive patient." The coddling, close, confined indoor control of these cases is strongly condemned. "In a cosy room the consumptive is bound never to live, nor in any room indeed for great length of time. So long as he is able to be out of doors, he is in his best and safest home. In the fields, on the hills, wherever the fresh air vivifies, where plants look most vigorous, and animals frisk about with joy of health, there will the consumptive draw his choicest medicine, there dissolve and throw off most freely the germs of his disease, and there repair most easily the tissues he has lost."

At a time when consumptives are being wisely refused admission to general hospitals, and when, moreover, the old-fashioned type of institution is no longer considered a desirable or even justifiable place for the treatment of these sufferers, it is not without interest to quote Dr. Richardson's views as penned upwards of half a century ago:

"Before leaving the subject of pure air as a remedy for consumptives, I regret to be obliged to offer an opinion which is, I know, exceptional, and which is therefore given with the firmness of a conscientious conviction, but with the respect due to the opinions of the majority. I am about to

speak of the confinement of consumptives in hospitals. That a vast deal of good is, or may be, done at these institutions by the treatment prescribed by the physicians who attend at them, and whose lives are devoted to the study of the disease, there cannot be a doubt. But that it is a physiological and a sound practical treatment to receive into these buildings consumptive patients, is an assumption I must earnestly dispute. I know the excellent spirit in which institutions of this kind are founded. I am fully aware of the care that is bestowed on the inmates; of the attempts that are made to introduce every hygienic improvement; of the order and cleanliness that prevails; of the kindness of the attendants; of the excellence of the diet roll; and of the skill of the physicians. With all this, it is to me as clear as crystal, that to bring phthisical patients into such institutions is a great charitable mistake. The very care, and waiting-servant attention that is paid to such of the invalids as are in the first and second stages of the disease is a cruel kindness. The remedy for these is to encourage and urge them to assist themselves, and to exert themselves. Moreover, no kind of hygienic system, carried on in a large building filled with inmates, can make the air of that building in any way equal to the outer air, which it is so necessary that the consumptive person should breathe. . . . 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 round 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. Very expensive such an establishment would be, there is no doubt, but it would be infinitely more advantageous, in a practical point of view, to treat ten patients in this manner than ten tens in a confined brick and mortar box, through which, of necessity, some amount of invisible impurity, some trace of transparent poison cloud, is constantly floating."

It is interesting also to find that Dr. Richardson was well acquainted with the antipyretic action of fresh air—"After having tried oil inunctions, sponging with acid solution, and the administration of various astringent remedies, with varying success, I have found no plan so efficient for preventing these perspirations as that of supplying a constant current of pure air."

Sir Benjamin Ward Richardson in later years conveniently summarised much of his earlier teaching in what he termed "Rules for the Prevention of Consumptive Disease: A Sanitary Decalogue" (the *Asclepiad*, vol. xi., p. 147, 1895).

These are of such interest at the present time that no apology is necessary for here recalling them:—

"1. Pure air for breathing is the first rule for the prevention of consumption.

"2. Active exercise, outdoor as much as possible, is essential for the prevention of consumption.

"3. Uniform climate is important for consumptives.

"4. The dress of the consumptive should sustain uniform warmth.

"5. The hours of rest should be carefully regulated by the sunlight.

"6. Out-door occupation is preventive.

" 7. Amusements of consumptives should favour muscular development and sustain healthy respiration.

" 8. Cleanliness in the broadest sense is of special moment.

" 9. Every precaution should be taken to avoid colds.

" 10. The diet of consumptive people should be ample, with full proportion of the respiratory foods."

We have indicated sufficient to prove that England, while wise to learn from German experience as regards elaboration of methods, has not lacked wise directions concerning the principles which to-day are proving so effective in the various sanatoria throughout the country. The present may well gain in energising force by a consideration of the past.

NEURASTHENIA AND PSEUDOPHOBIA OF INTRA- NASAL ORIGIN. (a)

By Dr. CELESTINO COMPAIRED,
of Madrid.

[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS
AND CIRCULAR.]

HAVING observed that many cases of neurasthenics, who wore an abstracted and dull, heavy expression of countenance suffered from intra-nasal lesions, I determined to examine the correlation between the conditions. I found that when the intra-nasal lesion was cured the patients gradually lost their dull, heavy appearance, which was replaced by a look of intelligence. This occurred so frequently that I came to look on the lesion and the stupid facial appearance as cause and effect, and worthy of your consideration. I decided further to extend my observations beyond the study of the cases of neurasthenia and pseudophobia to the correlation of nasal disease to idiocy, in all its many forms; to insanity, and to crime, to the criminal—the social invalid who, like the physically sick, is worthy of special study. Many things conspired to prevent me from carrying out my scheme in all its fulness—delicate health, many engagements, and inability to conduct experiments and collect statistics in the time at my disposal. I find it necessary to carry out my work slowly; but I contemplate bringing the subject more fully before the Société d'Otologie, de Rhinologie et de Laryngologie de Paris. I have been making experiments on animals, also on unfortunate creatures destined to misery, predestined to evil as are so many of the offspring of the epileptic, the drunkard, and the syphilitic, whose fate is the house of correction—incarcerated social outcasts, whose anatomical peculiarities are their stigmata—unfortunates whose minds suffer from hereditary weakness and bias, and whose inability to acquire a decent education environs them with vicious examples which mould their character at the time of greatest mental receptivity, without any counter influence for good. The study of the external anatomical characters of the idiot, the neurasthenic, and criminal must be supplemented by a careful examination of internal anomalies, the sources of such marked reflexes, lesions, and mental peculiarities. I group neurasthenic patients into different grades and classes, from the simplest form of abstraction and slight apprehension to cases of

pronounced pseudophobia with the distinct manifestations taught by Gelineau; patients who suffer from the worry of subjective sensations, or from the exaggerations of objective ones in consequence of slight intra-nasal lesions; cases in which the patient believes he cannot respire through the nose, that the nasal respiratory tract is blocked by tumours, the lesion being no more than a slight hypertrophy of the Schneiderian membrane without spurs, or deviation of the septum, or traces of vegetations, or hypertrophy of Luska's tonsils; nothing but zones of hypertrophied mucous tissue and some zones of hyperæsthesia, usually situated on the spurs of the turbinated bones and in the middle meatus. All this distress of mind is got rid of by curing the local lesion. On the other hand, I have seen cases in which intra-nasal inflammation was well marked, accompanied by deviation of the septum, and prominent enlargement of the turbinated processes not associated with the mental distress; these are the exception. Who has not seen cases of mental abstraction, persistent insomnia, continuous headache, and general neurasthenia which had their origin in wax plugs in the ears—old, hard, wax concretions that pressed on the tympanum, the removal of which got rid of all the unpleasant symptoms? It has been my lot to meet many such. Have we not nasal reflexes as marked and distinct as are the auricular and uterine? Does not the literature of rhinology contain cases of epilepsy, thyroid enlargement, and neurasthenia of intra-nasal origin? Have we not met with cases of intercostal neuralgia, lumbago, and diaphragmatic pains, due to temporary or permanent interference with nasal respiration? This is known to all. We also meet cases of neurasthenia and pseudophobia in individuals who have indulged in tobacco to excess, or were alcoholics, or suffered from syphilis, in whom, although tobacco and alcohol were discontinued, treatment gave no good results until the intra-nasal lesion was discovered and treated. The neurasthenics to whom we refer include all classes. We find them among the young and old; the hysterical, nervous, and irritable; the dull and phlegmatic; men and women, students and farm tillers; aristocrats and beggars; religious and irreverent. In criminals I have found that the intra-nasal lesion bore a distinct relation to the gravity of the crime and the tendency to recurrence. I purpose working out the subject more fully; but from the observations I have already made I consider the following conclusions are justified:—

1. There exist many different types of neurasthenia and pseudophobia whose origin and continuance are due to intra-nasal lesions.

2. These lesions are generally, more or less, narrowing of the nares, with or without compression of the tissues and of the ethmoid, as the result of hypertrophy of the mucous membrane and deviations of the septum; with these may be found spurs and enlargements of the processes of the turbinated bones, and zones of hyperæsthesia.

3. The successful treatment of these intra-nasal lesions is followed by the disappearance of the neurasthenic and pseudophobic symptoms from which the patient suffered.

4. It is possible that these intra-nasal lesions maintain a distinct and intelligible relation in form, quality, and importance to the crime of the criminal who is hunted down and punished under the criminal code.

(a) Read before the International Medical Congress at Madrid.

Paris Clinical Lecture.

RECURRENT HERPES.

By Dr. H. M. DU CASTEL,
Physician to the Hôpital St. Louis, Paris.

THE patient before you rejoices apparently in excellent health, nevertheless this man has come under my care at more or less regular intervals during the last five years. The illness from which he suffers is not serious, but it is particularly refractory to treatment. On the right edge of the tongue you may have noticed several white spots, the size of a pin's head, and several white, superficial patches of irregular outline which were not very extensive. This is what the patient complains of. If you see him again a few days hence, all will have disappeared. You may ask how so trifling a lesion could compel a man to go for five years, nearly every week, to seek the advice of a physician.

This man had a mild attack of syphilis about fifteen years ago. Nothing occurred for several years afterwards, and he considered himself to have recovered completely, when six years ago an eruption appeared in the same place as that of to-day, presenting a similar character to that which you have just seen; this eruption disappeared in a few days, and all appeared to be ended, when, soon after, lingual manifestations of a similar character were reproduced, disappearing as readily as they appeared.

From this time the life of the patient may be divided into two alternate periods; for several weeks he appeared to be in absolute good health, nothing appeared on his tongue; then, suddenly, the right side of the tongue became painful, and an eruption, nearly always of a similar character, made its appearance; in a few days it disappeared and the tongue resumed its normal aspect; then after several weeks of quiescence the lesions again supervened. This has been the patient's life for the last six years, oscillating between periods of lingual integrity and periods of eruption. For the last five years we have tried to prevent its recurrence, but without any appreciable result; I must, however, state that for some time past their frequency has diminished, and we may even hope that the stage of recovery is approaching.

You are no doubt astonished to see doctor and patient pay so much attention to such an apparently trifling lesion, causing at most a little difficulty in mastication at the time of the eruption. An investigation of the mental condition of the man will, however, show the serious aspect of his illness.

When the first eruption of spots appeared six years ago, the patient had almost forgotten that he was syphilitic, and this first eruption did not worry him at all, but when he found that these eruptions reappeared at short intervals, he imagined it was a further outbreak of syphilis, which was again playing pranks in his mouth, and that it would ultimately lead to serious complications. This idea seized hold of him, and it was under the empire of this belief that he sought my advice. From that time, despite all my efforts to reassure him, the patient was extremely unhappy, syphilophobe to the last degree, always convinced that he was menaced by serious manifestations of syphilis. In vain did I tell him that the trifling eruption from which he was suffering was not syphilitic, that it would go away; I could not shake his conviction that he was the victim to one of the worst forms of syphilis, and his life was absolutely embittered thereby. This mental condition is the most serious aspect of the case. Do not imagine that this fixed idea is an accidental occurrence peculiar to this particular patient. It is unfortunately common to most patients suffering from similar lesions, and it constitutes the painful feature of this affection, which is no other than recurring buccal herpes, a morbid type eliminated from the symptomatology of syphilis by Professor Fournier. Concerning this ailment we may say that the eruption itself is of no importance, whilst the moral effect is everything. I may take advantage of this opportunity to make some remarks about recurring herpes.

Herpes is an eruption characterised by the production of hemispherical vesicles, with a soft apex containing at the onset a thin, transparent liquid. These vesicles have a tendency to coalesce, to form groups more or less circular in outline; the cutaneous base is inflamed, oedematous and thickened; in the regions of loose cellular tissues—the prepuce, eyelid, &c.—well-marked and very extensive oedema may make its appearance around even a small group of herpetic vesicles.

The eruption may invade the skin or the mucous membrane by continuity, the buccal mucous membrane being specially prone thereto. On the skin the desiccation of the vesicles gives rise to a scab of variable thickness. On the mucous membrane the eruption is often so ill marked and ephemeral as to escape the eye of the physician. In the region where they break out a diphtheroid membrane rapidly forms, presenting a very close resemblance to real diphtheritic membrane, to such a degree, indeed, that it is often very difficult, and even impossible, to make a sure diagnosis with the naked eye. The herpetic eruption is not of itself a serious lesion; it disappears in a few days after the scab, or the diphtheroid mucous membrane, is shed, leaving the skin or the mucous membrane of a bright red colour, which persists for a short time, and soon everything returns to normal, leaving no scar. The appearance of the eruption under consideration is almost always accompanied by painful phenomena peculiar to it, well known to patients suffering from herpes, and enabling them to foretell its appearance. These phenomena consist of sensations of burning, itching, and shooting pains which are very characteristic, and give their victims due warning of what is to follow.

The herpetic eruption often supervenes in the course of a febrile attack such as pneumonia, influenza, or cerebrospinal meningitis, and when it appears under these conditions it was, and is still, considered to be a good omen by many physicians, as an indication, in fact, of the approach of convalescence. This is what is known as "critical herpes." The good augury ascribed to herpes must not be exaggerated, for it may show itself in the course of serious forms of febrile illness, and even in these cases with a fatal termination.

Local inflammation and traumatism sometimes provoke the appearance of herpes, as, for instance, in gonorrhoea, vaginitis, simple chancre, bruises, and certain other injuries to the limbs. The latter, however, does not appear to cause genuine herpes, the eruptions occurring in this connection being followed by the appearance of sloughs and scars, which are not met with after ordinary herpes, one of the chief symptoms of which is that it leaves no trace of its occurrence, not even the smallest cicatrix.

Eminent authors (Morton, Parrot, Fernet) have described herpetic fever as a general febrile illness, a sort of eruptive fever of which the herpes of the skin is merely the outward and visible manifestation, buccal or pharyngeal herpes affecting the mucous membrane being often associated with pneumonia. We have already referred to epidemics of herpes. In spite of the authority of its partisans, herpetic fever has not convinced the majority of physicians of its right to be classed permanently with the great eruptive fevers such as scarlatina, measles, and small-pox.

Herpes appearing under the various conditions which I have just mentioned is almost incidental rather than accidental in the majority of subjects that are attacked thereby. In a few days the eruption runs its complete cycle and the patient recovers. Some patients are never again attacked by it; indeed there are many who are attacked by an herpetic eruption but once in the course of their life; but others are attacked from time to time by this herpetic eruption, and any unusual worry or fatigue will provoke its appearance. Side by side with these patients, some of whom are attacked quite accidentally by herpes, whilst others may already be considered as chronic sufferers, from the facility with which the eruption appears on the occasion of the slightest indisposition, there exists a third group of subjects in whom herpes shows itself with such frequency as to cause despair, an incessant and often periodical repetition, under well-determined conditions, which are

always the same; this last variety of herpes is what is known as recurring herpes.

This appears on the skin and mucous membrane under different conditions in man and woman. In women this affection is frequent: it is what is known as catamenial herpes. At every menstrual period an herpetic eruption appears, generally about the mouth, on the tip or the sides of the nose, and it may even involve the vulva.

In some patients its distribution exhibits greater varieties. It has been known to appear on the neck, on the buttocks, &c. I saw a woman in whom there appeared towards the end of each period an herpetic eruption below the left breast.

Catamenial herpes is of such frequent occurrence that it is considered by most women as an ordinary phenomenon, so that those who are attacked by it hardly worry themselves at all except when it has an unusual distribution of the kind to which I have just referred, or until it becomes troublesome owing to the generalisation of the eruption.

Another kind is the recurring genital herpes peculiar to man, which has been closely studied by Messrs. Diday and Doyon, also by Professor Fournier and by M. Mauriac. The eruption does not differ from the ordinary herpetic eruption. It consists in the production of vesicles, generally not very numerous, occurring in a limited area of the genitals, the majority in groups which form figures limited by microcyclic and polycyclic edges, to employ the very graphic description of Professor Fournier; that is to say, the edges are irregular and are of a rounded shape. The vesicles repose on a red, inflamed and œdematous base. The subjacent œdema becomes considerable when the eruption is at all copious and is evolved on loose cellular tissue, as is the case in the mucous membrane of the prepuce.

Destruction of the vesicles may give rise to the production of erosions; these, unless from infection or violent injury, are shallow; they are sharply cut, and their margins do not rise above that of the superficial layers of adjacent epidermis. The neighbouring skin is intact and the erosion finds itself hemmed in by a polycyclic and microcyclic edge. The base on which the ulcer rests is soft and œdematous. When it is squeezed between the fingers, a copious serous liquid wells to the surface of the little wound. On the skin, the erosion is covered by a yellow or brownish scab, on the mucous membranes by a diphtheroid coating.

Genital herpes occurs in the various parts of the genital organs of man, the skin of the penis or the prepuce, the preputial mucous membrane, or the corona, &c.

The malady is painful; the appearance of this eruption for several hours is preceded by a troublesome itching, at times almost unbearable, which subsides soon after the vesicles have appeared, and it rarely persists after these have healed.

M. Mauriac insisted strongly on the pain that genital herpes causes in certain patients, which may equal in intensity the most painful neuralgia. This form has been specially named neuralgic herpes. It is often accompanied by an abundant eruption, and by well-marked nervous excitement.

Recurring genital herpes, then, does not differ essentially in its objective characters and evolution from ordinary herpes. The more marked painful phenomena constitute the only perceptible difference between the two. The eruption is in itself mild; what makes it serious is the frequency of its recurrence and the mental condition which it induces in the patient. A patient suffering from recurring genital herpes seldom passes many weeks without the eruption reappearing.

Diday and Doyon state that the recurrence happens every two months; but the frequency of the eruption is often greater, and a period of fifteen to twenty days at the most separates them; sometimes they are so frequent that they are actually subinfrant.

This constant recurrence depends in great measure on the intervention of the determining causes, such as dietetic excesses, forced marches, and the like, but above all things promiscuous sexual intercourse. There are

patients, quite well in their everyday life, in whom there invariably appears, each time they are unfaithful to their usual companion, an eruption of herpes.

The serious aspect of the recurring herpes of man, as already mentioned, is the mental condition into which it throws the unhappy person suffering therefrom. The thought of the resulting incapacity becomes a fixed idea; his life is passed in despair during the evolution of the eruption, or in wondering when the eruption will reappear; he imagines that so refractory a lesion must necessarily be the symptom of a serious venereal illness. The despair of some of those suffering from it is so great that they seek relief from this torture in death.

Recurring buccal herpes was first discovered by Professor Fournier. It may occupy any part of the buccal mucous membrane, but it mostly appears on the edge of the tongue. The vesicles are rarely well defined.

At the onset of the eruption the vesicles appear as miliary granules—little opal or greyish spots which seem to be formed by maceration of the epithelium. Soon the central part of the affected epithelium becomes detached, and there appears a red spot covered by a thin epithelial layer surrounded by a little white collar, which in its turn disappears; there then remains only a superficial erosion of the mucous membrane. This erosion is small, miliary when it corresponds to the evolution of an isolated vesicle; more or less spread out, with microcyclic and polycyclic edges, when it follows the rupture of several confluent vesicles. The appearance of the lesion is heralded by shooting pains and a certain degree of local heat in the spot where it is about to appear.

The healing process is rapid, taking place in a few days, but after several weeks, or a few months at the most, another outbreak appears in the same region, accompanied by the same symptoms and following the same course. Recurring buccal herpes is rare, except in man, and almost always in those who have previously suffered from syphilis. It usually appears in patients in whom infection dates back several years previously, when they only show the so-called secondary symptoms or, more often still, when they are apparently cured. Generally it is after, and not during, an attack of syphilis that recurring buccal herpes occurs; Professor Fournier says that it is what may be called a meta-syphilitic symptom.

According to M. Fournier this affection, once firmly rooted, persists for several years, usually from two, three to four years (you will remember that this patient has already been under our care for five years. It is true, however, that at present the eruption is less intense and occurs at longer intervals, so that we may hope that the time of its final disappearance is approaching). There appears to exist an unquestionable relationship between syphilis and recurring buccal herpes, but the precise nature of that relationship has not yet been made out.

Professor Fournier questions whether the determining factor is not repeated irritation of the mouth, which gives rise to the successive eruptions on the mucous membrane, such, for example, as mercurial treatment or the use of tobacco.

Herpes certainly does not behave like a genuine syphilitic lesion. It does not respond to the anti-syphilitic treatment, nor is it improved thereby; indeed, this treatment is often more injurious than useful, for it seems to precipitate and aggravate the eruption instead of suppressing it.

The patient suffering from recurring buccal herpes often falls into a state of melancholy similar to that which affects those suffering from recurring genital herpes, although it is usually less pronounced. The patient imagines that this lesion in his mouth, following on syphilis and occupying one of its favourite regions, must of necessity be a syphilitic lesion and that it indicates the persistence of the disease and of venereal infection.

Prior to the investigations of Professor Fournier, physicians generally held this opinion, and even at the present time, with the exception of syphilitic specialists

little is generally known about recurring buccal herpes, so that many practitioners are apt to confound it with syphilitic lesions of the mouth and admit that the lesions are of a specific nature. Recurring buccal herpes does not lead to any serious affection of the buccal mucous membrane; it is certainly not a cause of epithelioma, like genuine leucoplasia.

I will not linger over the usually easy diagnosis of recurring catamenial herpes. Catamenial herpes, besides its singular and unusual situation (the neck, breast, &c.), is generally diagnosed by the patient herself.

The diagnosis of genital recurring herpes is more delicate; but in respect of patients who have already had several outbreaks the special evolution of the illness, the sensory disturbances prior to the eruption and the usually very characteristic vesicles leave no room for the slightest doubt.

The artificially irritated lesion might cause some hesitation and lead to confusion with a simple or syphilitic chancre, but the supervention of herpes is preceded by a period of pain, discomfort, a burning feeling, which do not occur in other lesions. It is unusual for herpes, even when irritated, to attain the depth of a chancrous ulcer. The one goes deep into the skin, whilst the other only involves the epidermis and at most destroys the surface of the skin.

The edges of a simple chancre are abrupt and raised; those of herpes are not perceptibly raised, and do not extend beyond the thickness of the skin. The surface of a chancrous ulcer is covered with liquid or concrete pus, and is formed of large and irregular granulations; the surface of the herpetic ulcer is masked by a greyish membrane, slightly diphtheroid in appearance; it is smooth and not granular. As regards the base on which both the lesions rest, it is inflammatory, soft, more or less œdematous, and it does not furnish much information. Although these differential characters can usually be easily made out, there are certain simple superficial chancres which are, at their onset, only distinguished with great difficulty from herpetic ulcers, and this diagnosis, which formerly necessitated the test of inoculation, may now be settled by search for the bacillus of Dureyat.

The difference between herpes and the primary accident of syphilis is generally more marked. The syphilitic ulcer is of a regular shape—rounded or oval—the depth is rarely great, the general shape reminds one of a small cup, that is to say, an excavation which is deep in the centre, the base sloping up gently to the edges, which merge into healthy tissue. The centre of the lesion is covered by a diphtheroid membrane, surrounded by a dark red ring, which gives the whole the appearance of a cockade. The base of the lesion presents, especially at certain points, a certain induration, but you must not imagine that this symptom is either constant or pathognomonic; it is absent from incontestable chancres, and can hardly be distinguished from certain artificial inflammatory indurations, such as may exceptionally accompany herpes.

The secretions of the two lesions are distinct; herpes furnishes an abundant serous exudation, the simple chancre merely suppurates and the syphilitic chancre remains dry and is distinguished from pathological erosions by this tendency to dryness. By compressing the bases of the various ulcers between the fingers, the herpetic serous flux, which is, so to speak, inexhaustible, is increased; in the simple chancre there issues a less abundant serum which mixes with the ordinary purulent secretion, while, to obtain anything from the syphilitic chancre, it is necessary to pierce the diphtheroid membrane which covers it, when there appears through an infinite number of microscopical pores a dark yellowish liquid followed by brownish or dark blood.

The syphilitic chancre is accompanied by glandular enlargement; the simple chancre is often followed by inflammatory mono-adenitis; adenopathy is generally absent in herpes; not infrequently, however, herpes is accompanied by glandular engorgement, which is probably caused by secondary infection of the little wound. Recurring buccal herpes may be mistaken for

the white and opaline syphilitic lesions of the buccal cavity.

Chronic maladies, such as leucoplasia, which leads to epithelioma, the "geographical" tongue, and lichen planus, may be easily distinguished by their thickness, the area invaded, and the persistence of the lesions. The lesions for which herpes may be generally mistaken are the erosive and opaline lesions of syphilis. This is very easily understood when we remember that herpes almost invariably appears in syphilitic patients towards the end of the so-called secondary period or soon after.

Certain facts will, however, direct attention to the nature of the lesion, and thus permit us to form a diagnosis. A very painful sensitive area, a feeling of intense discomfort, and shooting pains precede herpetic eruptions; these generally betoken two kinds of lesions—(1) miliary lesions, little white spots the size of a pin's head, or minute erosions; (2) larger lesions, of irregular shape, covered by a white pellicle, or more or less extensive, superficial, microcyclic, and polycyclic erosions.

The miliary lesions correspond to the evolution of the isolated herpetic vesicles. The character of the eruption I have just described, the rapid and spontaneous evolution of the lesion and its constant repetition well distinguish herpes from the more tenacious but less painful syphilitic lesions.

Some patients, when attacked by lingual herpes, express fear lest it may turn into cancer of the tongue. A short while ago I observed this occur in a fellow-practitioner who, on being attacked by herpes, sought my opinion as to the probability of his acquiring cancer on the tongue. I replied "En aucune façon?" since the lesion he suffered from was herpetic and not leucoplasia. My assurance did not reassure him and did not prevent him from consulting all the specialists of syphilis in the capital, who were of my opinion. These reiterated assurances ended in giving the unhappy, anxious man some hope, but I do assert that he still remained, to a certain degree, apprehensive. *Quant à vous*, when you have diagnosed herpes you may be sure that epithelioma will not follow.

The therapeutics of recurring herpes rarely covers the physician with glory. At the appearance of the eruptions the local treatment will be that used for all herpetic lesions. The great point is to prevent the reappearance of the eruption. Are we able to do this? I will not positively say, "No"; but our intervention very rarely produces very prompt or tangible results.

Constitutional taint, such as struma, arthritis, &c., must be dealt with in the appropriate way. Arsenic is said to have checked recurrence more than once; but it must be administered in large doses. Sulphurous waters are credited with the largest number of recoveries without, however, our being able to promise the patients a certain cure. Cauterisation of the lesion does not seem to have much influence on local nutrition, and in any case does not prevent the return of the complaint. In buccal herpes the hygiene of the mouth must receive special attention.

Local treatment has, however, sometimes yielded good results. One patient was attacked by recurring catamenial herpes, and the eruption appeared on the neck. Verneuil tried injections of 5 per cent. iodoformed ether, and the eruptions ceased to reappear.

The treatment which appears the most successful in the recurring herpes of man is the abstention from dietetic excesses and over fatigue, and above all things, as Diday, Professor Fournier, and others all assert, constancy in sexual intercourse. Many patients have found a cure in marriage.

In the treatment of buccal herpes the patient must eschew the use of tobacco, spiced dishes, and alcoholic drinks. If the diagnosis has been carefully made the use of mercury is absolutely contra-indicated. The patient, generally one who has previously suffered from syphilis, imagining that his illness is still of a syphilitic nature, demands the mercurial treatment; but you must refuse and endeavour to persuade him that mercury, far from doing him any good, would be injurious.

Recurring herpes is a complaint in which the physi-

cian must bring his moral influence to bear. As I have already pointed out, this complaint induces a disastrous mental condition, altogether out of proportion to its gravity. You must therefore endeavour to persuade the patient that the complaint that has driven him to despair will not turn out to be in any way serious, that he exaggerates its importance, that the sooner he conforms better to the rules of the hygiene of herpetism the sooner he will be cured. Unfortunately, the most persuasive physician often fails in his endeavour to persuade. It is undoubtedly the demoralising effect of recurring herpes that constitutes its gravity.

Transactions of Societies.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

ORDINARY MEETING AT LEEDS, MAY 15TH, 1903.

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

CARD SPECIMENS.

AN interesting series was shown by Dr. J. B. HELLIER (Leeds).

Dr. E. O. CROFT (Leeds) showed two uteri removed for malignant disease of the cervix.

SPECIMENS.

Dr. WALTER (Manchester) showed a fibro-myoma uteri undergoing degenerative changes.

Dr. LLOYD ROBERTS (Manchester) showed a tumour removed from the fimbriated end of the Fallopian tube during the course of an operation for ruptured ectopic gestation. It was attached to one or two of the fimbriæ, and presented appearances which indicated that it was a dermoid cyst.

The specimen was discussed by the President, and Drs. C. J. Wright and Walter.

Dr. W. MCGREGOR YOUNG (Leeds) read notes of a case of

ACUTE MERCURIAL POISONING FROM INTRA-UTERINE INJECTION.

The case was of special interest because it was complicated by retention of a piece of placenta *in utero*. The delicate, anæmic patient had been ill more or less throughout her fourth pregnancy. Retention of the placenta, after delivery with forceps, necessitated manual removal, which was followed by an intra-uterine douche of a 1-3,000 solution of biniodide of mercury, followed by one of plain water. On the tenth day there set in indications of sepsis, and a bit of placenta was removed from the uterus. Later, the classical symptoms of acute mercurial poisoning became well marked. Further exploration of the uterus disclosed another piece of placenta, which was removed. By the nineteenth day the patient was progressing well, but a recurrence of the mercurial symptoms took place. Ultimately the patient made a good recovery. Salivation and stomatitis were absent throughout, but there were soreness and stiffness of the jaws, preventing mastication, severe headache, coppery taste in mouth, and severe purging and tenesmus.

The PRESIDENT remarked that solutions made by the dissolving of tablets were apt to be imperfectly mixed, if used hurriedly, the solution at the bottom of the vessel being much stronger than that higher up in the same vessel.

Dr. HERBERT ROPER (Leeds) suggested that the uterus might have been perforated during the administration of the douche.

Dr. E. O. CROFT thought it was unnecessary to advance trauma as the explanation of the symptoms that had been described. He agreed with the President's remarks as to the imperfect solution of powders or tablets, and commented on the difficulties in distinguishing the diarrhoea of sepsis from that due to mercurial poisoning.

Professor WRIGHT (Leeds) said that for some years he had used mercurial solutions in no greater strength than 1-5,000 or 1-6,000, and then only with the greatest care. He considered weak boracic or carbolic solutions were better for intra-uterine use than sterilised water.

Dr. I. LLOYD ROBERTS thought that an occasional reminder such as this case offered was necessary even nowadays. He agreed with Professor Wright that for intra-uterine work weak solutions of boracic acid, carbolic, or iodine were all that was required.

Dr. MCGREGOR YOUNG, in replying, referred to a paper by Professor Marshall, of St. Andrews, on poisoning by mercurial solutions in obstetric practice. This writer thought that many deaths resulted from the use of such solutions, but were not recognised as such. The diagnosis was certainly difficult where a piece of placenta was retained and high temperatures developed. The absence of stomatitis was not against mercurial poisoning, as ulceration of the mouth and ptialism do not usually occur in these acute cases. There was no question of the uterus having been perforated, as the acute symptoms preceded the operation.

Dr. A. RABAGLIATI (Bradford) read a paper on THE CAUSES AND PREVENTION OF CANCER.

After a brief review of the principal theories at present before the profession, Dr. Rabagliati propounded his own view, that cancer is from first to last a disease of over-feeding. He adduced many closely-reasoned arguments in support of this theory, and indicated the lines of treatment to be followed on its basis.

The PRESIDENT complimented Dr. Rabagliati on his paper, and remarked that well-nourished persons were more often attacked by malignant disease than those less well nourished.

Dr. Lloyd Roberts and Dr. Richardson (Leeds) also spoke, and Dr. RABAGLIATI replied.

The proceedings then closed.

Germany.

[FROM OUR OWN CORRESPONDENT]

BERLIN June 6th, 1903.

At the Medical Society, Hr. Stürz showed a youth who had suffered from

OBSTINATE CONSTIPATION WITH CEREBRAL SYMPTOMS.

The youth, æt. 17, had always been healthy, and was of healthy parentage. On May 1st he committed an error in diet, and in consequence suffered from abdominal pain and headaches, but no vomiting or diarrhoea. On the night between May 6th and 7th he had convulsions. On the 11th, when he was admitted into the Charité, he was quite unconscious, had a temperature of 38.2°, pulse 72, and clonic spasms. The urine, which was drawn off with the catheter, contained a large quantity of indican; a lumbar puncture performed the following day gave a negative result. The patient then had a dose of calomel and the bowel was washed out. The following day he recovered consciousness, and was soon quite well. It was remarkable that the pulse-rate, which was now 72, fell during the period of unconsciousness to 40.

Hr. Albu read a paper on

CLINICAL AND ANATOMICAL CONTRIBUTIONS TO OUR KNOWLEDGE OF EXCESSIVE GASTRIC SECRETION.

One understood by this expression the presence in the fasting stomach of a considerable quantity of gastric juice. Reichmann, of Warsaw, had described it as a disease *sui generis*, but it had been disputed by Boas and his followers as to whether it was a morbid condition or not. The speaker agreed with Riegel that the fasting stomach was normally empty, and that the presence of a large quantity of gastric juice was a morbid condition. It was a symptom of exaggerated functional activity such as was found in other organs, also in neurasthenics.

This excessive secretion was even more marked after food. Thus, after a trial breakfast, he found the contents of the stomach more by 50 to 100 c.cm. than the food partaken of. Here, along with the excessive

secretion, there was a certain degree of motor insufficiency. This phenomenon might appear even in the case of persons whose fasting stomachs were generally empty. In that case the presence of much gastric juice is a sign of motor insufficiency. Otherwise the contents would have escaped through the pylorus.

This flow has been noticed as an accompanying symptom—

1. In atony of the stomach, when the splashing sound is produced.

2. In ectasis of the stomach, whether produced by stenosis or by malignant tumours. The acid reaction plays no part here. In these cases the retention of the contents of the stomach must be considered the cause of the excessive flow.

3. In ulcer of the stomach. This may set up spastic cramp of the pylorus, and with this transient retention of the gastric contents, which will in turn excite excessive flow of juice. Thus the speaker saw in a girl with gastric ulcer, who was fed exclusively *per rectum*, frequent vomiting of 150 to 200 c.cm. of pure gastric juice. It was observed in this case that the more copious the vomiting the less was the amount of the renal excretion.

From his own observations the speaker was inclined to look upon such flow not as an independent disease, but as a complication of various morbid conditions.

He showed microscopic preparations from a case in which the flow had been observed during life. They showed hyperplastic parenchymatous gastritis.

Intermittent flow was to be distinguished from the chronic form. Apparently perfectly healthy individuals might occasionally have vomiting accompanied by more or less severe pain. This might be repeated for several days in succession; then everything might remain in order for a longer or shorter period until the vomiting and pains returned once more. This disease, first described by Sahli, was on the whole rarely seen. The speaker had seen some cases, and in all was able to determine that they were commencing tabes, and that they were to be looked upon as early gastric crises. Intermittent vomiting in more regular intervals of several weeks was further observed in moderate stenoses of the pylorus. Here some remnants of gastric contents remained and accumulated, until at last the stomach rebelled and vomiting took place.

In the *D. Zeitschr. f. Chir.*, 66, O. Hildebrand, Bâle, reports

FOUR CASES OF CHOLECYSTOGASTROSTOMY.

The operation in all the four cases was followed by good results. He proposes the operation, therefore, in cases where stases in the gall-bladder cannot be overcome by other means, and cholecysto-enterostomy where a loop of intestine lies sufficiently high for it to be made use of without causing undue tension. Union of the gall-bladder with the large intestine he holds to be dangerous on account of the possible passage of germs from the colon into the gall-bladder, and also without object, as the bile in the large intestine is useless for the purpose of digestion.

Cholecystogastrostomy is comparatively easy to carry out, and permits the fullest use of the bile for digestion. The entry of bile into the stomach does no harm if the fistula is placed in the neighbourhood of the pylorus, where it quickly flows off. As there are no hydrochloric acid glands near the pylorus neutralisation of the bile need not be feared.

SENOR CORTEZO, Sanitarian, Madrid, has been presented by the King of Spain with the Grand Cross of Alphonsus XII. And the thanks of the same illustrious order have been given to Dr. Larra Y. Cerezo.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 6th, 1903.

MYCOSIS FUNGOIDES.

At the Gesellschaft, Riehl showed a man, æt. 48, suffering from mycosis fungoides. In February of the present year he observed several pre-mycotic plaques over the trunk, neck, head, and extremities. These plaques, or white areas, involved forty small tumours the size of hens' eggs, sometimes in the margin, at other times in the centres, besides a number of smaller ones scattered across the surface. A great number of the larger ones ulcerated and broke down in the centres, forming crater-looking sores resisting all therapeutics, such as arsenic, iodide, &c.; and subsequently the Röntgen rays were employed, with a combination of three or five "chromo-radometers," which seemed to check their progress within three days with a distinct reduction in the discharge. After seven days' treatment the tumours began to shrink, throwing off horny layers of desquamation, till the whole of them have now disappeared, leaving a healthy surface.

EXTRA-GENITAL SYPHILIS.

Zeisel had two cases not uncommonly met with of syphilis (primary) on the back of the middle fingers in one case and the upper lip in the other.

A PRODIGY.

Knöpfelmacher showed the meeting a two years and ten months boy with a development of seven years and over in teeth, bones, hands, length, dimensions, and general appearance. The genitals were as well developed as in any adult, even to the hair on the pubes.

Sternberg asked if this was not a case of acromegaly in the periphery of the young, which we seldom meet with in children: while the premature puberty is only a secondary result in the enormous growth which has been observed to take place after castration.

PATELLA CUBITI.

Kienböck presented a man, æt. 34, who exhibited under the Röntgen rays sesamoid bones analogous to the sesamoid cubiti in the tendons of the triceps, which may be more correctly designated patella cubiti. These were present in both elbows also. The patient relates that fifteen years ago he had an injury to the left elbow that tore the ligamentum proprium, after which a sesamoid bone formed on the point of the elbows that produced loud crepitation on flexing the joint.

STING OF BEES AND RHEUMATISM.

Terc brought a curious relation between the sting of bees and possible cure for rheumatism before the Association. He found that patients suffering from rheumatism, when stung with bees, suffer no bad effects, while people in good health, when similarly stung, suffer severely. On the contrary, if the rheumatic sufferer was repeatedly stung the disease was greatly modified or cured. In cases of gonorrhœal rheumatism, however, this immunity or curative action did not exist.

HEMIATROPHIA FACIEI.

At the Gesellschaft für Innere Medizin, Loebel gave the members a long report of a case he put before them exhilarating the ravages of Möbius' disease, or more correctly described by its pathological name, hemiatrophia.

The patient æt. 36, had always enjoyed perfect health till she became pregnant, when a severe pain commenced in the left side of the face. After this the mouth became drawn to one side, with inability to bite; later the teeth began to fall out of the left jaw and subsequently the right shared the same fate, but no pain was experienced during the decidence. After

the confinement, which was normal, the pain entirely disappeared, while the morbid state remained stationary. Since that unhappy event she has been five times pregnant; once premature, once abortive, and thrice perfectly normal. For the last fourteen years she has had the appearance of one sleeping with the left eye open, and during the last three or four years she has not been able to see very well with the left eye, probably due to straining at night work; frequently during this time objects have appeared double.

Careful examination of the internal organs revealed no special morbid centre except a weakened condition of the pulmonary apparatus, probably of a tuberculous nature, but no trace of syphilis could be detected. The left side of the face is now greatly emaciated, which may correctly be described as a skeleton covered with skin, the soft structures having quite disappeared, the fossa canina temporalis and mandibulum remaining as deep holes.

Another point worth noting is the limitation of the paralysed area, which did not cease in the middle line, but was carried far over into the right side; there is no wall to define or sclerodermic thickenings to mark where the one began or the other ended. The skin on the left side of the face was thin without any folds to mark the former pannus or sulcita. Sensation as to pain, touch, and temperature were normal on both sides of the face. The sudorific function was normal, no difference of the temperature in right or left side of face, neither was there motor or trophic disturbance.

In this case the coincidence of the initial process with pregnancy and a limited area of the cutaneous surface points to the disease so ably described by Mobius, which he ascribed to an infectious agency. It is now acknowledged that during pregnancy a number of toxins are floating about in the circulation, which may at any time, and presumably do at times, attack local centres or ganglia such as the trigeminus or sympathetic of the head or cerebrum, producing irreparable atrophy as in the case presented to the members.

Zappert related a peculiar case of this nature that had come under his own observation, but in his case it was double hemiatrophia faciei. The patient was a young woman, æt. 17, who, during the last three years had become so emaciated about the face that the fossæ caninæ, &c., had the skin lying on the skeleton at the base while the bony structures of the gums were in no way reduced. The imitative action of the face, however, was not disturbed, neither was there undue pigmentation of the skin. The disease rapidly developed during the first year of its appearance, and has remained somewhat stationary since. Without speculating on the cause of toxins he proposed to treat the cases for their defects by subcutaneous injections of vaseline.

Continental Summer Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

AIGLE-LES-BAINS.

AIGLE, on a main line of the Jura-Simplon railroad (running up the Rhône Valley from Montreux to Zermatt), and about fifteen minutes' ride from Villeneuve (at the head of steamboat navigation on Lake Geneva), is pleasantly situated near the confluence of the Grande Eau stream with the Rhône River. Above the small, old-fashioned town, and connected therewith by an electric tramway, is the Grand Hotel of Aigle-les-Bains, an elegant modern structure with all up-to-date comforts and conveniences, and having in an adjoining building a hydrotherapeutic establishment, containing baths and douches for electric, saline, pine-needle, vapour, and other hydro-

pathic treatments. The hotel is at an altitude of nearly 2,000 feet above sea-level, on a small plateau of the mountain, and encircled by forests of beech and pine. Located at the entrance of a lateral valley (formed by the Grande Eau stream, which descends through the Ormont gorges from the glaciers of Diableret and Zanfleuron) the Grand Hotel enjoys especial climatic conditions. Its atmosphere is most pure, remarkably dry, quite free from dust, and completely protected from the gales of the lake and Rhone Valley. On warm days two agreeable currents of air come regularly to change and renew the atmosphere of Aigle-les-Bains, in the mornings one air-current ascending pleasantly from the valley, and in the afternoon another equally agreeably air-current coming from the wooded heights. Such currents are well known and much appreciated for their salutary effects at mountain stations of medium altitude and favourably located. Their action is not a "wind," but a light motion of the air, caused by the different degrees of heat existing at different hours on the mountain slopes. Rains are rare and of short duration. At midday the hygrometer shows a mean of 60°, and mornings and evenings frequently 30° to 40°.

Fogs are absolutely unknown during the summer months, and are very seldom seen even in winter. The sunshine in summer bathes the plateau of Aigle-les-Bains from 6 a.m. to 7 p.m., and even in October from 7 a.m. to 6 p.m. Owing to the proximity of the Grande Eau rapid stream, the cascades and forests, the temperature at and around the hotel is fresh and pleasant during the warmest days of summer.

Aigle-les-Bains as an air-cure thus offers the best advantages of an *alpestre*, or medium mountain altitude health-station. Its climate is neither exciting nor enervating, as in some cases are the more elevated mountain stations. In nervous and irritable cases its action is tonic and sedative. In lymphatic and anæmic cases it is tonic and reconstituent; it stimulates the appetite and strengthens the vital forces, so that at Aigle anæmics improve rapidly.

Milk, whey, and grape "cures" are also utilised at Aigle, and added to these the mineral waters here are of prominent importance. Flowing extremely abundantly from a rocky source near the hotel, and having an average temperature of about 45° F., the Aigle water is used for cold douches as efficiently as those of Divonne, and having the same weak alkaline bicarbonated constituents as the Evian and Vosges waters, it has an equal efficacy as the Cachet, Contrexeville, and similar springs now so extensively employed and exported. The Aigle water is of very pleasant taste, and without any perceptible odour. Being most easily digested, it can be freely drunk in even large quantities, without occasioning any disagreeable sequences. In small quantities it benefits the dyspeptic and anæmic by greatly assisting the digestion and stimulating the appetite. In larger doses it aids the gouty, rheumatic, diabetic, and sufferers from calcareous troubles, without producing any of the congestive and other effects frequently following the too liberal use of more strongly mineralised waters.

At Aigle this mineral water is successfully used in baths—

1. For enlargements of the glands, abscesses, scrofulous and pulmonary tendencies.
2. For rickets.
3. Feminine disorders.
4. Convalescents and anæmics.
5. Rheumatism and other arthritic troubles.
6. Nervous maladies.
7. Diabetes, albuminuria.
8. Stomachic and urinary affections.

Sulphur, saline, and carbonic acid baths are also used (as at Barèges, Bex, Nauheim, &c.); massage, likewise, is given by thoroughly competent assistants.

The Grand Hotel of Aigle-les-Bains has, since 1901, been under new management, and is now excellently conducted. Terms are moderate, and as both the baths and the hotel are in one proprietorship, very favourable terms for residence and treatment can always be readily arranged.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

CANCER OF THE PYLORUS CAUSING COMPLETE OBSTRUCTION. POSTERIOR GASTRO-JEJUNOSTOMY.—Mr. MAYO COLLIER operated on a man, *æt.* 42, the subject of a large growth, presumably at the pyloric end of the stomach. The man had been wasting for the last six months and had suffered from dyspepsia for some years, and lately had been troubled with vomiting and pain after meals. There was no history of syphilis or tubercle. The patient was very spare and the contents of the abdomen could be easily examined. The outline of the stomach could be felt, the viscus being apparently much thickened. Towards the pyloric end and encroaching on the lesser curvature was a hard, irregular mass the size of an adult fist. The man had been resident in the hospital some weeks under the physician, and was rapidly losing ground, and now required the stomach to be washed out after every meal. Mr. Collier said the operation he proposed to do had been delayed now too long. The man was running down and becoming weaker daily. In these cases as soon as the diagnosis was fairly certain an operation should be resorted to as holding out the best and only chance of prolonging the life of the patient. As soon as the stomach is short circuited the misery of the subject is immediately changed to comparative comfort, and food can be taken in considerable quantities within a fortnight. Mr. Collier opened the abdomen by a median incision above the umbilicus. The colon was drawn forward and its omentum incised and stitched to the posterior wall of the stomach. A loop of the jejunum was then found and brought forward with the posterior wall of the stomach. Both were stitched together by continuous sutures in a line transversely for about two inches. An incision one inch and three-quarters in length was made in both stomach and jejunum and the cut edges united by interrupted sutures. The outer layer of continuous sutures was next completed and the operation finished by replacing the colon and reuniting the abdominal wound. The patient was ordered to be fed within six hours with hourly one ounce doses of weak, filtered beef-tea and with small quantities of hot water in the intervals. Mr. Collier anticipated a rapid and complete recovery in this case.

TREPHINING THE SACRO-ILIAC JOINT FOR SUBJECTIVE SYMPTOMS OF SACRO-ILIAC DISEASE.—A woman, *æt.* 40, was next operated on by Mr. Collier for pain and tenderness in the region of the right sacro-iliac joint on and off for the last six months. There was local tenderness with some slight fulness over the joint. On standing on the corresponding foot the patient complained of pain, and there was pain also on sitting referred to the same part. The patient stated that on coughing, sneezing, defæcation and urination she felt pain in the region of the sacro-iliac joint. The temperature was increased, and at night this ranged between 99° and 100.5°. There was evidence in the lower cervical region of a previous tuberculous affection dating some seven years ago. The pelvis was examined *per vaginam* and *per rectum*, but nothing positive could be made out. With these cardinal symptoms of tuberculous disease of the sacro-iliac joint Mr. Collier said he felt justified in exploring the joint with a small

trephine. Mr. Collier remarked the centre of the joint was best found by drawing a line from the anterior superior spinous process to the posterior superior spinous process and marking off on this a point two inches from the posterior superior process. This is called the pin-spot, and is the place where the pin of the trephine should enter to guide the trephine to the centre of the joint when the soft parts are cleared away. A curved incision with the convexity backwards was made extending for about six inches from above downwards with the pin-spot as its centre. The incision extended down to the bone. The bone was rapidly cleared and the trephine applied. The joint is known to be reached, Mr. Collier pointed out, by the cessation of the grating feeling of the teeth of the trephine. On removal of the button of bone the parts were found perfectly healthy. Mr. Collier said the cause of the pain and other symptoms was still unexplained, but the right course had been adopted, as one was now in a position to say that disease of the joint was not a factor in the case. No harm could result from the trephine wound, whereas if disease had been found the course of the trouble would have been very much shortened by the procedure adopted.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 10, 1903.

THE FINANCES OF THE GENERAL MEDICAL COUNCIL.

THE reorganisation of the finances of the General Medical Council is likely to be a fertile subject of discussion for some time to come. The situation has come to such a pass that a proposal has been seriously discussed involving an appeal to the Government to allocate a subvention in order to enable the Council to discharge its disciplinary functions. Although the proposal is perfectly constitutional, and although various precedents can be quoted in support thereof, we cannot help thinking that it is not one which ought to commend itself to the Council for adoption, if only for the reason that a State contribution involves direct State control. It may be urged, of course, that

the purging of the Register of the names of "undesirables" is a function primarily intended to protect the public rather than the profession, but this is a specious argument which is not likely to be received at its face value by Parliament. There are two principal reforms which, if carried out, would so reduce the expenditure as to bring it well within the present income of the Council, *viz.*, a reduction in the number of corporate representatives on the board by the geographical grouping of the various licensing bodies, and, secondly, the delegation of the judicial powers of the Council to a committee, with, if necessary, the right of appeal to the full Council. Neither reform could be carried out without legislative sanction, but clauses to this effect might well be embodied in the proposed Medical Act Amendment Bill. One obvious advantage of grouping together certain of the licensing bodies would be to bring them into closer touch with each other, and to afford freer scope to the element directly representing the profession at large. So far as the exercise of the penal powers is concerned the session which has just come to an end affords irrefragable evidence of the cumbersome and costly nature of the present procedure, a great part of the expense whereof falls upon individuals or associations of medical men. It is hardly fair to blame the Penal Cases Committee for the paucity of the results achieved in a large proportion of the cases which came before the Council after passing through the filter. In every instance the charges were such as to call for full and careful investigation, and the non-success of the prosecution in several of them simply shows how easy it is to drive the proverbial coach and four through the most carefully-worded resolutions. The experience of previous cases has made men wary, and considerable ingenuity is displayed in the elaboration of means of evading the consequences of acts which are certainly in violation of the spirit, if not of the letter, of the Council's code of professional ethics. Since, however, the changes indicated must, under the most favourable circumstances, require much time for their accomplishment, means will have to be devised to restore a condition of equilibrium in the finances of the Council. Among other devices the fees for the registration of additional qualifications, it is suggested, should be raised to £1, instead of the present charge of five shillings, and in this connection we see no reason why the Council should not obtain the power to register as additional qualifications diplomas and degrees conferred by any respectable diploma or degree-conferring institution abroad. The present regulations are chaotic; for instance, the M.D. Brussels obtained prior to 1886 is registrable, while the same degree of a later date is refused recognition, and not even the degrees of France or Germany are at present admitted. Once a man is upon the Register in virtue of the requisite British diploma or degree, there is no obvious reason why he should be debarred from obtaining official recognition of his other decorative titles. The proposal to raise the price of the *Medical Register* to ten shillings

has little to recommend it. This provision will still further reduce the number of copies purchased, and, on the other hand, the list is one the circulation whereof ought to be promoted by every possible means. Moreover, as the additional cost would in great measure have to be defrayed by the Government the suggestion is not likely to commend itself for adoption.

THE PLAGUE BACILLUS AS A WEAPON OF WARFARE.

THE term "scientific" as applied to modern warfare has for the most part been limited in its application to the physical means of attack and defence, to tactics, weapons, transport, and military operations generally. Nowadays, however, it bids fair to acquire a new and terrible significance, if we may give credence to circumstantial reports that have recently appeared. By the common consent of civilised nations, war is carried on under certain recognised rules, among which is naturally included the prohibition of the poisoning of wells. That particularly reprehensible action, or something akin to it, it is now deliberately proposed to put into practice against a foreign soldiery engaged in operations that appear to be punitive, although of a peculiarly savage and brutal nature. The authority for this statement is the *Daily News* of June 5th, which publishes a letter from its special commissioner in Sofia, that the people of Macedonia purpose using the plague bacillus against their Turkish oppressors. According to his information, a fortune has been expended in obtaining supplies of culture of Asiatic plague, with which it is proposed to infect Constantinople, Berlioz and the seaport of Salonika, and from these centres the whole Continent. With our present knowledge of the natural history of plague it seems highly improbable that an epidemic would spread from Turkey throughout Europe, although its possibility of incidence would undoubtedly vary considerably with the individual standard of sanitation of each nation. Turkey, with its primitive notions of public health, would certainly suffer severely. The Macedonians, having planted the poison, would presumably retire to the mountains, in which secure retreat they are said to have escaped the widespread havoc of previous plague epidemics in Turkey. As to the feasibility of this startling project there is unhappily little room for doubt. The introduction of the plague bacillus into the main water supply of any community would probably give rise to an instant and practically universal epidemic. The rapid multiplication and wide transmission of the bacillus in rivers is one of the most striking characteristics of the particular organism in question. If the scheme be feasible, it is likely to be far more deadly in its effects than the use of bombs. As to its morality there can be no room for doubt. On general principles it must stand self-condemned as a barbarous and inhuman reversion to savage methods of warfare. That conclusion, however, must be cautiously weighed in consideration with the circumstances that have

set on foot so desperate a project. In the same issue of the journal that contains the announcement of the scheme is published a circumstantial account of the massacre of nearly the whole population of Monastir by Turkish troops. A band of revolutionists had been in the place, but became alarmed and left the village. The fact of evacuation, however, did not prevent the Turks from bombarding the place. Three hundred houses were destroyed and the majority of the population massacred. Two hundred women and children were butchered, the women and girls while resisting outrage. In some cases the wretched victims had their noses and ears cut off before they were butchered. This familiar picture of Turkish ferocity is, we are told, being reproduced throughout the whole of the Macedonian district, while Europe looks on in apathy. Under such circumstances, assuming the facts to be even remotely approaching those of the foregoing statement, it becomes a nice philanthropic problem whether the Macedonians would not be more or less justified in using the plague bacillus or any other means available to rid them of their oppressors. If the scheme of employing plague poison in the manner suggested be diabolical, what term can be applied to the rape, arson, pillage and carnage that form the time-honoured administrative methods of the bloody-minded Turk? It would be interesting to speculate whether free-born Britons, if subjected to similar revolting cruelties, would hesitate to employ the resources of the bacteriological laboratory as a last resort were other methods to fail. The employment of the plague bacillus as a weapon of warfare has furnished a theme to various writers of romance from time to time. The Macedonian scheme of retaliation, if carried out, would furnish an appalling instance of the danger of attempting to exterminate a race by sheer brute force. Modern science is indeed a two-edged weapon. There may be technical difficulties in the way of introducing plague into a community. The scientific knowledge, however, that produced the special cultures would probably find a way to send them further on their fiendish mission.

Notes on Current Topics.

A Test of National Sanitary Service.

THE wholesale distribution of Army blankets infected with typhoid fever bacilli may or may not prove the last straw in the heavy indictment that has accumulated against the War Office. So far as the nation is concerned it has afforded an excellent test of the general efficiency of the public sanitary service throughout the country. Within a few days of the alarm being given, medical officers of health North, South, East and West were hard at work tracing, seizing, disinfecting and destroying the incriminated bedding. It is gratifying to learn that the greater part of the blankets have been traced, although for some time to come cases of enteric fever will doubtless be ascribed to the margin of blankets

that the authorities have failed to recover. Dr. Collingridge, the medical officer of health for the City of London, seized some 40,000 blankets, and altogether it is estimated that about 60,000 have been traced in various parts of the United Kingdom. Fifty were found at Wokingham, 220 at Glasgow, six at Warrington, and a number at the Wilts Reformatory, the Clyde Training Ship "Empress," and at Plymouth. In the latter town four infected blankets bought by private persons were secured, and one resulting case of typhoid fever was reported. Fifty infected blankets were purchased for the Chester Lunatic Asylum, and two actually issued to patients. A large consignment had been sent to an institution at Malvern, and a number sold at Evesham. Among other places which received blankets were Aldershot, Guildford, Bath, Stamford, Newport, Farnborough, Birmingham, Slough, Ipswich, Chesterfield and Aberdeen. Dr. Davies, the medical officer of Bristol, must be congratulated on having been enabled to seize before distribution four bundles of blankets on the strength of telegraphic information from Dr. Collingridge. In the earlier period of the South African War, when large numbers of typhoid fever convalescents were returning home, we ventured to hint at the probability of a later resulting increase of the malady in question in the United Kingdom. That suggestion was advanced in view of the absolutely unavoidable margin of infection that would be imported along with the large number of convalescents scattered throughout the Kingdom. It would at that time have been inconceivable that the Army authorities could have adopted a method whereby the Cape bacilli would be introduced wholesale right into the beds of the British people. It will be interesting to watch the whitewashing process which will be forthcoming, as in the case of other Army scandals.

The Hygienic Aspects of Alcohol.

ALCOHOL, it must be remembered, is not a substance exclusively intended for internal administration; indeed, it is vastly more useful outside than inside the human body. It can be readily and cheaply produced and is employed on a gigantic scale in the arts and manufactures. Were it not for the crushing taxation which the State imposes upon it, the properties of alcohol as a solvent and as an economical source of light, heat and power would be utilised on a vastly greater scale than they are at present. Were it possible to procure methylated spirit at a moderate cost it would forthwith supplant the malodorous paraffin for cooking and lighting purposes, and there is reason to believe that as a source of energy for motor cars it will ultimately yield results fully equal, if not indeed superior, to those obtained from the lighter forms of petroleum. It is unnecessary to insist upon the advantages which a portable kitchen range, heated by means of alcohol, presents over those in general use, heated by common petroleum oil. Now that it has been adapted for use with incandescent mantles, alcohol gives a

light far superior to any obtainable from paraffin, and it is free from the all-pervading odour of the latter, a quality which is not without its importance in view of the abominable odours which the ubiquitous motor car distributes with the dust which it leaves in its wake. The lowering of the tax on alcohol would revolutionise the agricultural industry, in that it would create an immediate demand for vegetable substances suited for its preparation. Once the far-reaching importance of the change is grasped by the public, pressure will be brought on the Government to modify the tax in order that alcohol may compete with paraffin in these various directions.

Scholarships at London University.

ACCORDING to the official *Gazette* published by the University of London, aspirants for its degrees and the diplomas of its various constituent institutions need not be deterred from study by want of means if only they possess brains. Judging from the fact that there are upwards of seven hundred scholarships, studentships, prizes and exhibitions offered in all the Faculties by the recognised Schools of the University, of which over one hundred and twenty are in medicine, there should be no lack of incentive to those who are desirous of entering upon one or more of its curricula. The Metropolitan University in its newly constituted form as the great teaching centre for London no longer bears the opprobrium, as it did formerly, of being "merely an examining body," for it is now a University in very deed, and towards its portals will turn armies of students, men and women of all shades of thought, hastening towards one goal, the possession of one of its highly-prized degrees. The value of these distinctions will in no way be lessened by the fact that the standard of attainment appears, in some cases, to have been lowered while the fees have been correspondingly raised, but rather enhanced owing to the soundly practical nature of the training required by candidates for the various examinations.

Church Hygiene.

THE notoriously ill-ventilated condition of the majority of the places of worship throughout the country, especially the London churches, presents an ever-increasing problem to those interested in practical hygiene. That it is difficult to provide adequate ventilation is, in a great measure, due to the idiosyncrasies of ecclesiastical architecture, in which the disposition, dimensions, and capability of opening of the windows must conform to a certain type. This is true, more particularly, of those ancient and historic churches in which adaptation to modern sanitary necessities would be practically impossible, either from structural exigencies or from the point of view of mere sentimentalism. But it is not necessary, nor is it suggested, that any artistic proportions or classical details should be sacrificed upon the altar of Hygeia. It should be quite possible, for instance, to imitate the example of other public buildings, such as town halls and theatres, and, by the intro-

duction of such useful devices as the Sheringham valve or the Tobin's tube, to provide sufficient fresh-air inlets without outraging any aesthetic considerations. The introduction of electric lighting has materially aided in preventing the vitiation of the air, and where this method is employed it might with advantage be supplemented by electric fans. If these matters were to receive the attention they should, many of the minor ills and inconveniences experienced by church-goers would speedily disappear, and the cause of preventive medicine would be further advanced. It is not sufficient to have the pews and floors kept scrupulously clean, though in this respect there is most likely little to complain of, but it is of vital importance to secure for the worshippers an abundant supply of fresh, pure air.

Foreign Students in France.

AN interesting article in the current number of *La Semaine Medicale* throws light upon the disastrous consequences of the protectionist policy inaugurated some ten years since, in virtue of which every possible discouragement was given to foreign students who desired to pursue their studies at Paris. During these ten years the number of foreign students has fallen by nearly fifty per cent. in consequence of the vexatious restrictions regulating the distribution of such students, most of whom are relegated to one or other of the provincial schools, where the teaching is far below the standard which obtains at Paris. It is odd that an intellectual centre, possessing the world-wide reputation of Paris, should deliberately introduce restrictions calculated to bring about this, for French supremacy, disastrous effect. The measure, it is true, was directed principally against Polish, Roumanian and other students from Eastern Europe whose presence in the clinics in large numbers was the source of annoyance to the more civilised native student, but incidentally it excludes British students, whose numbers have been reduced almost to vanishing point.

The Royal Medical Benevolent College.

THIS institution, admirable alike in its conception and in the manner in which it is conducted, is about to celebrate its Jubilee. Projected in 1853, and formally opened by H.R.H. the late Prince Consort in 1855, it is impossible to compute even roughly the extent of the good work which it has been instrumental in accomplishing. In addition to providing pensions for veteran practitioners upon whom fortune has not smiled, and for the widows of practitioners who have fallen victims to the exigencies of their calling, special facilities are afforded for the education of the sons of medical men in the College, which receives fifty foundation scholars open to "medical orphans." In view of the comprehensive nature of the charitable assistance provided by the College it is unsatisfactory to find that the accounts for the year 1902 show an indebtedness of close upon £3,000. The benevolent side of the institu-

tion requires annual contributions of not less than £6,000, but to be carried out on a scale at all commensurate with the objects in view a much larger sum would be required. It is a matter for regretful surprise that the institution should not receive more assistance from wealthy members of the profession. If those to whom the medical profession has afforded the means of arriving at fame and riches would only avail themselves of the opportunity thus offered to assist their less fortunate fellows the College would be enabled to cope more adequately with the many calls on its funds. The Festival Dinner which takes place this (Wednesday) evening promises to be a great success, and H.R.H. the Prince of Wales has consented to lend the weight of his presence to this meritorious cause.

The Recent Blackmailing Action.

IN our issue of May 27th we gave the result of an action against Dr. A. Gordon, of Rathmines, who was summoned by a woman, a former patient, for an alleged indecent assault. When the case came forward the magistrate offered to have it heard *in camera*, but Dr. Gordon's counsel declined this on the grounds that it was a blackmailing action, and that Dr. Gordon wished for the fullest publicity. The case terminated as such cases not infrequently do, by showing the apparent existence of a concerted plot between husband and wife to obtain money from Dr. Gordon, and after evidence had been adduced, the case was scouted out of court. As pointed out by us, it is a most serious state of affairs that any member of the profession is liable to have his future jeopardised by a lying woman, and we called upon the authorities to investigate the evidence given in this case with a view, if possible, to prosecution, in order that unscrupulous persons may perceive that such actions could not be indulged in with impunity. In reply to this suggestion we have received several letters of approval, two of which appear in our correspondence columns.

Aerated Water Perils.

Now that the summer season is approaching with its attendant thirst, the question of what to drink becomes a matter of great importance. There is little doubt that aerated beverages, such as soda-water, lemonade, and ginger-beer, are increasingly consumed by Londoners, especially in the poorer parts among the native and alien population. The relative cheapness of such liquids as compared with beer, together with the spread of teetotalism, is doubtless responsible for this preference. The term "bottled" to the average lay mind is almost an implicit guarantee of purity. Would that it were always so! The recent report issued by Dr. Hamer, the assistant medical officer of health to the London County Council, is, to say the least, somewhat disquieting. The disclosures revealed therein show that in many instances the water supply was contaminated, and the bottling apparatus in a filthy condition. The water employed for rinsing out empty bottles

was apparently not thought necessary to be of the same standard of purity as that used in the manufacture of the beverage. Happily, these remarks of Dr. Hamer only apply to the small and alien manufacturers, and do not in any way refer to English firms of known repute. Nevertheless, a distinct danger lurks in our midst, and it would be to the interest and safety of the public at large if, as the report suggests, more frequent and thorough inspection of this industry were systematically carried out.

More Haste, Less Speed.

THE popular notion which still exists in the minds of the public, even among educated individuals, that a large dose of a given medicine must bring about a proportionately rapid cure, is obviously a most dangerous fallacy. This was exemplified by the recent narrow escape from fatal poisoning of a well-known French actress. This accomplished lady was anxious to fulfil a certain professional engagement, though suffering at the time from a cold; and tincture of aconite having been prescribed she proceeded to swallow a teaspoonful, instead of a few drops, as ordered, hoping, no doubt, that by so doing the malady would be prevented from developing into anything more serious. The inevitable result followed, namely, acute aconite poisoning, manifested by numbness of the limbs and increasing circulatory weakness. Fortunately, under prompt medical treatment, the patient recovered, and the artiste will, in all probability, soon be restored to her numerous admirers. Many similar instances will doubtless be recalled by many practitioners, in which such unreasonable hurry and disregard of medical directions have led to serious mishaps.

What is the Use of the Gall-Bladder?

THE gall-bladder is generally looked upon as being the reservoir of the bile, as tending to regulate the pressure of this secretion, and as modifying in some way its composition. Prof. Woods Hutchinson, in a most suggestive article, throws grave doubts upon the capability of the organ to perform any of these alleged functions. In the first place, he states that owing to the very small capacity of the gall-bladder it could only accommodate about one-thirtieth to one-twentieth of the bile. He further points out that the organ has to act in opposition to gravity, that it is sharply curved upon itself owing to the abnormal curvature of the liver, produced by man's erect posture, that its mouth is obstructed by a mucous valve, and finally, that its propulsive force must be exceedingly slight owing to the large amount of white inelastic tissue in its walls. Moreover, analyses of the bile in the gall-bladder as compared with that taken from the hepatic duct show simply a concentration of the bile due to loss of water and admixture with an inert mucus. Its chief action would therefore seem to be that of "clogging the already easily obstructed mouth of the organ which secretes the bile." From its inconstant presence in the lower animals together with its high disease-liability, Prof. Hutchinson regards

the gall-bladder, as also does Roswell Park, as a useless and comparatively functionless organ, a vestigial structure analogous to the vermiform appendix. Total cholecystectomy has been performed by the above-mentioned surgeon, and if the allegations concerning the organ be correct, such a proceeding is not only justifiable but is in strict accordance with the highest principles of modern surgery.

Care of the Wounded in Warships.

The British Army is riddled with defects so multitudinous and so grave that absolute reorganisation on a new and business-like footing appears to be the only available remedy. The British Navy, on the other hand, has on the whole retained the confidence of the nation. For all that, there are many points, administrative and otherwise, needing reform at the hands of the Admiralty. The breakdown of the Army Medical Department in South Africa has not unnaturally led to some amount of heart-searching in the sister Service. The provision for the treatment of the wounded in action, for instance, has recently furnished material for scathing criticism by Dr. Philip Randall (late R.N.) and others at the Royal United Service Institution. It appears that while the modern warship possesses scant accommodation for the sick, it has no special provision whatever for the wounded in action. In order to meet the latter defect the naval architects are devising schemes for providing "cockpits" on the old-fashioned plan, whereby the wounded can be placed below the water-line, or in some position of comparative safety. It must be remembered, however, that the conditions of naval warfare have altered so much that it is practically impossible to move about the decks of a ship under fire. While the problem of cockpit accommodation is unsolved, however, it is nevertheless possible to add materially to the bodily safety of our "handy men" in action by teaching them first aid and ambulance work. If this be desirable on the field it is no less valuable for Jack afloat, for the naval surgeons have to keep at their post during a fight, and are unable to visit wounded men in their quarters.

The "Index Medicus."

AFTER repeated warnings to the members of the medical profession from the editors, the *Index Medicus* died from want of support, and for a considerable time the profession was without that most valuable monthly. On every side literary men complained of the loss of the helpful journal, and all seemed delighted when it was proposed to recommence the issue. The first number of the new series has now been issued, and of the more than 300,000 members of the medical profession in the civilised world, only 251 are found who subscribe to its publication. English-speaking physicians alone number considerably over 100,000, and of these less than two hundred are found to subscribe 20s. a year to enable the publication to be brought out. For the 20s. they get the new *Index Medicus*, which to the busy man

is worth five times the price, if it were only for the saving of time it effects. The majority of our readers know the immense value of the paper, as not without use in supplying practical hints to the physician. If the subscribers do not become much more numerous the journal cannot be published, and the prospects of being able to resuscitate it a second time would be slight. We do hope that the new *Index Medicus* will receive that support it so well deserves.

The Rectal Valves and Constipation.

THE so-called "valves" of the rectum, described by Houston, do not appear to fulfil any very noteworthy functions, but Dr. Louis Hirschman, of Detroit, would accord them a large share in the production of the very prevalent affection, normal indeed to some, namely, constipation. He maintains that by means of the rectal speculum, which should always be employed in cases of chronic and obstinate constipation, enlargement of one or more of the three valves will be found in the vast majority. They may become congested or fibrotic, and so be capable of producing mechanical obstruction to the normal act of defæcation. If the offending valve be incised, relief generally follows. The technique of the operation is quite simple, even local anæsthesia not being always necessary owing to the comparative insensitiveness of the upper part of the rectum. He claims that these minor surgical measures are sufficient in many obstinate cases to ensure natural and easy evacuation of the bowels, and the method advocated by Dr. Hirschman certainly appears worthy of a trial by surgeons in this country.

Poor-law Medical Reform.

THE Abbeyleix Board of Guardians feeling indignant that the union medical officers had combined in a constitutional and perfectly legal and above-board manner to improve the conditions of the Poor-law medical service, decided to strike the organisation a crushing blow. They passed the following resolution:—"That the Board of Guardians request the Irish Parliamentary Party to take such steps as will exclude the medical officers from the benefits of the Superannuation Bill unless the present unreasonable demands are withdrawn by the medical profession." This resolution they looked on as well calculated to shatter the lawful association of doctors, and proud of their work they sent copies of it to other unions for adoption. But as in the days of the French Revolution the Girondists were outdone in words of violence, so the Abbeyleix resolution has been outdone by the resolution of the Mullingar Board of Guardians, who not only adopt the Abbeyleix one, but add the following:—"And that the Irish members be asked to have a clause inserted in the Bill, in the event of it becoming law, to prevent medical officers of unions adopting a similar attitude on the Bill, and that Mr. Redmond and the Whips of the Irish Party do get a copy of this resolution as amended." As we read this bluster we are reminded of Bob Acres, who ate every man he killed. What a wonderful power these rustics

imagine they possess, when in their own opinion they can by a resolution in a country town have a clause inserted in an Act of Parliament depriving the union medical officers of the right of association for a lawful and legitimate purpose. We ought to feel grateful that the said guardians did not ask that the medical officers be whipped, and for holidays get a month in gaol. Withal we are thankful to these local Solons for publishing their views and airing their wisdom. In no other way could the public learn the unfitness of these men to control the action of a large and honourable body of gentlemen as those of the Poor-law medical service.

The Finances of the Royal College of Surgeons, Ireland.

At the annual meeting of the Royal College of Surgeons in Ireland, the President, Mr. L. H. Ormsby, drew attention to the financial condition of the amalgamated schools; the Ledwich, the Carmichael, and the College of Surgeons School. The receipts for the year ending April 5th, 1903, exceeded the expenses by £677 6s. 7d., nevertheless they are closed with a deficiency of £538. This balance on the wrong side was caused by an expenditure of £1,215 14s. 7d. on painting and necessary renovations. It is becoming a very serious matter to know how the college is to subsist unless it gets more support. It is difficult for its medical school to attract students, and, as the president stated, its "Licentiates and Fellows located in the colonies and various parts of the British Empire do not take the trouble to recommend Dublin (where they themselves have received their qualifications) to their many friends and clients as one of the best and cheapest places to send their sons and daughters to study medicine and surgery." The reason for this, in part at least, is that the medical curriculum is now a long and expensive one, and the parent of to-day who decides on entering his son for the profession desires to secure a University degree for the expense incurred. A practitioner who does not possess a University degree is under certain disadvantages, and particularly so if he seeks public appointments. In this state of public opinion is, we think, to be found the cause of the condition the President deploras.

Radiography and the Public.

Most of us who have had occasion to make use in private practice of the X-rays as a help to diagnosis of injuries (and who has not?) have at one time or another regretted the interest which the public still take in them. Our patients always expect to see the negative or print, quite regardless of the fact that radiographs are worse than unintelligible to any other than a skilled eye. If we do not satisfy their curiosity we are regarded with suspicion, and it is thought we are concealing the real condition of affairs. On the other hand their examination of the plate often deludes them into the belief that the injury is more serious than was represented. A natural tuberosity on a bone is regarded by the patient as an artificial deformity, and the gap shown by the X-rays in

a recently united fracture is proof positive that union has not taken place. The public have never clearly understood that a *radiograph* is in no sense a *photograph* of actual conditions but a mere picture of a shadow. A recent ruling of the Supreme Court of Nebraska has emphasised and confirmed this error. Up to the present it was the custom when radiographs were produced in courts of law that they must be proved to have been taken by competent persons who were to be present to interpret them. This, however, has been set aside in the decision referred to, and the doctrine laid down that radiographs are in themselves good evidence, and even better than skilled opinion. "It is hardly possible," says the Court, "to convey such matters to the average mind as clearly by oral testimony as it (*sic*) may be conveyed by means of a photograph." We are ourselves somewhat to blame for such blunders, both by the erroneous application of the term "photograph" and by our eagerness to demonstrate (in its earlier days, at least) the wonders of X-radiography to our patients. We do not think it necessary, however, to explain the working of a test for albumin in the urine, or to show tubercle bacilli in a slide of sputum. Why then demonstrate the details of clinical diagnosis of another kind?

Small-Pox Epidemic.

The successful prosecutions instituted by the Corporation of the City of Dublin against some persons for concealing cases of small-pox is a great victory for the sanitary authorities. It is an object-lesson to the unenlightened public that the common law of the land has come to take cognisance of concealment of infectious diseases. Until the practice is put a stop to, all efforts, no matter how well devised, for the stamping out of the disease, would end in failure. One of the Dublin cases was of a peculiarly bad type. The defendant was a dairyman, and from his infected premises, where one of his assistants suffering from small-pox was concealed, the milk was supplied to customers, and one of his van drivers was fully five days labouring under the disease. Of course, notification to the defendant meant a very considerable money loss, and no man likes to meet such in business; but the welfare of the public must be considered before that of the individual, and a man so indifferent to the health of his customers as to send milk from an infected house, especially when infected with such a loathsome disease as small-pox, and send it by a messenger suffering from the disease, cannot claim much indulgence from the public. The police magistrate inflicted a fine of £2 and £1 costs; but we regret that imprisonment and not a pecuniary fine was not given. Dublin dairymen are wealthy, and a fine of 40s. and costs does not bring home to the rich man the necessity that there is of keeping within the law as does a term in gaol. And if any man deserved a month of hard labour it is one who, callous of human life, was daily endangering human lives, carrying from house to house the germs of a loathsome disease, and all for a miserable

gain. It is to be presumed that being the first of such cases the magistrate considered that the proceedings in court and the fine would be sufficient to deter other milkmen from repeating the offence, which, rather than the punishment of the individual, is the object of the law.

A Laboratory Plague Victim.

THE news of the distressing death of a medical man from plague infection arrived last week from Germany. The deceased was a young Austrian physician, named Milan Sachs, twenty-five years of age, engaged in research work in the Bacteriological Department of the Institute of Infectious Diseases in Berlin. He contracted plague and was conveyed to the Charlottenburg Hospital, where he shortly afterwards died. This unfortunate incident is a repetition of former unhappy occurrences of a similar nature which have taken place from time to time in Germany, with a frequency that apparently points to some laxity of method in the bacteriological laboratories of that country. Only last year several valuable lives were lost from bubonic plague owing to the recklessness of a drunken hospital porter. The deaths of laboratory workers from infection by pathogenic cultures are preventable, and their frequent occurrence, we repeat, points to defective supervision. Now and then, even under the most perfect system, a death is tolerably certain to happen from laboratory infection, owing to the inevitable margin of individual carelessness. When the vast amount of deadly cultures existing in the laboratories and lecture rooms of the United Kingdom is taken into account there is reason for abundant thankfulness that resulting disasters are practically unknown. At the same time it should be borne in mind that immunity in this instance is purchased only at the cost of increasing vigilance.

The Swanley Ophthalmic School.

THE new White Oak School of the Metropolitan Asylums Board, recently opened by Mr. Chaplin, marks a new departure of considerable importance in Poor Law administration. It is hardly necessary to state that it has been established for the reception of children suffering from ophthalmia, so that they can be treated for the disease, while at the same time their education is kept up. The present Institution is of the best modern type and is built in a number of scattered blocks with an ample area of curtilage. The cost of the school, no less than £117,374, is on the liberal scale invariably adopted by the Asylums Board, which, although an efficient, can hardly be regarded as an economical body. Then the delay in completing the school has been excessive. Mr. Chaplin's Departmental Order was issued seven years ago, a lapse of time which seems far more than ample for the most leisurely of circumlocution offices, whereas it has been swallowed up by a great central administrative body with unlimited means at disposal. It is to be believed, however, that under proper skilled administration a brilliant future awaits the

Swanley School. Mr. Chaplin was very fitly selected to open the school, as its establishment was directly due to his action when President of the Local Government Board.

Praiseworthy Vigilance.

OWING to the vigilance of Dr. C. L. Birmingham, Medical Officer of Health, Westport, an outbreak of typhoid fever has been prevented in that port. He traced to Westport a number of typhoid-infected army blankets from South Africa to a local dealer, and was fortunately in time to prevent any of them being disposed of. The unopened package was returned to the exporter, and the guardians are to be congratulated on the prompt measures their medical officer took in this matter. Such an object lesson of the value of a medical sanitary officer cannot be without its effect on the public.

PERSONAL.

MR. SAMUEL R. ATKINS, ex-Mayor of Salisbury, has been elected President of the Pharmaceutical Society of Great Britain.

DR. C. F. KNOX has been appointed District Medical Officer of Port of Spain and Medical Inspector of Immigrants in Trinidad.

MISS HELENA GERTRUDE JONES, M.B., B.S., London, has been appointed Assistant Medical Officer of the Greenwich Union Infirmary.

DR. J. J. R. MACLEOD, Assistant Demonstrator of Physiology at the London Hospital, has been appointed Professor of Physiology at the Western Reserve University, Cleveland, U.S.A.

DR. D. B. LEES will deliver the Harveian Lectures of the Harveian Society of London on November 5th, 12th, and 19th, taking for his theme "The Treatment of Some Acute Visceral Inflammations."

MISS A. V. NEVILLE JOHNSON, L.R.C.P. & S. and D.P.H.Cantab., who is attached to the medical staff of the Joint Counties Asylum, Carmarthen, has come out at the head of the list of candidates for the fellowship of the Royal College of Surgeons of Ireland.

MR. J. ASTLEY BLOXAM, who has for so many years discharged the duties of surgeon to the Charing Cross Hospital, retires to-day, having attained the age limit. Thirty-three years' continuous service to a public institution of this importance constitutes a meritorious record, and ought in justice to carry with it some titular distinction.

THE Committee of Organization of the Fourth Centenary of the University of Valencia, has conferred on Dr. Don Faustiná Barbera a vote of thanks and a gold medal for his biography of Crisostomo Martinez, the Valencian anatomist of the fifteenth century. A translation of this very interesting biography from the pen of Dr. George Foy was published in our Dutch contemporary, *Janus*.

THE death is announced, at the age of 78, of Mr. Alfred Haviland, whose name will long be remembered in connection with his published observations on Medical geography and climatology with special reference to the distribution of disease.

Special Correspondence.

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

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

JUVENILE SMOKING.—The clergy of the Presbyterian Church in Ireland, at the meeting of their General Assembly in Belfast, have passed various strongly-worded resolutions on the evils of juvenile smoking, and call on the Government to follow the lead of several other states in Europe and America and prohibit the sale of tobacco to boys under sixteen years of age.

THE INFECTED ARMY BLANKETS.—It appears from the report of the Public Health Committee of the Corporation that a number of the infected blankets from South Africa were obtained by two firms in Belfast, but happily the medical officer of health had been able to collect them all and have them disinfected.

THE REFUSE DESTRUCTOR.—This destructor, provided at great expense some years ago, has been shrouded in mystery from its very beginning, the public never being allowed to know how it worked, though rumours that it was almost useless were frequently heard. At the last meeting of the Corporation, it was stated by the Chairman of the Health Committee that "it had not been so great a success as they could have wished." It is said that it is now "closed for alterations and repairs."

TYPHOID FEVER IN BELFAST.—During the four weeks ending May 16th, there were 70 cases of typhoid notified, and fourteen deaths. The disease is not most prevalent in the high districts of the city supplied by the suspicious Stoneyford water, but is commoner on the County Down side of the river at present. It is plain that the explanation of the typhoid epidemics in the city, and their distribution, is yet to be found.

ANTI-CONSUMPTION CRUSADE.—On Friday afternoon a meeting of the Ulster Branch of the National Association for the Prevention of Consumption was held in the Medical Institute, Belfast, kindly lent for the occasion. Sir Wm. Whitla presided, and Mr. Robert Brown, the Hon. Sec., read the annual report. This stated that during the year 5,000 copies of a poster pointing to the value of fresh air and the risk of spitting had been printed and most of them distributed to factories and mills, where they are generally put up in prominent places. A little leaflet on "How to Prevent Consumption," has been prepared, and 20,000 copies printed, of which large numbers have been distributed. The adoption of the report was moved by the chairman, who referred specially to probable municipal action in these matters, and to the necessity of early education in them. The report was seconded by Dr. A. K. Chalmers, Medical Officer of Health, Glasgow, who delivered an address on "How to Reduce the Death-rate from Consumption." After dwelling on the various forms in which tubercle had to be fought, and the history of its treatment from early times, he dealt at length with the question of heredity. The early care of children who inherited the "good soil for the growth of the tubercle bacillus" was of primary importance. This end could only be attained by attention to details in the child's life—air, clothes, and food. In the subsequent proceedings, President Hamilton (Queen's College), Dr. Williamson, Dr. Chas. O'Neill, and Dr. King Kerr took part.

Correspondence.

THE GORDON BLACKMAILING CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—I was much pleased to see your remarks on this case in your issue for May 27th, and fully endorse everything you have said.

With a view to opening a subscription list to defray Dr. Gordon's legal expenses, I beg to enclose my cheque

for five guineas as a slight acknowledgment of the debt the profession owe him for his courageous exposure of this dangerous pair.

I am, Sir, yours truly,

FRANCIS T. HEUSTON, M.D., F.R.C.S.

SIR,—I believe you have opened a fund to reimburse Dr. Gordon in part, at least, for the heavy expenses which he has incurred in defending himself against one of those baseless charges to which medical men are so exposed, and I have great pleasure in sending my contribution.

I am, Sir, yours truly,

JAMES LITTLE, LL.D.Ed., F.R.C.P.I.

Dublin, June 5th, 1903.

[We shall willingly receive subscriptions towards a fund to defray Dr. Gordon's expenses. It is nothing short of a scandal that medical men should be exposed at any moment to blackmailing actions of this kind. Even if they have the most perfect answer—as was the case in the present instance—the cost of defence is very considerable. Nothing will be so effective in checking blackmailers as showing that the profession are determined to stand by a *confre* who is thus victimised. We cordially invite subscriptions, and acknowledge the following.—ED.]

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|-------------------------|---|----|----|
| Dr. J. Little | 5 | 5 | 0 |
| Dr. F. Heuston | 5 | 5 | 0 |
| Dr. R. W. Harley | 2 | 2 | 0 |
| Dr. Furlong | 2 | 2 | 0 |

"A COSTLY DEFECT IN MEDICAL EDUCATION."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been called to a correspondence in your issues of May 13th and 27th, with reference to the training in midwifery of the students of the London School of Medicine for Women, and to an editorial note thereupon, which characterises the arrangements now going forward for establishing an out-patient maternity in connection with the Royal Free Hospital as the remedy of a "very obvious lapsus." I venture to write and inform you that this statement does not correctly represent the real facts of the case.

So long ago as 1885 the "defect" in question was pointed to those interested in the medical education of women, but so also was the point alluded to by "Medical Guardian," in your issue of May 13th, viz., the lack of practical instruction in midwifery obtainable by men medical students in the out-patient maternities attached to their hospitals. It is obviously impossible that the best practical instruction can be given under the unsatisfactory conditions that obtain in the homes of the poor women who are the maternity out-patients of a general hospital.

It was in view of this fact that when a new departure had to be made for teaching obstetrics to women students it was considered best to provide a special hospital in a comparatively airy out-lying district of London, where puerperal in-patients could be received with a minimum risk, and with a maximum advantage to those who might need removal from the unhygienic conditions of their own homes.

At the Maternity Hospital, founded at Clapham in 1889, a large number of the medical women now practising in England and abroad, students from Edinburgh, Glasgow, and other schools, as well as from the London School, have received their training, and this hospital further provides four posts held by qualified women as resident medical officers.

Between 300 and 400 women are annually admitted as in-patients, and between 700 and 800 are attended in the district. Five fully qualified medical women are constantly in charge of these cases, and of the practical and theoretical training of the pupils of the School of Midwifery attached. Surely, then, it cannot fairly be said that there has been any oversight in the part of medical women and their friends as regards providing the means whereby obstetric training may be obtained

in London by those who desire it. I enclose herewith the fourteenth annual report of the hospital.

I am, Sir, yours truly,
MARION RITCHIE,

Hon. Sec., Clapham Maternity Hospital.

New Instruments.

DR. ROWLEY MOODY'S RESPIRATOR.

THIS respirator consists of a hollow cone of celluloid, rimmed with a pneumatic indiarubber tube, and provided with valves, allowing the escape of the expired air, but preventing the entrance of unfiltered air. A filtering chamber is formed at the apex of the cone, separated from the interior by a perforated diaphragm, and closed at the outer end by a perforated and removable cap which fits on to the cone by a bayonet slot. Between the perforated diaphragm and the cap, cotton wool, medicated or otherwise, sponge, charcoal, &c., is placed, and the air inhaled has to pass through the filtering medium before it can reach the nose or mouth of the wearer.



There is also a valve made of indiarubber, which hangs over the inner face of the perforated diaphragm, which divides the cap from the cone. This is so fitted that on inhalation it flies back and allows unimpeded ingress of air, but on expiration it flaps back upon the diaphragm and prevents the filtering cap from contamination by the expired breath.

This apparatus also serves for the administration of chloroform, and offers certain advantages:—(1) Economy of the anæsthetic, as none of it is blown away by expiration, and so wasted; (2) the effect on respiration can be better noted than by watching the respiratory movements of the chest, as the valves respond to the least breath effort; (3) when a double fold of lint is placed on the cap, as it should be to receive the chloroform, there is no hindrance to the free inlet of air.

The apparatus, moreover, allows the wearer to converse without hindrance.

When used for administering chloroform, the cap should be removed and the anæsthetic dropped, a few drops at a time, directly upon the lint. In this way the inspired air contains from 2 per cent. to 4 per cent. of the chloroform.

It is made by Messrs. Arnold and Sons, West Smithfield, London.

Literature.

DISEASES OF THE PANCREAS. (a)

WE have read with interest, and we trust, with profit, this admirable work. Up till very recently surgeons and physicians alike regarded disease of the pancreas as a subject devoid of practical importance, except in so far as such disease seemed to have an obscure relationship with diabetes. Such an attitude is no longer tenable, and to those who are anxious to know what recent advance has been made, we would recommend the present book.

The authors deal with all the diseases to which the

pancreas is liable, including cystic disease, tuberculosis, syphilis, and tumours, but the maximum of interest centres round those chapters which deal with pancreatitis. In the second chapter we find a useful *résumé* of experimental work, as also of our present knowledge of pancreatic diabetes in men. The importance is shown of the islands of Langerhaus in relationship with diabetes. Reference is made to Opie's classification of chronic pancreatitis into interlobular and interacinar. In the first, the islands of Langerhaus are spared till very late, in the second they are invaded by the inflammation early in the disease.

The subject of pancreatitis is dealt with in an exhaustive manner. In the chapter which is introductory to this we note many points of interest discussed concerning etiology and pathology. The close relationship between gall-stones and chronic pancreatitis is specially insisted upon. Dr. Kenman's case is quoted as proving that common duct cholelithiasis may also cause the acute and sub-acute forms of pancreatitis. The recent literature of fat necrosis, as a result of lesion of the pancreas, is carefully reviewed, as is also, at greater length, the important subject of hæmorrhage in relation to pancreatic disease. The authors write: "There is much less danger of serious hæmorrhage in patients jaundiced from gall-stones than in those where the jaundice depends on pancreatic disease." In the chapter on acute pancreatitis the diagnosis and treatment are considered. These matters cannot be considered altogether satisfactory. The impression left upon our mind is that the diagnosis is unlikely to be made prior to exploratory laparotomy. This is not, indeed, a matter of very great consequence, for most medical men nowadays would consider a patient presenting such symptoms as "sudden violent pain in the epigastrium followed by vomiting and collapse," "great tenderness," and "rigid recti" one requiring immediate laparotomy.

In this chapter, in our opinion, too much space is given up to the record of cases.

The account of chronic pancreatitis is, perhaps, the most important of all. It seems very likely that in the past many of these cases were condemned to death as having cancer of the head of the pancreas, who might have been saved by a simple operation. No one who is in the habit of performing abdominal operations can afford to be ignorant of the information given in this chapter. Much space, perhaps too much, is devoted to a description of cystic disease, and the concluding chapter deals with cancer and other tumours of the pancreas, tuberculosis, and syphilitic disease. The book as a whole may be said to fill an important gap in medical literature, albeit English readers may wince at the spelling, which so strongly emphasises the fact that the book was "printed in America."

FENWICK ON CANCER. (a)

THE steady increase in the number of deaths recorded from cancer in the returns of the Registrar-General for some years past has of necessity directed attention to the study of the etiology of this disease, so far, however, without much success. Neither pathologist nor clinician has as yet been able to arrive at any satisfactory conclusion as to its true nature. Under such circumstances we feel that the authors of this work have adopted a wise course in reviewing afresh the clinical data on the subject. Though dealing with the disease as it affects one organ only, the stomach, the book contains much information that will be useful to the study of cancer in general. The authors base their investigation on 154 cases of cancer of the stomach which were treated at the London Hospital and the London Temperance Hospital, and were examined after death. Although the number is small, this method has advantages as it introduces a uniformity which is often wanting in statistics collected from the reports of a number of different authors.

Primary carcinoma of the stomach is divided into

(a) "Diseases of the Pancreas and their Surgical Treatment." By A. W. Mayo Robson, F.R.C.S., and B. G. A. Moynihan, M.S. Lond., F.R.C.S. Illustrated. Pp. 288. Philadelphia and London: Saunders and Co

(a) "Cancer and other Tumours of the Stomach." By Samuel Fenwick, M.D., F.R.C.P. and W. Soltan Fenwick, M.D., M.R.C.P. London: J. and A. Churchill. 1902. Price 10s 6d.

three main groups as follows:—(1) Spheroidal-cell or glandular, of which there are the two varieties, scirrhous and medullary; (2) cylindrical-cell or adeno-carcinoma; (3) colloid cancer. The morbid appearances of each variety, both macroscopic and microscopic, are clearly described and illustrated by many excellent drawings. The numerous illustrations of the naked eye specimens are excellent and will be found of great service to those who have not ready access to post-mortem specimens. In reference to the etiology of the disease, an interesting point is brought out as to the influence of the seasons. It was found that of the 154 cases investigated, over 60 per cent. died between June and November. While admitting that the numbers are too small to warrant any definite conclusions on the subject, the authors are strongly of opinion that carcinoma, like other diseases, follows certain laws of epidemiology.

In the description of the physical examination of the stomach, the authors have not, we think, laid sufficient stress on the importance of artificial inflation which yields such important information as to the size and position of the organ. We think also that in view of the fact that 44.7 per cent. of the cases which were admitted to hospital under the care of the authors with a diagnosis of cancer of the stomach were found to be free from the disease, a more detailed description of the routine examination which should be made in such cases would have been of great value. It is in the chapter on treatment that the authors are least happy, for in a disease of this kind, where early surgical operation is the only means at present at our disposal for affording more than temporary relief, it seems strange to hear that "during the early stages of the complaint the patient should be encouraged to perform his usual avocations." It is true that this advice is given under the head of "General Measures," but it would be better to our mind if the importance of early surgical interference was first insisted on.

The book is, however, a valuable contribution to the literature of cancer, and will be found of the greatest value to both physicians and surgeons, while the manner of its production leaves nothing to be desired.

BELL ON CANCER. (a)

In his preface, Dr. Bell lays great stress on the necessity of "taking the public into our confidence, and educating them so that they will be enabled to recognise cancer in its early stage, and the conditions of life which lead to its development." Apparently the book has been written with this object. The recognition of cancer in its early stage is certainly most desirable, whatever mode of treatment is to be adopted, but we fail to see how the lay public are to recognise it, since we must admit that its diagnosis often baffles the skill of the most learned and experienced practitioners. Moreover, the conditions of life that lead to the development of cancer are very imperfectly known, if known at all. There are two points at least in which we agree with the author. These are (1) the importance of chronic irritation as a factor in the causation of cancer, (2) the absence of any satisfactory evidence in favour of the parasitic origin of the disease.

Dr. Bell considers that cancer is frequently associated with uricacidæmia. Indeed, he states that it is "an unassailable fact" that this condition of the blood is essential for the development of cancer; but he does not, so far as we can make out, support this view by any argument or fact. We cannot follow Dr. Bell in all his observations on the pathology of cancer, but we feel it necessary to refer to his explanation of the origin of cancer of the breast, not because we share his opinions, but because they are new to us. He considers that cancer of the breast does not arise from any breast structure, but that on account of lymphatic connections between the breast and ovary, cells possessing peculiarly active instincts may become detached from the ovary and find their way to the breast, and that under certain conditions such cells develop into cancer.

(a) "Cancer: Its Causation and Curability without Operation." By Robert Bell, M.D., Glas., F.F.P.S., &c. London: Baillière, Tindall and Cox. 1903.

Dr. Bell mentions a number of non-operative treatments which are alleged to have cured cancer. Among these are X-rays, thyroid extract, and solution of cholesterin in soap. Treatment by thyroid extract he considers a rational treatment.

We do not know how far the diagnosis was absolutely established in these cases of alleged cure, but we are acquainted ourselves with cases of *supposed* cancer which got well without *any* treatment. From our perusal of Dr. Bell's own cases, we are in some doubt about the diagnosis, and with some experience of uterine cancer we cannot agree with his diagnosis in the case of Mrs. M. (page 195), where the supposed cancer took the form of a cauliflower growth.

GRÜNWARD'S ATLAS. (a)

This is a book for the specialist, to whom the plates will be of undoubted service. These are all fairly good, some of them excellent, and the pictures quite typical of the conditions they represent. In order to get full value from it, it is necessary to know how to examine the nose, both in front and behind, by artificial light. The text is clearly written, and there is an agreeable absence of that verbiage and unnecessary detail which one sometimes finds in German works. The author's views are generally strong, and his opinions decided, and these characteristics, though not in themselves undesirable, sometimes lead him to commit himself too unreservedly to generalisations. In such cases the Editor has stepped in and very properly modified these too absolute statements. For the rest the work is well up to date, that portion dealing with accessory sinus infection being especially valuable. The author reiterates his views on the etiology of ozæna, maintaining that in the large majority of cases it is the result of empyema of the accessory cavities. The ground is still debatable, but for our part we cannot accept the theory. True ozæna (chronic atrophic foetid rhinitis) only begins in youth, and if atrophy results from empyema in adolescents one would expect to find it in adults where the effects of empyema from every form of infection come constantly under our observation.

The weak point of the book is where the effects of respiration on the air pressure of the nose are touched on. The author here shows himself lacking in his experimental physics and forgetful of his physiology. He falls into the very common error of over-estimating the compression and rarefaction effects of ordinary or even obstructed respiration, picturing the negative pressure of the air in the sinuses during inspiration as causing the outer air to "make for" these cavities, and so reach the olfactory region.

The fact is that within the limits of the positive and negative pressures required for respiration the air may be regarded as an inelastic fluid, hence no movement such as he describes could possibly take place. Olfactory particles reach the olfactory nerve chiefly by convection, partly by diffusion, and Grünwald's sinus theory is a confused effort to explain the obvious.

A 20 per cent. solution of cocaine is unnecessarily strong for anæsthetising the inferior meatus preparatory to puncturing the antrum, and its careless application might have serious consequences.

GILBERT ON DIABETES. (b)

DIABETICS, at least in this country, suffer much discomfort oftentimes by the severe restrictions entailed by strict dietetic treatment, and through lack of a rational alleviation of their disabilities, not infrequently shake themselves loose from all medical control. There can be no doubt, with the advantages of modern methods, that the lot of the subject of diabetes can now be rendered comparatively enjoyable as far as the delights of the table are concerned. Cooks and practitioners are slow to avail themselves of the results of recent research, yet to those desirous of

(a) Grünwald's Atlas of Diseases of the Mouth, Pharynx, and Nose." Second Edition. Edited by James E. Newcomb, D.D. Philadelphia: W. B. Saunders and Co. 1902.

(b) "Praktische Werke für die Diabetes-Küche." By Dr. von W. H. Gilbert. Berlin: Verlag "Die Medizinische Woche," 1902.

gaining practical information regarding the selection and preparation of food for a diabetic, and are familiar with the German language, we commend Dr. Gilbert's concise and convenient little manual. It is full of useful suggestions, and is just such a work as many a diabetic needs.

ATLAS OF CLINICAL MEDICINE. (a)

THE third and fourth fasciculi of the New Series of the New Sydenham Society's valuable "Atlas of Illustrations" compares very favourably with previous fasciculi. The two fasciculi deal exclusively with the subjects of Xanthelasma and Xanthoma, with special reference to their association with functional and organic diseases of the liver. There are six coloured and thirteen uncoloured plates, in addition to fifty-six pages of general observations and descriptions of cases and of drawings by Mr. Jonathan Hutchinson, so that subscribers to the Society receive full value for their subscription.

The present volume is most interesting to the skin specialist or to the pure physician. We doubt, however, that the subjects with which it deals are of sufficiently frequent occurrence to make it interesting to the general practitioner or to other specialists. The same remarks are applicable to the first volume of the new series. This from a purely business point of view is, we consider, a mistake. No doubt rare diseases must have some plates devoted to them, but to commence a new series thus is to turn a great many men against the work as being not sufficiently practical. We think the Society would in their own interests, have been better advised if they had commenced what is going to be a most valuable Atlas with illustrations of conditions met with in every-day practice, and hence of more general interest.

HOUSING REFORM (b)

IN this handbook we have a work which should be carefully studied by all who are interested in the weal of the State or care for the health of the people. It is a worthy monument of painstaking industry, and a research prompted by enthusiasm and insight, directed by experience and experiment. Mr. Thompson writes of those things which he does practically know. It is impossible to fully indicate the wide scope of inquiry. Stern facts are presented demonstrating the existence of a severe house famine. Methods of relief are clearly explained, and the results already accomplished are admirably presented. Various housing experiments are described and discussed. Different municipal housing schemes are detailed, and the questions of co-operation, small holdings and the establishment of garden cities receive due consideration. In fact, almost every phase of the subject is dealt with, and in a manner clear, concise, and eminently rational. Much useful information is furnished in a lengthy appendix. The work contains numerous plans and illustrations which add greatly to its value. Mr. Thompson is to be congratulated on his admirable handbook which, while understandable by any intelligent layman, will be of much service to the professional sanitarian, and extremely useful and suggestive to medical officers of health, and, indeed, to medical practitioners generally.

HERMAN ON DISEASES OF WOMEN. (c)

ON the assumption that a text-book should be the outcome of considerable personal experience, it would be difficult to find one better equipped for the task of writing on the diagnosis and treatment of the diseases

(a) "An Atlas of Illustrations of Clinical Medicine, Surgery, and Pathology. Compiled for the New Sydenham Society. (A continuation of the 'Atlas of Pathology.') Fasciculus xv. (Double Number) or iii. and iv. of New Series. Xanthelasma and Xanthoma, with especial Reference to their Association with Functional and Organic Diseases of the Liver." Price, to non-members, £1 1s. Agent: H. K. Lewis, Gower Street, London.

(b) "The Housing Handbook." By W. Thompson. London: P. S. King and Son.

(c) "Diseases of Women." By George Ernest Herman, M.B. Lond., F.R.C.P., Obstetric Physician to, and Lecturer on Midwifery at, the London Hospital, &c., &c. Revised Edition. London: Cassell and Company, Limited. 1903.

of women than Dr. Herman. We cannot, however, lose sight of the fact that although experience enables an author to verify his statements and to avoid the repetition of oft-copied errors, other qualities are indispensable to the production of an ideal text-book, qualities of a purely literary character.

This work is original, in the sense that the author's individuality is everywhere apparent, and in moot questions he is careful not to venture beyond the limits of his personal experience.

The volume opens with an introductory dissertation on the distinction to be drawn between major and minor gynæcology—not a very lucid, or, for the matter of that, a very important lucubration. Attention is then directed to neurasthenia, more particularly in its bearing on the value of "protean symptoms." Whether, as the author surmises, the chief cause of the disease is the strain involved in reproduction is a point open to discussion, but as neurasthenia is not a disease peculiar to women, we need hardly concern ourselves with its etiology in this connection. Hysteria, as its etymology infers, is nominally a disease peculiar to the female sex, although modern nosology has extended the application of the term to the male. The author, however, does not detain us long on this topic, protean though its aspects be. Several pages are devoted to local pains in the head, the back, &c. There are more varieties of backache than the unlettered dream of; thus we have habitual backache, genital backache, rectal backache, and even dyspeptic pain in the back, apart from lumbago and "recent" backache.

In Chapter VII. we arrive at the usual preliminary, directions for the examination of the patient, copiously illustrated by figures of the various forms of specula, sounds, forceps, and the like. Some thirty pages are devoted to "chronic uterine pain"—so-called "chronic ovaritis"—the commonest abdominal pain in women! The author dissociates this chronic pain from any obvious structural changes, but he offers us no alternative explanation of its occurrence, and his treatment is based on the assumption that it is invariably a manifestation of neurasthenia, though he is not averse to measures justifiable only on the assumption of an inflammatory origin, such as counter-irritation, hot douches, and the like.

We now pass on to the consideration of the classical affections of the internal genitals—prolapse, with its myriad pessaries, all duly illustrated, the various flexions, and so on. Of these and the operations for their relief little remains to be said. We note with some surprise that the author advocates the evacuation of perimetric abscesses *per vaginam*, but he justifies it by the results of his extensive experience, and this method unquestionably presents advantages provided there be a reasonable hope of ultimate recovery.

Under "Hæmorrhage," the author describes various conditions classified in a manner with which we are not familiar—"hæmorrhage without pregnancy," "hæmorrhage with rounded tumours," "hæmorrhage and early pregnancy," and so forth—a plan which does not commend itself for adoption, at any rate for students who require a broader and more comprehensive classification.

We do not find any allusion to incontinence of urine of purely functional origin, although such cases are by no means rare and are often very amenable to treatment other than surgical.

The work is one which will be found useful by practitioners, who know something of gynæcology, but the absence of classification will be found a drawback by the student in preparing for examination. It is an excellent guide to the diagnosis and treatment of the principal morbid states of the female reproductive organs, and it is freely illustrated.

WHERE SHALL WE SEND OUR PATIENTS? (a)

No name of author or editor appears on the title-page of this somewhat remarkable volume, but the com-

(a) "Where Shall I send my Patient? A Guide for Medical Practitioners, and Book of Reference to the Health Resorts and Institutions for Patients of Great Britain." Pp. 279. Bournemouth: E. J. Crampton: Printed for the Association of Medical Men receiving Resident Patients. 1903.

plers intimate that it has been prepared for or by "The Association of Medical Men Receiving Resident Patients," which body, as far as we can gather, has its headquarters at Bournemouth.

The work aims at supplying in handy form concise information regarding the various health resorts of Great Britain and "the neighbouring islands," and particulars of "various institutions where patients of all kinds can be treated."

The work contains much information respecting asylums, convalescent homes, institutions for the blind, homes for defective children, institutions for idiots and imbeciles, and incurable cases, homes for inebriates, hydropathic establishments, nursing homes and institutions, sanatoria. A list of hotels at health resorts is given and brief notes on the more popular health stations.

A curious and certainly original feature of this original manual is the paragraph references to some 126 medical practitioners, presumably members of "The Association of Medical Men Receiving Resident Patients." Although interesting details are given of their homes and families and the particular advantages which residence with such would allow, the identity of the doctor is veiled by a *nom de plume (sic)*, the honorary secretary of the Association holding the key to the situation.

The handbook is ingenious, and will no doubt serve a useful purpose, but, as might be expected in a first edition it lacks completeness, but the work shows evidence of much painstaking research and efforts to secure accuracy and convenience for ready reference.

We venture to think that with some improvements in arrangement and a nearer approach to completeness, a very convenient book of reference might be made of this work. Even in its present form it is likely to prove of service to consultants and many practitioners needing guidance in the selection of suitable institutions and reliable homes for their patients.

The white binding is particularly unsuitable for a work intended for frequent reference. We also think all advertisements should be kept separate from the body of the work.

THEIR MAJESTIES AND THE LONDON HOSPITALS.

THE great interest which the King and Queen take in the welfare of the hospitals of the Metropolis was manifested in a striking manner on Sunday, on the occasion of the special service at St. Paul's Cathedral in aid of the London hospitals, whose needs are necessarily and always in excess of their means, hence the periodical obligation of a special appeal to enable them to continue their beneficent work on a scale commensurate with the requirements of a huge population. An immense crowd composed of quiet, respectable people lined every inch of the route, although the procession was of the simplest. The same simplicity characterised the ceremony inside the Cathedral. The uniform most in view was that of the nursing staffs of the various hospitals, all of which were represented, and their presence gave a special *cachet* to the proceedings. Needless to say, the immense building was filled to its utmost capacity. The sermon was preached by the Bishop of Stepney on the theme that true greatness comes from a willingness to serve, especially when that willingness takes the form of a movement to bring the man down to the needs and sufferings of his brethren. In the struggle for precedence man abnegated the true royalty of human life, viz., its capacity for compassion. Alluding to the possibility of the hospitals having to be supported from the rates, the preacher insisted that anything in the nature of compulsion would be an act of moral retreat on the part of a great and wealthy city.

THE Nurses' Home in connection with the British Lying-in Hospital in Endell Street was formally opened by H.R.H. the Princess of Wales on Monday afternoon, the occasion being marked by much popular enthusiasm.

DR. P. H. PYE-SMITH has been elected Vice-Chancellor of the University of London, to fill the vacancy created by the elevation of Dr. Robertson to the Bishopric of Exeter.

DR. ROBERT M. MOFFAT, C.M.G., has been appointed Principal Medical Officer of the East Africa and Uganda Protectorates. He has been connected with British East Africa since 1891, and accompanied the late Sir Gerald Portal's mission to Uganda in 1893. He has since been connected with the Medical Department of that country.

Medical News.

Peculiar People and Diphtheria.

W. T. MOON and his wife, Sarah Moon, have been committed for trial on a charge of criminal negligence, in that they refused to call in medical assistance for their child, who was suffering from diphtheria, to which she succumbed. The prisoners belong to the sect of "Peculiar People." Medical evidence was adduced to prove that in all probability the child's life would have been saved had recourse been had in time to proper treatment, the offer of which was repeatedly refused. This time the jury will have a clear issue to decide. In all previous instances the medical evidence fell short of that required to establish criminal negligence, but in view of the remarkable effect of the serum treatment it would be difficult to resist such a charge if it be the case that the parents were cognisant of the nature of the malady and the great risk to life which it entails.

Medical, Surgical and Hygienic Exhibition.

The annual exhibition of the Medical, Surgical, and Hygienic Exhibitors' Association was held at the Queen's Hall last week, and was patronised by a large number of visitors, including many medical men, but more particularly by nurses, who revelled in the opportunities afforded them of obtaining free samples of new foods and articles of cosmetic or medicinal application. The space was fully occupied, although as usual we failed to meet with exhibits by sundry firms of world-wide repute, possibly because this exhibition came so soon after the Chemists' Exhibition. An excellent orchestra ministered to the musical tastes of the just and the unjust alike. Among the exhibits which at once attracted attention was that of Mr. Martindale, which was always somewhat difficult of approach, by reason, no doubt, of its scientific attractiveness. There were bacteriological and urinary test cases, marvels of compactness and comprehensiveness. It would be fastidious to attempt to give a list of the specialities on show. Suffice it to say that they covered the whole pharmaceutical and cosmetic field. *Somase* was well in evidence, with its numerous preparations and combinations. Its value in the alimention of the sick and debilitated is too well known for it to be necessary to dilate upon it. *Antiphlogistine* was exhibited by the Denvers Chemical Manufacturing Company, who are confident that this substitute for poultices in inflammatory conditions will soon become "a household word." It certainly appears to be a cleanly and useful application. Liebig's Extract of Meat Company showed "Lemco" and "Oxo," the exhibit being enlivened by an excellent snapshot photograph of the stockbrokers' famous walk to Brighton. The Bovril Company displayed its well-known products, and Nestlé monopolised a large stand, where the various milk products and foods were on view, their attractions being enhanced by the presence of sundry urbane exhibitors of the "other" sex. Karnoid, Limited, had an attractive show of their various "whole meat" products. Malt preparations were exhibited by the Maltova Company and the Maltine Manufacturing Company. Van Abbott showed the well-known alimentary products for the use of diabetic patients, and the exhibit of "Shredded Wheat" and "Triscuit" biscuits was the centre of a throng. The Sanitary Wood Wool Company had an extensive display. It is impossible, however, in the space at our disposal even

to mention the names of the principal exhibits; suffice it to say that they comprised most of the known, and many of the unknown, in the pharmaceutical and food manufacturing departments. Judging from the number of visitors this exhibition fulfils a useful purpose, and it seems to gain ground each succeeding year.

Death under Chloroform.

AN inquest was held at the Preston Infirmary last week on the body of a man, aged 43, who died under chloroform administered for the purpose of reducing a compound fracture of the leg. The anæsthetic was administered in "the usual way," which no doubt means on a towel or mask—the usual history in chloroform catastrophes. The ordinary verdict was returned.

A House Physician Fined for Non-Notification.

DR. ARTHUR H. TOVEY was fined £1 with costs for having failed to notify a case of typhoid fever admitted to St. George's Hospital. It appeared that such cases are usually notified by the resident medical officer, who happened to be away, and Dr. Tovey overlooked the matter. We cannot help thinking that penal proceedings ought to be reserved for cases of repeated or deliberate evasion of the law, for it savours of harshness to invoke the law to punish a mere oversight, especially as the case had presumably already been notified by the practitioner who made the diagnosis.

The Hot-Water Bottle Appeal.

THE Court of Appeal has confirmed the judgment awarding damages to the purchaser of a rubber hot-water bottle who sustained injury in consequence of its bursting when filled with boiling water. For the defence it was urged that the bottle would hold hot, but not boiling, water, and that the plaintiff had been warned of this fact, but the court saw no reason to interfere with the finding of the jury that there had been negligence. The judgment is interesting reading as establishing the law on the subject of negligence, but is too long for reproduction.

The Medical Defence Union.

AT the annual meeting of this association, which took place on May 21st, the proposal to impose an entrance fee of 10s. was agreed to, and it is hoped by this means to secure a larger working capital. As time goes by the services which are rendered by the Union become more fully appreciated, with a corresponding increase in the expenditure. Of the value of these services no one who reads the law reports and the reports of the General Medical Council can fail to be cognizant, and a tribute is due to the care and consideration with which the secretary, Dr. Bateman, discharges the delicate and responsible duties of his office.

The Royal Medical Benevolent Society of Ireland.

ON the 1st inst., the annual meeting of the Royal Medical Benevolent Fund Society of Ireland was held at the Royal College of Surgeons, Ireland, Mr. L. H. Ormsby, President, being in the chair. The treasurer's report shows that £1,300 was granted during the year, which was one of the largest amounts awarded since the foundation of the society. The subscriptions show a slight increase, something to balance the slight falling-off in the dividends. The number of applicants this year was very large, numbering eighty-eight, of whom seventy-nine were widows, six were orphans, and three were medical men. The society is one well worthy of the support of the latter.

THE death is announced of Dr. Don Santiago Garcia Fernandez, one of the most distinguished physicians in the Peninsula. He founded the study of bacteriology and gave a series of post-graduate lectures on the subject. He published an atlas of fractures, a monograph, "Parturition," and a book on syphilis and venereal diseases.

THE will of Mr. Charles Vincent Newstead, of 26, Grimthorpe Street, Headingly, Leeds, surgeon, who died on February 24th, has been proved. The gross value of the estate is £1,088, with net personality £974.

Dublin Death-Rate.

THE deaths registered during the week ending Saturday, May 30th, 1903, in the Dublin registration area represent an annual mortality of 23.4 in every 1,000 of the population. Tuberculous diseases caused 43 deaths, diseases of the nervous system caused 15 deaths, diseases of the respiratory system 27 deaths; and diseases of the circulatory system caused 24 deaths. Forty-three infants died during the week, of whom 28 were less than one year old. In 6 instances the cause of death was uncertified, there having been no medical attendant during the last illness. Within the city the death-rate in the Lisburn Street district was 24.2 per 1,000; in the South Earl Street district, 27.2 per 1,000; and in the Castle Street district, 37.1 per 1,000.

Cork Medical and Surgical Society.

THE annual general meeting was held on Wednesday, evening, May 27th, Dr. P. T. O'Sullivan President, in the chair. Dr. P. J. O'Brien, hon. treasurer, read the statement of accounts, which showed that the credit balance of £42 with which the session had opened had now increased to £68. The statement and balance-sheet were adopted on the motion of Dr. T. G. Atkins, seconded by Dr. J. Cotter. The following officers were elected for the coming session:—President, J. Cotter, M.D., F.R.C.S.I.; Vice-president, N. Henry Hobart, B.A., M.B., M.R.C.S.Eng.; Hon. Sec., D. J. O'Connor, M.A., M.D., L.R.C.P.I.; Hon. Treasurer P. J. O'Brien, M.B. Dr. N. J. Hobart, who has retired from active practice after a professional career of fifty-seven years, was unanimously elected an honorary life member of the Society.

British Medical Association.

THE first annual meeting of the Dublin division of the above association was held at the Royal College of Physicians on Thursday, June 4th. The following office-bearers were elected for the year:—Chairman, Arthur Chance, F.R.C.S.I.; Vice-Chairman, Dr. H. T. Bewley; Hon. Sec., L. G. Gunn, F.R.C.S.I. Representatives on Branch Council and Divisional Executive: Sir Charles Ball, Sir George Duffy, Sir John Moore, Mr. Burnet, Dr. J. M. Redmond, Lieutenant-Colonel J. C. M'Neill, R.A.M.C., Dr. Walter Smith, Dr. W. T. Thompson, Dr. Delahoyde, Dr. Fottrell, Dr. Martley, Major Saunders, R.A.M.C., Dr. Trevor-Smith, Dr. H. Fulton, Dr. F. W. Kidd was chosen to represent the division to be held at Swansea in July next.

Royal College of Surgeons, Ireland.

AT the annual meeting of Fellows, held last week pursuant to the provisions of the Charters, to elect a President, Vice-President, Council, and Secretary of the College for the ensuing year, the following were elected or re-elected:—President: L. Hepenstal Ormsby, F.R.C.S. Vice-President: Arthur Chance, F.R.C.S. Secretary of the College: Sir Charles A. Cameron, C.B. Council: Sir Philip Crampton Smyly, F.R.C.S.; Henry Rosborough Swanzy, F.R.C.S.; Edward Hallaran Bennett, F.R.C.S.; William Stoker, F.R.C.S.; Sir Charles Alexander Cameron, C.B., F.R.C.S.; Austin Meldon, D.L., F.R.C.S.; John B. Story, F.R.C.S.; Sir William Thomson, C.B., F.R.C.S.; Sir Charles B. Ball, F.R.C.S.; Sir Thomas Myles, F.R.C.S.; John Lentaingne, F.R.C.S.; Richard D. Pulefoy, F.R.C.S.; Henry G. Sherlock, F.R.C.S.; R. Bolton M'Causland, F.R.C.S.; Robert H. Woods, F.R.C.S.; Thomas Donnelly, F.R.C.S.; William Taylor, F.R.C.S.; Edward H. Taylor, F.R.C.S.; G. Jameson Johnson, F.R.C.S.

PASS LIST.

Trinity College, Dublin—Trinity Term, 1903.

THE following candidates passed the Final Examination in Midwifery: Bertram L. Middleton, William Wiley, John F. W. Leech, John M. Holmes, John F. Nicholson, Edward V. Collen, Henry Stokes, William Boxwell, Henry O'H. May, Reginald W. T. Clampett, Thomas Crean and Augustus B. Tighe (equal), Robert Bailey, James T. M'Entire and Alexander L. Otway (equal).

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.

DR. J. F. (Paris).—The communication referred to in your letter had not reached us at the time of going to press.

DR. COLLINGRIDG is thanked.

NO MISTAKE.

PATIENT.—But, doctor, only last week you said I would surely die, and to-day you see I am as well as I ever was.
DOCTOR.—Sir, I never make a mistake in a diagnosis. Your ultimate demise is only a matter of time.—*Chicago News.*

EX-STUDENT.—We cannot hold out any hope that the General Medical Council will provide facilities for the qualification of impecunious or backward students, past or present. If, for pecuniary reasons, the medical career is closed to you, you had better seek some other sphere of activity. We are not cognisant of any fund on which you could draw to defray the expenses of a medical education, though, of course, there are plenty of scholarships open to the exceptionally gifted.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 10TH.

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, Chancery Street, W.C.).—4 p.m. Mr. H. Marsh: Clinique. (Surgical.) 5.15 p.m. Mr. T. Collins: Ophthalmia.

THURSDAY, JUNE 11TH.

BRITISH GYNECOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Adjourned Discussion on Dr. C. H. R. Routh's paper on Some Directions and Avenues through which probably a more Successful Treatment of Cancer may Result and perhaps Cure. Paper:—Dr. M. Moullin: On the Treatment of Hematocolpos and Hematometra.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Card Specimens will be shown. 8.30 p.m. Papers:—Major H. Herbert, I.M.S.: Glaucoma.—Mr. N. B. Hartman: Masticatory Winking-movements.—Dr. L. Werner: A Case of Intraocular Echinococcus Cyst with Brood-capsules.—Dr. G. M. Scott: Retinitis Proliferans and Detachment of the Retina.—Mr. H. W. Dodd: A Case of Melano-sarcoma of the Upper Lid.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. C. T. Williams: The Etiology and Treatment of Hemoptysis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Dr. G. F. Johnston: Hemoptysis. (Post-Graduate Course.)

FRIDAY, JUNE 12TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Dr. H. Tilley: Clinique. (Throat.) 5.15 p.m. Mr. M. Robson: The Surgical Treatment of Gastric Ulcer.

Appointments.

Badcock, C. H., B.A. Cantab., M.R.C.S., L.R.C.P.Lond., House Surgeon to Salisbury Infirmary.

Colman, Frank, L.D.S., Dental Surgeon to the East London Hospital for Children.

Ibbotson, W., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Skin Department at St. Thomas's Hospital.

McGill, J. M., M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Annbank District of the county of Ayr.

Panton, B. N., B.A. Cantab., L.R.C.P.Lond., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

Phillip, A., M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Newport District of the county of Pife.

Reid, W. A., L.R.C.P. & S. Edin., Junior House Surgeon at the Clayton Hospital and Wakefield General Dispensary.

Rob, J. W., M.B., B.C. Cantab., House Surgeon to St. Thomas's Hospital.

Sears, C. N., L.R.C.P.Lond., M.R.C.S., House Physician to St. Thomas's Hospital.

Soltan, Alfred Bertram, M.B. Lond., F.R.C.S. Eng., L.R.C.P.Lond. Honorary Physician to the Devon and Cornwall Ear and Throat Hospital, Plymouth.

Spurrier, H., B.A. Cantab., L.R.C.P.Lond., M.R.C.S., Junior Obstetric House Physician to St. Thomas's Hospital.

Strickland-Goodall, J., M.B. Lond., Lecturer on Physiology in the Medical School of the Middlesex Hospital.

Upcott, H., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Waterhouse, Rupert, M.B., L.R.C.P.Lond., M.R.C.S. Eng., Resident Medical Officer to the Bath Mineral Water Hospital.

Wheen, C., B.A. Oxon., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Vacancies.

Asylums Committee of the London County Council.—Assistant to the Pathologist of the London County Asylums. Salary £250 per annum. Applications to R. W. Partridge, Clerk of the Asylums Committee, London Asylums Committee Office, 6, Waterloo Place, London, S.W.

Brecknock County and Borough Infirmary.—Resident House Surgeon. Salary £100 per annum, with furnished apartments, board, attendance, fire and gas. Applications to W. Powell Price, Secretary, 6, The Bulwark, Brecon, South Wales.

Corporation of Manchester.—Monsall Fever Hospital.—Fourth Medical Assistant. Salary £100 per annum, with board, lodging, and washing. Applications to the Chairman of the Hospitals Subcommittee, Public Health Office, Town Hall, Manchester.

County Borough of Croydon.—Mental Hospital, Warringham, Surrey.—Senior Assistant Medical Officer. Salary £160 per annum, with furnished apartments, board and washing. Applications to the Medical Superintendent, Croydon Mental Hospital, Warringham, Surrey.

Holloway Sanatorium Hospital for the Insane, Virginia Water, Surrey.—Junior Assistant Medical Officer. Salary £175 per annum, with board, lodging, and attendance. Applications immediately to the Medical Superintendent.

Kent and Canterbury Hospital.—House Surgeon. Salary £90 a year, with board and lodging. Applications to A. J. Lancaster, Secretary.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

London Hospital Medical College.—Demonstrator of Chemical Physiology. Salary £200. Applications to Munro Scott, Warden, London Hospital Medical College, Mile End.

London Hospital Medical College.—Lectureship on Biology. Salary £100 a year and class fees. Applications to Munro Scott, Warden, London Hospital Medical College, Mile End.

Parish of Harris.—Medical Officer and Public Vaccinator. Salary £110. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clyde.

Ryde.—Royal Isle of Wight County Hospital.—Resident House Surgeon. Salary £90 per annum. Applications to Secretary.

Warrington Infirmary and Dispensary.—Senior Resident House Surgeon. Salary £120 per annum, with furnished residence and board. Applications to J. H. J. Hampson, Secretary.

Wolverhampton and Staffordshire General Hospital.—House Surgeon. Salary £100 per annum, with board, lodging and washing. Applications to Edmund Forster, House Governor and Secretary.

Births.

COX.—On June 5th, at St. Tudy, R.S.O., Cornwall, the wife of Henry P. Cox, M.R.C.S., L.R.C.P., of a son.

DAY.—On June 2nd, at 5, Surrey Street, Norwich, the wife of Donald D. Day, F.R.C.S., of a son.

THYNE.—On June 5th, at Tudor House, Barnet, the wife of W. Thyne, M.A., M.D., of a son.

TYACKE.—On June 5th, at Shobern, the wife of Captain N. Tyacke, R.A.M.C., of a daughter.

Marriages.

BROOKS-ATTFIELD.—On June 4th, at St. Andrew's, Watford, Charles Norman Brooks, of Mitley, Essex, to Gertrude, elder daughter of Dr. John Attfield, F.R.S., of Ashlands, Watford.

HEWLAND-ALLEN.—On June 6th, at St. Mary Abbott's, Kensington, Mary Josephine, youngest daughter of the late David Allen, Esq., J.P., of Belfast, to George Vickerman Hewland, M.D., of St. Leonard's-on-Sea.

MACLAGAN-GLENNIE.—On June 4th, at the parish Church, Armitage, Staffordshire, David Whiteside MacLagan, M.B., Ch.B., M.R.C.P. Edin., son of the late Dr. MacLagan, of Edinburgh, to Alice Mary, third daughter of the late Rev. J. D. Glennie, vicar of Croxton, Staffordshire.

PEARSON-EIGHLEEN.—On June 3rd, at St. George's Church, Bloomsbury, Roland Wilfred Pearson, M.R.C.S. Eng., L.R.C.P. Lond., third son of Wm. Pearson, of Fawley, Wakefield, to Emily, daughter of the late James Eighleen, of Hadleigh, Suffolk.

ROBSON-PRIMROSE WELLS.—On June 4th, at the Parish Church, Beckenham, Andrew Barrett Uphill Robson, third son of the late Thomas Robson, to Phyllis Helen Primrose Wells, eldest daughter of Dr. and Mrs. Primrose Wells, of Beckenham.

WINTON-BENTLEY-TAYLOR.—On June 3rd, at Sunninghill Church, Berks, William Balcombe Winton, M.A., M.D., of Wimbledon, eldest son of Mr. E. W. Winton, of Speldhurst, to May, elder daughter of the late Rev. Robert Bentley-Taylor, sometime rector of Puddlestone, Herefordshire, and lately of Branksea Towers, Parkstone.

Deaths.

AIRY.—On June 1st, at Stoke House, Woodbridge, Hubert Airy, M.A., M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, JUNE 17, 1903.

No. 24.

Original Communications.

A STATISTICAL INQUIRY INTO THE PROGNOSIS AND CURABILITY OF EPILEPSY

BASED UPON THE RESULTS OF TREATMENT. (a)

By WILLIAM ALDREN TURNER, M.D., F.R.C.P.,
Physician to Out-Patients, the National Hospital for the Paralysed
and Epileptic, Queen Square; and to King's College Hospital.

In the study of the cases the statistical method has been adopted, and the results have been recorded in percentages, the total number of cases used in the construction of each table being also given. Although many objections may be urged against such a method, it has been deemed to be the best available, while the results, as will be seen later on, show a surprising uniformity when considered from various points of view.

The total number of cases used in the investigation is 366. Of these 355 are from the records of the out-patient department of the Queen Square Hospital, while only eleven are from private sources. By far the larger proportion are out-patient hospital cases, a fact of practical importance when we consider how large a part the ordinary conditions of life, such as diet, habits, and general environment, play in modifying a disease like epilepsy.

In analysing the cases certain guiding principles were laid down, and the following eliminations were made:—

1.—All cases which had not been under constant observation and treatment for a period of at least two years.

2.—All cases which showed any co-existing complication, such as hemiplegia, albuminuria, or gross cerebral lesion.

3.—All cases of pronounced idiocy or dementia.

By observing these restrictions, cases of so-called idiopathic epilepsy were as far as possible obtained, while any transitory amelioration, resulting from medicinal or other treatment, was checked by fixing the minimum period of observation at two years.

The cases have been subdivided into three groups according as they have responded, successfully or unsuccessfully, to treatment.

TABLE A gives the Total Number of Cases and the General Result of Treatment.

| | | | | |
|---------------------------|-----|-----------------------|----|--------|
| Cases of arrest | 86 | Observed over 9 years | 38 | cases. |
| Cases showing improvement | 105 | " | " | 43 " |
| Confirmed cases | 175 | " | " | 66 " |
| | 366 | | | 147 |

(a) Abstract of Paper read at meeting of Royal Medical and Chirurgical Society, June, 1903.

The term *arrest* has been used at the outset advisedly in preference to *cure*, owing to the uncertainty in defining the latter term. No case has been regarded as arrested which has not been free from fits for a period of at least two years. The cases classified as *improved* are those which have responded more or less satisfactorily to treatment. Under this heading are also included those cases in which a remission, sometimes for a number of years, has occurred, but in which a relapse has eventually taken place. *Confirmed* cases are those which have shown a steady tendency, though not necessarily a progressive one, to mental deterioration, without any material lessening either in the frequency or the severity of the seizures.

In the second column of the table is given the number of cases which were observed for a period of nine years or more. The importance of this column will be seen in a subsequent part of the paper.

Of the total of 366 cases no less than 86 showed an arrest of the seizures over periods varying from 2½ to 25 years. The majority of these continued the bromide treatment during the whole period of arrest, so that, with few exceptions, the amelioration cannot be described as other than arrest during the administration of the bromides. In all cases, owing to the patient passing from under observation after a number of years, no further record has been obtainable. It is, however, no uncommon thing to meet with a past history of this disease in adults and elderly people suffering from symptoms of nervous debility and neurasthenia, who give an account of having many years before been subject to attacks of epileptic nature, and of which they have been cured.

The subjoined table (B) gives the total number of cases in which arrest took place and the length of time during which no fits were noticed, the bromides being all the while administered, except where stated to the contrary:—

TABLE B gives the Number of Cases in which Arrest took place and their Duration.

| II cases of arrest of from 2 to | 3 years' duration. |
|---------------------------------|--------------------|
| 18 " | 3 to 4 " " |
| 10 " | 4 to 5 " " |
| 11 " | 5 to 6 " " |
| 5 " | 6 to 7 " " |
| 8 " | 7 to 8 " " |
| 8 " | 8 to 9 " " |
| 4 " | 9 to 10 " " |
| 5 " | 10 to 11 " " |
| 2 " | 11 " " |
| *2 " | 15 " " |
| *1 " | 22 " " |
| 1 " | 25 " " |

86 *Without bromides.

As it is highly desirable to ascertain how far epilepsy is a disease which may be arrested, improved, or become confirmed, it is proposed to study the cases which have been collected, and the influence of treatment upon them under various headings, so as to define, as far as possible, the specific factors upon which a prognosis may be based. The method adopted in this

paper is one of percentages, the total number of cases in the several tables showing slight variations, according as the information supplied by the notes threw light upon the points specially under investigation.

The prognostic bearing and value of the following influences will therefore receive separate consideration.

Conditions Influencing Prognosis.

The prognosis of epilepsy, and the conditions which influence it, will be discussed in detail. It is proposed to deal with this subject under the following headings:—1. The influence of an hereditary disposition. 2. The influence of age at the onset of the disease. 3. The duration of the disease. 4. The frequency of the seizures. 5. The character and time of the seizures. 6. The influence of marriage. 7. The influence of pregnancy, parturition, and the puerperium. 8. The influence of sex. 9. The influence of the catamenia. 10. The influence of accidental factors.

After the above have received consideration on the basis of the collected cases, attention will be directed to certain types of epilepsy which have an influence on the prognosis, and also to the important subject of long remissions in epilepsy and their bearing upon the cure of the disease.

The Influence of an Hereditary Disposition.

For the purposes of this investigation a family predisposition to epilepsy only, *i.e.*, a similar heredity, has been noted. The influence of the neuroses, such as chorea, migraine, alcoholism, and insanity, has been for the present purpose omitted from the statistics.

TABLE C gives the Total Number of Cases in which this Point was Investigated.

| | Arrests. | Improved. | Confirmed. | Total. |
|----------------------------------|----------|-----------|------------|---------------|
| Epilepsy on mother's side .. | 16 | .. | 16 | .. 18 .. 50 |
| Epilepsy on father's side .. | 12 | .. | 11 | .. 14 .. 37 |
| No known heredity to epilepsy .. | 42 | .. | 59 | .. 24 .. 125 |
| No note of heredity .. | 12 | .. | 19 | .. 119 .. 150 |
| | | | | 362 |

In the above table a total of 362 cases has been analysed; of these 150 may be eliminated, as there was no note either for or against any hereditary predisposition. Of the remainder there was a clear family history of epilepsy in 87, while the existence of this disease in the family was unknown to the patient or the relatives in 125. The malady was slightly more common upon the mother's than upon the father's side.

TABLE D gives the Percentage of Hereditary and Non-Hereditary Cases.

| | Arrests. Per cent. | Improved. Per cent. | Confirmed. Per cent. | Total cases. |
|-------------------------------|--------------------|---------------------|----------------------|--------------|
| With hereditary history .. | 32'0 | .. 31'0 | .. 36'0 | .. 87 |
| Without hereditary history .. | 33'6 | .. 47'2 | .. 19'2 | .. 125 |
| | | | | 212 |

From this table it is seen that there is practically the same percentage of arrests in those with as in those without an hereditary history, the latter, moreover, showing a greater percentage of improved cases and a decidedly smaller percentage of cases which eventually become confirmed.

The general prognostic conclusions which may be drawn from these cases are:—

(a) That there is as great a chance of arrest of epileptic fits in those who have as in those who have not a known family history of epilepsy.

(b) In those who have an hereditary history the chances as to whether the fits become arrested, improved, or confirmed are in any given case about equal.

(c) That as regards general improvement more is to be expected in those who have no hereditary disposition, while a considerably smaller percentage of con-

firmed epileptics is to be found amongst those who have no family predisposition to the disease.

The Influence of Age at the Onset of the Disease.

In the subjoined table the percentages are given in the three first columns, the total numbers being stated in the last.

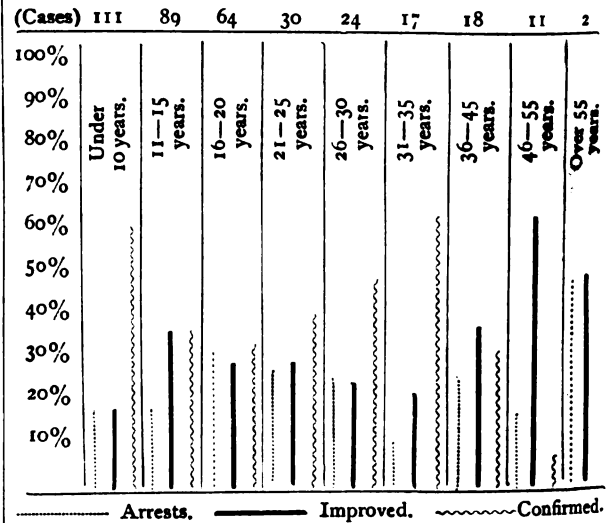
TABLE E shows the Age Percentage at the Onset of the Fits.

| Age at onset. | Arrests. Per cent. | Improved. Per cent. | Confirmed. Per cent. | Total. |
|----------------|--------------------|---------------------|----------------------|--------|
| Under 10 years | 19'8 | .. 18'0 | .. 62'0 | .. 111 |
| 11 to 15 .. | 20'0 | .. 35'9 | .. 43'8 | .. 89 |
| 16 to 20 .. | 34'3 | .. 29'6 | .. 35'9 | .. 64 |
| 21 to 25 .. | 26'6 | .. 30'0 | .. 43'0 | .. 30 |
| 26 to 30 .. | 25'0 | .. 25'0 | .. 50'0 | .. 24 |
| 31 to 35 .. | 1'17 | .. 23'5 | .. 64'7 | .. 17 |
| 36 to 45 .. | 27'7 | .. 38'8 | .. 33'3 | .. 18 |
| 46 to 55 .. | 18'1 | .. 63'6 | .. 9'0 | .. 11 |
| Over 55 .. | 50'0 | .. 50'0 | .. — | .. 2 |
| | | | | 366 |

The accompanying chart (I.) is of especial value, as it shows that the age at the onset of the disease is particularly important in considering the prognosis. In order to facilitate the comprehension of the figures, the following graphic method has been adopted.

Total number of cases, 366.

CHART I.



The main conclusions to be derived from a perusal of the above may be stated as follows:—

(a) Epilepsy commencing under 10 years of age is least favourable as regards arrest or improvement, and most favourable for the production of confirmed cases.

(b) Those cases in which the onset of the disease is between 15 and 20 years of age show the greatest percentage of arrests and the lowest percentage of confirmed cases. From this quinquennial period onwards to that of 30 to 35, there is a steady diminution in the percentage of arrests, and a progressive increase in the percentage of confirmed cases.

The chief point of practical importance to be deduced from these figures, if put in general terms, is that epilepsy arising during puberty is essentially a tractable disorder, while that of adolescence is resistance to treatment. These facts and figures confirm in a striking manner the opinion of Hippocrates, who wrote: "Epilepsy which commences about puberty is susceptible to cure, while that which comes on after twenty-five years of age as a rule only terminates with the patient." (a)

(c) From that arising during the quinquennial period

(a) "Aphorisms," Section 5, No. vii. The aphorism is rendered in the Sydenham Society's translation, vol. ii., p. 738, as follows:—"Those cases of epilepsy which come on before puberty may undergo a change, but those which come on after twenty-five years of age for the most part terminate in death."

30 to 35 years (which provides the least tractable form of epilepsy, except perhaps that commencing under 10 years of age) there is a steady diminution in the number of cases which become confirmed, so much so that of those cases which arose during the decennial period 46 to 55 years only 9 per cent. became confirmed epileptics.

(d) Epilepsy arising over 55 years of age, to which the name of senile epilepsy has been applied by some writers, is essentially a tractable disorder.

(To be continued.)

RÖNTGEN RAYS IN THE DIAGNOSIS OF LUNG DISEASE.

By DAVID LAWSON, M.A., M.D. Edin.,
Physician to the Nordred-on-Dee Sanatorium. (a)

HAVING pointed out the great advantage of screen work over skiagrams, as seen in the *movements* of organs and chest wall, and the appearances in the lungs during the changing phases of respiration, the author mentioned that the normal amount of movement of the diaphragm was from $\frac{1}{2}$ to 2 ins. In cases of pneumothorax it would be found standing motionless at a low level, while in pleurisy with effusion and thickening of the pleura its movements were also very much interfered with. It would also be found that even a very small amount of tuberculous deposit in an apex was accompanied by a diminution of the movement of the diaphragm on that side. With the screen the limits of movement of the apices in inspiration and expiration could also be made out, and, in cases of tuberculous infiltration, the failure of an apex to light upon the screen during respiration could be determined. The same was also of use in diagnosing between an aneurysm and enlarged bronchial glands, showing as it did the pulsatile movements of the former. Abnormalities in the movements of the rib could also be detected; these were of most importance if they were local. It must be borne in mind that since the appearances seen on the screen depended on the presence of air in the lungs, the post-mortem confirmation of skiagrams was valueless, because after death the lungs collapsed to some extent and the appearances might differ greatly from those found by the Röntgen rays a few hours earlier. A series of skiagrams was then shown and commented on. Normally, the curve of the ribs is fairly horizontal, as also is the lie of the clavicles. The apex beat usually appears to be lower than is actually the case, because the Crookes tube is generally placed opposite the upper part of the chest and therefore casts an oblique shadow of the heart. Sometimes the ribs are found to have a somewhat irregular shape and curvature; this may follow severe attacks of whooping-cough, and may persist through life. Another common abnormality is an increased obliquity of the ribs—"waterfall" ribs—which may be general or local, and is usually associated with abdominal respiration; as to the clavicles, it is not uncommon to find one higher than the other, the upper one being raised by compensatory emphysema of a healthy apex if the other lung is diseased. Alterations in the size and position of the heart can be readily detected in skiagrams—the large, hypertrophied and dilated heart of emphysema, the abnormally small heart sometimes found associated with phthisis, dextrocardia, from shrinking of the right lung, &c.

(a) Abstract of Paper read at the Edinburgh Medico-Chirurgical Society, June 3rd, 1903.

Changes in the pleura also gave shadows on the screen. In effusion the edge of the dark area is not sharply defined, possibly because by capillary attraction the fluid is drawn up into a thin layer between the pleural surfaces at its upper part. In pyopneumothorax, on the other hand, the upper limit of the shadow is sharply defined from the clear air-containing area above it. The outline of the fluid too, alters in position with changes in the attitude of the patient. Thickening of the pleura gives rise to a deep shadow, which is characterised by the presence of vertical darker stripes, perhaps caused by puckering of the pleura. Ordinary tuberculous infiltrations show themselves as shadows in the translucent lung tissue. Chronic fibroid phthisis gives a very irregularly mottled light and dark skiagram. Cavities are seen as clear rounded areas surrounded by dense shadow. Collapse of the lung gives an absolutely opaque shadow, much denser than in any other condition. Emphysema, on the other hand, gives a more translucent picture. A skiagram of actinomycosis of the lung, and probably of the pleura, was also shown. It was not so dense as in collapse of the lung, and not mottled, as in chronic fibroid change. The case was also interesting from the fact that it had already lasted for three years, the average duration of actinomycosis of the lung being only nine months.

SIALOGOGUES AND THEIR THERAPEUTIC EMPLOYMENT.

By W. G. AITCHISON ROBERTSON, M.D.
F.R.C.P. Ed.,

Physician to the Royal Public Dispensary, Edinburgh, &c. (a)

In respect of the employment of drugs given to increase the salivary flow in those rare cases in which the secretion is reduced or absent, the author remarked that such xerostomia had been successfully healed by the local application of pilocarpin, which probably acted by stimulating the secretion of the buccal glands, and not as a true sialogogue, since the saliva produced was devoid of dextrinising power. This subject, however, he did not propose to discuss, nor that of ptyalism induced by such drugs as mercury, iodine, &c., but would only refer to substances which when applied locally are sialocinetic and to their therapeutic applications. His inquiry was devoted to the discovery of agents or drugs which, when applied locally, are really provocative of true salivary secretion, and to find whether the secretion thus induced varies in amount, alkalinity, or starch-converting power. (1) *Amount of saliva secreted.* This was tested by chewing the various substances for thirty minutes, and measuring the saliva so secreted every two minutes, and noting whether the flow was uniform, or copious at first but diminishing later. Under ordinary circumstances from 11 to 18 c.c. of mixed saliva were secreted every 30 minutes. The presence of any insoluble substance in the mouth causes an increase, chiefly, however, of the watery constituents. He found that rhubarb, mustard, and sarsaparilla, though reputed sialogogues, had little effect. Bitters like calumba, cusparia, gentian, and cinchona stimulate the salivary glands, while pyrethrum, colchicum, and ginger stand still higher in the scale as sialogogues. Horse radish and black pepper are the

(a) Abstract of Paper read at the Edinburgh Medico-Chirurgical Society, June 3rd, 1903.

most active substances, producing respectively 42 and 46 c.c. Among non-vegetable substances citric acid and tartaric acid, producing 50 c.c. and 42 c.c., are most active, while lower in the scale come chlorate and nitrate of potash. Most of the other inorganic substances tested seem to act purely mechanically. (2) *Alkalinity of saliva secreted.* This was estimated by titrating against a $\frac{N}{100}$ HCl solution. In the whole series of experiments it varied within very small limits, remaining practically the same whatever sialogogue was employed. (3) *Amyolytic power of saliva.* This was tested by mixing 2 c.c. of saliva with a definite quantity of standard starch solution for a given time. Amyolysis was then stopped by boiling; the contents of the tube were examined so that the amount of dextrinisation could be determined, and then the quantity of sugar present was estimated by Fehling's method. Under normal circumstances the amount of sugar formed was .12 grammes. In the experiments the amount varied from .09 to .125 grammes. The amyolytic power of saliva is completely inhibited by sialogogues such as catechu, rhubarb (owing to the presence of tartaric acid), and borax, while it is diminished by alum, alkalis, and acids. On the other hand, black pepper, horse radish, ginger, pyrethrum, cusparia, gentian, &c., produce an excessive flow of saliva whose digestive properties are fully normal. (4) *Therapeutic employment of sialogogues.* In the case of deficiency of salivary secretion the use of diastatic agents such as malt or taka diastase had been advocated, but it seemed to Dr. Robertson that sialogogues might be employed with greater benefit. In amyaceous dyspepsia great benefit, and often cure, could be obtained by enforcing slow and complete mastication of starchy foods. In the more aggravated examples of such dyspepsia the patient should be advised to masticate the food very slowly, and thereafter to chew one of the more active sialogogues for ten minutes or so. He had never found it necessary, as some authors recommended, to invert the order of the meal in these cases. Since ptyalin remained active in the stomach for from 30 to 40 minutes, or until free HCl. was distinctly present, there was abundant time for all the starch consumed to be converted into sugar and dextrin. In cases of hyperchlorhydria our aim ought to be to secure the digestion of the amyaceous constituents of the diet before the free acidity had time to check amyolysis. This could be done by stimulating the flow of saliva. The saliva, too, would neutralise the excess of free hydrochloric acid, and so prolong the time through which the ptyalin could act. The amount of carbonic acid given off in this neutralisation is quite inconsiderable, and cannot give rise to the gaseous eructations of hyperchlorhydria, which are rather due to bacterial fermentation. In many cases of feeble digestion the fault is due to diminished activity of the gastric juice, and the more saliva introduced into the stomach the larger is the amount of gastric juice secreted. In many cases, therefore, sialogogues such as cusparia, ginger, gentian, peppercorns, &c., were of the greatest benefit, enabling patients to digest amyaceous food they would otherwise have had to forego. In certain cases, of course, other means of treatment must first be employed—such as lavage, electricity, tonics, &c. Such bitters as calumba, gentian, camomile, &c., are both sialogogue and beneficial to the gastric mucous membrane; others, like Pimento pepper and ginger, are sialogogue and

carminative. It should be remembered that the action of these drugs is largely local, and hence is diminished if they are administered in pill or tabloid form.

FECUNDATION AFTER CURETTAGE. (a)

By DON POLICARPO LIZCANO Y.
GONZALEZ.

[SPECIALLY TRANSLATED FOR "THE MEDICAL
PRESS AND CIRCULAR."]

CURETTAGE of the uterus is an operation eminently conservative, when performed according to modern methods, and not followed by the application of caustics. When sterility follows the operation it will be found to have been caused by a denudation of the uterine walls by the curette, or by the action of caustics applied in substance or in solution. We do not refer to those cases in which the sterility is due to some pathological condition of the annexes of the womb, or to the physical health of the woman. There are, however, still some men who question the value to the patient of curettage, denying its beneficial effects on the function of reproduction, and even go so far as to describe it as a cause of sterility. We do not, therefore, consider it inopportune to place before you some of our personal experiences that tend to disprove this idea. We hope to place the matter fairly, neither regarding the operation as a panacea for all ills, nor as an operation of uncertain value, nor forgetting to record the good effects produced by it in our practice. Curettage wonderfully promotes a healthy condition of the uterine cavity, by quickly getting rid of the morbid mucous membrane and putting the organ into a state favourable for the growth of a healthy mucosa, restoring its physiological functions. If, however, the curette is used so severely as not only to remove the pathological layer of the mucosa, but to remove the whole membrane down to the muscle, removing all the glandular tissue, the after consequences will be very serious—grave functional disorders and incurable sterility. Perchloride of iron either in crystals or in solution injected on a freshly curetted mucous surface, or touched over it, produces eschars and arrests the reproduction of the endometrium. If the caustic has penetrated to the muscular layer granulating ulcers form, destroying the glandular tissue, and no fresh mucous layer is ever produced, as cicatrised tissue marks where it was. These untoward results are relatively frequent in those cases in which the curetting was carried through the whole thickness of the endometrium, or when the operation has been followed by the application of caustics. We prohibit the local use of carbolic acid, chloride of zinc, creasote, and so forth after the operation, as being destructive of the mucous membrane, calculated to prevent the physiological regeneration of the endometrium, and likely to bring about absolute sterility. The only applications we use are douches of sterilised water or artificial serum at a temperature of 113° F. Some strips of medicated gauze are then placed in the vagina.

In the appended table will be found an account of twenty cases in which pregnancy quickly followed the curettage. In the great majority of cases it occurred within twelve months, and in about

(a) A Paper read before the International Medical Congress at Madrid, May, 1903.

CURETTAGE STATISTICS.

| No | Age | Fecund. | Diagnosis. | Result. | Date of Curettage. | Fecundity after Curettage. |
|----|-----|---------|---|---------------------|--------------------|---|
| 1 | 25 | Nullip | Anteflexion, metritis, left salpingo-ovaritis | | 15.11.1898 | 2 confinements since the 1st in October, 1899 |
| 2 | 38 | Multip | Endometritis, <i>p. abortum</i> , retroversion | Aborted 5.6.1900 | 4.11.1900 | Confinement Oct., 1901 |
| 3 | 31 | Multip | Retroversion | Confined Oct., 1899 | 5.7.1901 | Confinement July, 1902 |
| 4 | 24 | Unipar | Metritis septica | Con. 25.11.1900 | 28.11.1900 | Confined Feb., 1902 |
| 5 | 46 | Multip | Endometritis, <i>p.a.</i> | Abor. 22.3.1901 | 29.3.1901 | Abortion Oct., 1902 |
| 6 | 39 | Multip | Endometritis, <i>p.a.</i> | Abor. 12.10.1901 | 31.10.1901 | Confined Oct. 27, 1902 |
| 7 | 36 | Multip | Endometritis, <i>p.a.</i> | Abor. 4.8.1901 | 22.9.1901 | Confined Dec., 1902 |
| 8 | 32 | Multip | Endometritis, <i>p.a.</i> | Abor. Nov., 1895 | 20.1.1896 | 3 confinements, 1st in Mar., '97 |
| 9 | 34 | Multip | Endometritis, <i>p.a.</i> | Abor. Dec., 1894 | 10.2.1895 | 2 confinements, 1st in July, '96 |
| 10 | 31 | Unipar | Metritis, catarrhal | Confined, 1896 | 16.11.1900 | Confined May, 1902 |
| 11 | 31 | Multip | Metritis, catarrhal | Confined, 1899 | 8.6.1902 | Gestation in the 4th month |
| 12 | 40 | Multip | Endometritis, <i>p.a.</i> , retroversion | Abor. 24.1.1900 | 17.3.1900 | Abortion May, 1901 |
| 13 | 42 | Multip | Endometritis, <i>p.a.</i> | Abor. July, 1899 | 12.10.1899 | Abortion May, 1902 |
| 14 | 26 | Nullip | Metritis, catarrhal, anteflexion | | Nov., 1899 | Confined Oct., 1900 |
| 15 | 35 | Multip | Metritis hæmorrhagica | Confined Ap., 1897 | 30.4.1899 | 2 confinements, 1st in Oct., '00 |
| 16 | 42 | Multip | Metritis hæmorrhagica | Abor. Feb., 1899 | 6.6.1899 | Confined June, 1900 |
| 17 | 25 | Unipar | Endometritis, <i>p.a.</i> , right sal. ovaritis | Abor. May, 1899 | 10.1.1900 | Confined July, 1901 |
| 18 | 24 | Multip | Endometritis, <i>p.a.</i> , retroversion | Abor. Ap., 1900 | 23.10.1900 | Confined Sept., 1902 |
| 19 | 27 | Unipar | Endometritis, <i>p.a.</i> , right sal ovaritis | Abor. 8.9.1899 | 30.1.1900 | Confined Jan., 1901 |
| 20 | 23 | Multip | Metritis hæmorrhagica | Abor. Sep., 1899 | 30.5.1900 | Confined June 30, 1901 |

20 per cent. it was not until after that period, and in a few cases it did not occur until the fourth year.

Pregnancy coming on quickly after curettage is liable to end in abortion; of four cases recorded abortion took place in three. It is noticeable that the form of metritis for which the patient has been cured has no influence either in delaying or hastening the fecundation. We conclude that:—

1. Curettage is not a cause of sterility.
2. Fecundity is restored by the operation.
3. Sterility is cured by the operation.
4. Endometritis following abortion is very amenable to the operation.
5. The more recent the lesion the better the results.
6. Within six months of curetting the majority of patients become pregnant.
7. If pregnancy does not occur within twelve months, its occurrence is unlikely.

Of the 20 cases, 2 were nullipara, 4 unipara, and 14 multipara. The diseases included 11 cases of *post abortum* endometritis, 4 cases of catarrhal metritis, 30 of metritis hæmorrhagica, 1 of septic metritis, and 1 of retroversion. After curettage 12 women were each once confined, 3 women were each twice confined, and one woman was three times confined, 3 women aborted, and one woman was at the time of writing pregnant. Within a year of the operation 11 women were confined, and within two years but over one, 5 women were confined.

Clinical Records.

A COMPLICATED PUERPERAL CASE.

By Dr. Duque,
Physician to the General Hospital, Havana, Cuba.

[FROM OUR OWN CORRESPONDENT.]

F., a Frenchwoman, æt. 20, tall, light complexion, robust constitution, and healthy from her earliest childhood, was admitted into the San Antonio Hospital with a syphilitic rash (rose papules). She was found to be suffering from severe vaginitis, with marked congestion of the vaginal mucous membrane, which was of a deep violet colour, friable to the touch, and saturated with a greenish-yellow pus, which was rich in gonococci, diplococci and other infective bacilli. A

syphilitic ulcer about the size of a sixpence was found on the cervix. The patient was found to be three months pregnant and the womb had attained the size of a large orange. She was immediately put on specific treatment—injections of corrosive sublimate in 5 centigramme doses; 20 gramme doses of artificial serum were prescribed on every fourth, fifth, and sixth day. The vaginitis was treated with warm douches of a solution of permanganate of potassium three times a day, the syphilitic ulcer was washed and cauterised with a concentrated alcoholic solution of corrosive sublimate, and the vagina was packed with strips of gauze medicated with ichthyol, protargol and glycerine.

This treatment was alternated with cauterisation of the ulcer by a 10 per cent. solution of nitrate of silver, a 10 per cent. solution of chloride of zinc, and a 4 per cent. solution of picric acid in ether. The neck and mouth of the womb were painted with the solution named. Under this energetic treatment the patient improved in health, the syphilitic rash disappeared and the syphilitic ulcer became smaller; but the gonorrhœa was as abundant and virulent as ever. Five months after her admission and in the eighth month of her pregnancy, the patient miscarried. The labour commenced and continued normally for some hours, when she got a violent and very powerful expelling pain, which shot the child into the bed; the expulsion was followed by profuse hæmorrhage, which was controlled by massage of the womb and douches of a 1 per cent. solution of permanganate of potassium. The neck of the womb was torn throughout its whole length on the right side, and almost to the same extent on the left. The posterior wall of the vagina and two-thirds of the perineum were torn through. Four hours later, with the assistance of Don Mendez Capote, the rents were sewn, the parts thoroughly douched and tamponed with medicated gauze. That night the patient's temperature rose to 104° F., and was 106° F. the following morning, and douches of bichloride of mercury were substituted for the permanganate of potassium solution, without, however, producing any effect on the temperature. At 8 a.m. the morning after the sutures came away, and the pyrexia rose to 106.8° F.; the womb and vagina were now washed out with undiluted peroxide of hydrogen, and they were afterwards packed with medicated gauze. From this time the temperature gradually fell, and at six o'clock that evening became normal and remained so. The case is instructive as a clinical study from two facts:—(1) It shows that the undiluted peroxide of hydrogen can be used as an internal douche if the mouth is freely patulous; and (2) in this case of puerperal sepsis and virulent gonorrhœa

the antiseptic value of the peroxide of hydrogen was much greater than that of any other chemical used.

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.
MEETING HELD JUNE 3RD, 1903.

DR. UNDERHILL, Vice-President, in the Chair.

DR. CHALMERS WATSON showed (1) a
CASE OF ICHTHYOSIS,

previously exhibited before the Society in December, 1902, to illustrate the effect of treatment by myelocene. (2) A case of rheumatoid arthritis, showing the following features of interest:—Pigmentation, tremor, cachexia, and (what Dr. Watson regarded as a symptom of importance, though one too little referred to in text-books) areas of deep-seated tenderness in the muscles.

DR. EDWIN BRAMWELL gave a lantern demonstration of a series of microscopic slides from a

CASE OF TABES,

illustrating the posterior root, localisation of the knee- and Achilles-jerks. The patient had died from an intra-thoracic tumour, and independently of that he had shown some early signs of tabes—pupillary irregularity, loss of both Achilles-jerks and the right knee-jerk, the left knee-jerk and the plantar reflex remaining normal. The second sacral segment was normal; in the first sacral and fifth lumbar segments the posterior roots were degenerated; in the fourth lumbar the degenerated fibres had approached the posterior median fissure, the left posterior root was healthy, while the right was degenerated. In the third lumbar there was slight degeneration of the right posterior root; the fourth lumbar was healthy. It could be concluded from these sections that Achilles-jerk was localised in the first sacral and fifth lumbar segments, the knee-jerk in the third and fourth lumbar.

MR. SCOT SKIRVING showed a specimen of cystic hygroma of the neck.

DR. CHALMERS WATSON gave a microscopical demonstration of the histological appearance of the skin of a seven months fetus, a sister of the case of ichthyosis exhibited.

DR. LAWSON read a paper on

THE RÖNTGEN RAYS IN THE DIAGNOSIS OF LUNG DISEASE,

which will be found on page 615.

DR. JAMES drew attention to the fact that a slight degree of fixation of the diaphragm might follow old pleurisy, and that it might be very difficult to make a diagnosis between this and the fixation due to early tuberculous infiltration near the base of the lung. He thought that the indefiniteness of the upper limit of the shadow of a pleural effusion must be due to the same causes as gave rise to the curved percussion outline of fluid in the pleura. He was glad to hear that Dr. Lawson accepted the view that phthisis might follow lobar pneumonia.

DR. GARDINER said that he had done a good deal of work in connection with this subject. He would like to know whether Dr. Lawson had found that the X-rays were of value in diagnosing between a tuberculous infiltration of the lung and other pulmonary lesions. In what way, he asked, did the shadow of actinomycosis differ from that of thickened pleura?

DR. ALLAN JAMIESON asked whether the case of actinomycosis had been under treatment with iodide.

DR. GULLAND said that all the X-rays told whether or not there was air in the lung. While he welcomed them as an aid to diagnosis, he thought it more than ever necessary to insist on the cultivation of the ordinary methods of physical examination, by which a diagnosis could, in almost all cases, be reached. He did not think that phthisis followed pneumonia at all frequently.

DR. McALLUM asked whether when a case appeared

cured, so far as ordinary physical signs went, the X-rays showed any remains of tuberculous infiltration.

DR. LAWSON, in reply, said that the point of distinction between thickened pleura and actinomycosis or other conditions was the presence of the vertical lines to which he had referred. As to the diagnosis of phthisis from other conditions, he instanced the cases in which, with a known tuberculous lesion, extension of signs took place, and one was uncertain whether these were due to a simple bronchitis or to a fresh deposit. If the latter were the case, then a shadow would appear on the screen. It was quite easy, in some cases, to trace the clearing up of a tuberculous deposit by the X-rays. He heartily agreed with Dr. Gulland that the method was only to be looked on as an adjunct to, and not in any way as superseding, the ordinary means of physical diagnosis. The case of actinomycosis referred to had had a very thorough course of iodide, to which, perhaps, the prolonged life of the patient was due.

DR. A. D. WEBSTER read a paper on

THE SALINE EFFERVESCING BATHS (NAUHEIM BATH) AND RESISTED EXERCISES IN THE TREATMENT OF SOME HEART CASES.

This special treatment was indicated in enfeebled states of the muscular wall of the heart such as may be due to physical strain, to physical stress or worry, to toxins, to organic disarrangements of other important systems, such as the digestive and generative, to obscure conditions causing the state of ill-health known as nervous, to general weakness after acute diseases such as influenza, and also to some cases of valvular disease—all leading to more or less loss of tone, nutrition changes, irregular action, and dilatation of the cavities. The symptoms were usually decreased force, increased rate, and disturbance of rhythm. The ingredients of the artificial effervescing saline bath corresponded in their various actions to the heart remedies. Thus the temperature had the effect of digitalis in its action on the heart, and of the nitrites in its action on the vessels, the salts that of arsenic on the skin and tissues, while the CO₂ with its powerful stimulating action on the reflexes, corresponded to strychnine. The warm saline effervescing bath had an effect in decreasing the rate of the heart equal to that of a cool tap water bath, and the tepid saline effervescing bath an effect equal to that of a cold tap water bath. Thus feeble patients derived the advantages of a cool or a cold plunge with the element of shock eliminated. The particular and more immediate effect of the treatment was a decrease of the rate of the heart, and an increase of its force, while the more remote effect was one of a steadily increasing sense of well-being, gain in body weight, and marked improvement of the condition of the heart. The action of the resisted exercises was the same in kind, but less in degree, than that of the baths. Four cases illustrating the above points were reported.

DR. Webster's paper was discussed by Dr. H. M. Church.

DR. AITCHISON ROBERTSON read a paper on
SIALOGOGUES AND THEIR THERAPEUTIC EMPLOYMENT,

an abstract of which will be found on page 615.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF ANATOMY AND PHYSIOLOGY.

THIS Section met in the Royal College of Surgeons on FRIDAY, JUNE 5TH. In the absence of the PRESIDENT, DR. DAWSON occupied the chair.

DR. W. S. HAUGHTON, with Professor A. F. DIXON, D.Sc., brought forward a communication dealing with THE MECHANICAL STRUCTURE OF BONE, STEREOSCOPICALLY DEMONSTRATED BY X-RAYS.

The authors claimed that this method possessed the following advantages:—(1) That it is readily applied, because they found it possible to examine the entire human skeleton in eight days with some monkeys' and birds' bones added for comparison. (2) That it requires no special preparation of the bones, which may

be recent or old, dirty or cleaned. (3) That it does not damage the specimen. (4) That it gives a more perfect reproduction of bone structure than any other method. (5) It lends itself to demonstration for students. (6) It lays the foundation on which to build intelligent arguments as to site and place of fracture in bones. The method shows well not only the longitudinal and transverse lamellæ in cancellous tissue, but also in big bone systems of right and left-handed intersecting spiral lamellæ. These spiral lamellæ are seen in all tubular bones, and are best marked where these bones curve, as in the upper end of the femur and humerus, clavicle, neck of ribs and transverse processes of vertebræ. The apparatus used was the very ingenious Röntgen stereoscope devised by McKenzie-Davidson.

Professor FRASER gave a *résumé* of his method of cutting in various planes trial sections of the adult human body without freezing, but after hardening with a modified solution of formalin. He had described his method to the Section in 1899, and had then shown a series of transverse sections of the adult made from head to foot at intervals of about one inch. Since that date he had cut a number of bodies at various ages in the median longitudinal plane, and he showed to the meeting an adult which had been cut over three years ago, and the body of a child about three years of age which he had cut the day before. His habit was to outline the median plane—the body lying on its face—with an aniline pencil from the coccyx to the glabella. Then a sharp knife was passed through the soft structures from the anal opening to the point of the coccyx, thence along the median line through the soft parts until the point of the knife was stopped by the back of the coccyx, the spines of the vertebre, and the bony vault of the skull. A fine saw with a movable back, made by Weiss for the purpose, was now introduced at the coccyx and made to divide the vertebral column from below upwards, the point of the saw never passing deeper than the front of the bodies of the vertebræ. Then it was passed through the cranial vault, the contents of the cranial cavity, and a certain length along the cranial bone. It was then withdrawn, as the body had now to be turned on its back, and the cutting finished from the front. The median plane was outlined with the pencil from the pubes to the glabella. The knife now thus passes through the soft parts from the glabella to the xiphoid appendage, until stopped mainly by the two jaw bones, the body of the hyoid, and the front of the sternum. The saw was now introduced at the cranial vault, where it had previously ended, and was carried down through the bones of the face and part of the cranial bone left uncut when sawing from behind. The body of the hyoid and sternum are then divided, and the saw is not further required unless the cartilage at the symphysis pubis has become in part ossified, when it has to be passed through it. In the case of the male a couple of knitting needles are passed down the spongy part of the urethra, and the knife is guided between them from the glans to the raphé of the perineum and the symphysis pubis. The knife is then carried rapidly headwards through the abdominal wall and through the abdominal viscera, thence through the contents of the thoracic cavity, the point of the knife running between the divided vertebræ behind and the blade through the soft parts in front. The two halves of the body now fall apart and the median long section is complete. Each half is then washed in a tank of water, the coagulum removed from the heart and blood-vessels, and the contents of the alimentary canal removed under the water tap. The specimens in Professor Fraser's judgment are very perfect and instructive when everything has gone well.

Professor FRASER also exhibited a large atlas of photographs of median, longitudinal and other sections, and of trial dissection through the thorax and abdomen, both from front and back, made after the manner published in his book, showing those of the head and neck.

Professor FRASER then showed a specimen of displaced ovaries and Fallopian tubes, which he found in a corpulent female between fifty and sixty years of age, with no external evidence of ever having been pregnant.

On the left side the tube and ovary lay behind the commencement of the sigmoid flexure, and slightly below the lower end of the kidney. On the right side the tube and ovary lay behind the cæcum and lower end of the ileum. On both sides what would have become broad ligament was fixed to the posterior abdominal wall. The uterus was apparently normal, in its usual position at the back of the bladder, and from its fundus on either side the two Fallopian tubes passed over the pelvic brim up the posterior abdominal wall as already stated.

Professor THOMPSON then made some preliminary communications, "On the Effects of the Administration of Arginin," and "On the Effects of Pituitary Feeding on Metabolism."

WEST LONDON MEDICO-CHIRURGICAL
SOCIETY.
CLINICAL EVENING.

MEETING HELD FRIDAY, JUNE 5TH, 1903.

MR. RICKARD W. LLOYD, President, in the Chair.

ACUTE ATTACK OF RETENTION OF URINE.

1.—MR. SWINFORD EDWARDS showed a man, æt. 71, who for five years had been unable to pass his urine except by means of the catheter. His trouble began with an acute attack of retention. Nine days before admission to the hospital he had some difficulty in passing the instrument, and a good deal of bleeding, owing to false passages. The prostate was felt bimanually to be enlarged, soft and elastic. Prostatectomy was performed through a supra-pubic incision on April 15th of this year. The gland was easily shelled out, but some difficulty was experienced in removing it through the abdominal incision. The tube was removed on the fourth day after operation, and on May 9th the patient was passing his urine naturally. He had no rise of temperature above 99°6', and by May 24th the wound was healed. He now passes his water quite naturally.

FREQUENCY OF MICTURITION.

2.—MR. EDWARDS also showed a man, æt. 30, who for three weeks before admission had suffered from supra-pubic pain, and increased frequency of micturition. The base of the bladder was found to be indurated, and by the cystoscope was seen to be covered with granular patches with a few discrete tubercles, the disease being specially marked round the left ureter. On May 11th, injections of tuberculin were begun. At that time the patient's temperature was 102°, and his urine contained a trace of albumin, some mucus and pus. There was no reaction after the injections, and the patient is now very much better. He no longer gets up at night to pass water, and he can hold it for three hours in the day-time. The first injection was 1-250th milligramme, which has now been increased to one-half milligramme.

3.—MR. EDWARDS also showed a labourer, æt. 32, who for some months had had increased frequency of micturition, with a burning sensation in the perineum. There were threads in his urine, pointing to former attacks of gonorrhœa. There was tenderness on pressure over the left Cowper's gland. This could be distinctly felt, and was removed through a transverse incision. The patient is now free from all discomfort.

MR. PARDOE said that Mr. Edwards' first case was an example of the satisfactory results attending enucleation of adenomatous prostates. Unfortunately, it must be remembered that in cases in which there has been long-continued infection of the bladder, and possibly of the kidneys, the removal of the obstruction cannot always be expected to cure the inflammatory conditions. Mr. Pardoe mentioned one patient in whom, within three months of operation, a new growth had appeared at the seat of removal. No trace of malignancy was found in the prostate after the operation. The supra-pubic operation is not suited to every class of case. It is admirably adapted for

the removal of very large adenomatous masses, and also for cases where the obstruction is caused by enlargement of the median lobe; small fibrous enlargements or fibroid adenomata, with the fibrous element largely predominating, are best approached from the perineum, enucleation being impossible and dissection being necessary. Another objection to the supra-pubic operation is the difficulty of obtaining dependent drainage. As regards Mr. Edwards' second case, Mr. Pardoe said that the results of using tuberculin in urinary tuberculosis vary greatly, but the results of operative interference, even with catheters, are often so bad that it is worth while to try tuberculin in these cases.

Dr. E. FURNISS POTTER showed a girl, *æt.* 13, who had suffered from

SUPPURATIVE DISEASE OF BOTH MIDDLE EARS

for the last seven years, following an attack of scarlet fever. In October of last year the left mastoid antrum was opened, the posterior wall of the osseous meatus was cut away, and the antrum, attic, and tympanum thrown into one cavity. The diseased tissues were removed with a curette, the cavity packed with gauze, and the external post-aural wound sutured. Fourteen days later the wound was reopened, and a graft, taken from the inner side of the thigh, was applied to the surface of the operation cavity. At the end of five weeks the healing of the cavity was complete. The case showed the great advantage of skin grafting in conducting to rapid healing.

Mr. PERCY PATON said that only those cases should be selected for grafting in which all the diseased bone can first be cleared away. One of the great difficulties in placing the grafts is the constant trickling of blood into the cavity, but this may almost entirely be done away with by using a very dilute solution of adrenalin chloride. Mr. Paton also regarded it as important to keep the external ear up by means of strapping, or by removing a semilunar flap of skin to prevent the dropping of the ear, which is common after these operations.

Dr. ARTHUR SAUNDERS showed two sisters suffering from

VALVULAR DISEASE OF THE HEART

as the result of acute rheumatism. The elder girl, *æt.* 14, has a well-marked systolic murmur at the apex. The first sound also is explosive in character, and after exertion, a presystolic murmur can be heard, showing that with increased demands upon the heart, some obstruction becomes evident at the mitral orifice in addition to the incompetence. In the younger sister, *æt.* 9, the aortic valve is affected; there is a loud roaring diastolic murmur audible at the right base and down the left side of the sternum. In both sisters the heart is now hypertrophied, and compensation has been well established, so that for the last twenty months they have been able to live ordinary healthy lives, without the enforced consciousness of having anything wrong with them. The treatment in each case has been rest, milk diet, and salicylate of sodium during the stage of acute pains, followed by a course of alkaline treatment and gradual indulgence in increased exercise. The patients were shown as illustrating the incidence of acute rheumatism upon particular families, its varied effects upon the valves in different individuals, and the readiness with which, under due care, compensation of a lasting character may be established.

Dr. SEYMOUR TAYLOR showed a painter, *æt.* 24, who has suffered from epilepsy. For the last six weeks he has noticed that he has been getting darker in colour, and he has had fainting attacks. Although the cardinal symptoms of Addison's disease, *viz.*, vomiting and intense prostration, are absent, there are typical signs present, such as pigmentation of scars, and extra deposit of pigment in such parts of the body as are normally pigmented. The skin is for the most part pale, but there is a mousey-brown tinting over the shoulders where the braces press, and in the groins and on the dorsum of the penis. Well-marked patches are also seen on the upper lip, and on

the mucosa of the roof of the mouth. The scars of his primary vaccination are also extremely dark. Examination of the blood shows a diminished amount of hæmoglobin, and a slight degree of leucocytosis. Dr. Taylor proposed to administer a course of adrenalin.

Mr. McADAM ECCLES asked why pigmentation in these cases is so marked in places of pressure, and not so much in situations of normal pigmentation.

Dr. A. E. RUSSELL, Mr. Pardoe and Mr. Paton also discussed the case.

Mr. GARRY SIMPSON showed a woman with well-marked

TUBERCULOUS SYPHILIDES

on the lips and chin. He also mentioned the case of a girl, *æt.* 8, with a chancre on the lower lip, who became infected by using articles that had been infected by her parents, who are both under treatment for mucous patches and other secondary manifestations of the disease in the mouth. Mr. Garry Simpson had drawn up a leaflet suitable for distributing to patients suffering from the disease, whereby he hoped to impress upon them the importance of not allowing their children and others to use the same articles as themselves.

LARYNGOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held on FRIDAY, JUNE 5TH, DR. P. McBRIDE, the President, being in the Chair.

The following cases and specimens were shown:—

Mr. E. B. WAGGETT: A girl, *æt.* 9, with a large post-pharyngeal swelling, which had been first noticed nine months ago, and had latterly increased in size to such an extent as to cause some difficulty in breathing during sleep. A number of enlarged glands were present below the angle of the jaw on the right side. These had been noticed shortly after an attack of measles three years ago. The child appeared to be in good health, and no family history of tubercle was available. Mr. Waggett said he believed the swelling to be a broken-down tuberculous mass.

Dr. FURNISS POTTER: A case (previously exhibited at the last meeting) of a man who had had a large swelling on the right side of the naso-pharynx, which completely obscured the right choana, in which the diagnosis was uncertain (? malignant disease or gumma). Under the administration of iodide of potassium, the swelling had completely disappeared.

Dr. WYATT WINGRAVE: A case of supra-nasal cyst in an infant, *æt.* 15 months.

Dr. L. H. PEGLER: A section of recurrent growth of the septum.

Mr. P. DE SANTI: (1) A case of gumma of epiglottis, which had disappeared entirely under the administration of iodide of potassium; (2) a specimen of large fibro-lipoma of larynx.

Mr. F. J. STURWARD: (1) A case of infiltration of soft palate of doubtful nature; (2) a specimen of epithelioma of pyriform sinus.

Dr. W. H. KELSON: A case of laryngeal fistula. The patient was a man, *æt.* 58, who had cut his throat in November last, dividing among other structures the thyro-hyoid membrane, the style-pharyngeus, the omo-hyoid, and sterno-hyoid muscles, the result being that the larynx had fallen downwards and forwards. The aperture was from a quarter to half an inch in diameter, through which the interior of the larynx was plainly visible.

Dr. H. L. LACK: (1) A case of thickening of left vocal cord with deficient movement of some months' duration; (2) a case of multiple sinus suppuration, showing results after operation on the sphenoidal sinus with a new instrument.

Dr. H. TILLEY: A boy, *æt.* 6, with a freely movable pedunculated tumour, the size of a Tangerine orange, growing from the right tonsillar region. It had been first noticed two months ago. Since this period it had been twice removed, but had rapidly recurred. It did not bleed when manipulated. There was a

small hard gland, freely movable, behind the angle of the right jaw.

Sir FELIX SEMON was of opinion, having regard to the rapid recurrence after removal and the present appearance, that this would be found to be a malignant growth.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 13th, 1903.

At the Society für Innere Medizin, Hr. Karewski read a paper on

THE PERMANENT RESULTS OF SURGICAL TREATMENT OF ABSCESES OF THE LUNGS.

He said that pulmonary surgery was an achievement of recent times. The tolerance of the lung in general the fruitlessness of internal treatment in many cases then the fact that serious hæmorrhage need not be feared, made it very tempting to attack with the knife in suitable cases. Many successes had been obtained but many failures had also to be deplored. Technique no longer presented difficulties, only the diagnosis of the individual cases. Here the joint working of the clinician with the surgeon was beneficial, and advances were only to be made by such joint action.

According to some, pneumonia was a frequent cause of pulmonary abscess, but according to others this was only rarely so. According to the experience of surgeons, croupous pneumonia was a frequent cause, and this was his own experience. He found an explanation of the opposite view of internal clinicians in the fact that they seldom saw abscess formation in the chronic course of the disease, but the surgeon saw it frequently. These abscesses were supposed to heal spontaneously, but the surgeon said not. Another frequent cause was influenza-pneumonia, the abscesses from which only rarely broke into a large bronchus; they generally took on a chronic course. He had seen four such cases. Thirdly, foreign body abscesses were to be named. These were cases of multiple centres following a chronic course. Here the removal of the foreign body was the condition of recovery; this had hitherto only been achieved in two cases. This should always be attempted however, under bronchoscopy. Pulmonary abscesses from septic embolism were always unfavourable as regarded outlook, as the centres were generally multiple. Some good results had, however, been reported; Tuffier had had four recoveries out of six cases. The speaker had had one recovery in two cases. In abscesses from erosion in the neighbourhood of the lungs the prognosis was favourable. It was to be observed that empyema in connection with abscesses was generally secondary. Such erosions arose in connection with abscesses of the liver and spine, suppuration of bronchial glands, from ulcer ventriculi and perinephritic abscesses. He had seen three such cases. The primary disease often ran a latent course, but first of all in a solitary abscess which did not heal. With long delay, sepsis often took place. He had operated successfully in three such cases; one patient died later on of cerebral abscess.

A large number of cases of abscess of the lung certainly healed spontaneously, but the disease was always a dangerous one, and recovery was not to be depended on. It was only when all threatening symptoms disappeared after the bursting that the prognosis was favourable. In any case, surgical treatment should not be long delayed. Purulent collections were often present when the patient at the commencement felt well. But such retention of pus might give rise to multiple abscesses in joints.

What chances did operation afford? This depended first, on the condition of the collection. We had to bear in mind that we had to deal with a cavity with firm walls; they could be put on the stretch, but they did not come together after evacuating the contents. In youth the ribs were elastic and favoured closure, but that elasticity was absent in adults. Through a large bronchus expectoration was easier, so that more might be expected of an abscess at the apex than of one at the base. These conditions, however, did not hold in case of operation, as the lower part of the thoracic wall was more movable than the upper, which only allowed sinking of the intercostal spaces. For this reason only small abscesses recovered in the upper lobes, those in the lower lobes giving the best chances. Spontaneous recovery could only be expected in recent cases, and if spontaneous opening did not occur early, operation had to be resorted to. This was so also in secondary empyema. Such empyemas were very obstinate and required extensive operations. The earlier the operation, the better the chances. Absence of adhesions was no bar, as they could be set up artificially in the course of three or four days, by stitching the lung to the chest wall with serpentine silk. Early operation gave good results; but the prognosis was bad in operation in chronic cases.

Of the speaker's own cases, four had remained healthy for four years, and three for more than three years. Two have died, but not of the original complaint. None of these cases were operated on more than six months after the onset of the illness. Spontaneous recovery was not so frequent as had been often assumed—often a permanent condition of ill-health was caused by chronic suppuration. He had seen two cases in which relapses and pyæmia had occurred.

Therefore, operation for removal of collections in the lungs was preferable to waiting. Operation also should coincide with the diagnosis of abscess, *i.e.*, operation must follow the diagnosis immediately. Diagnosis was not now so difficult, and was much aided by the newer means such as the Röntgen image. (Screen illustrations were shown.)

Hr. A. Fraenkel said that in 1,200 cases of fibrinous pneumonia he had seen abscess in barely 2 per cent. of them.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 13th, 1903.

MOTOR FUNCTION OF STOMACH AND BOWEL.

KRAUS, at the Gesellschaft, gave the members a demonstration on several animals of the motor functions of the stomach, and a history of his experiments conducted at the Röntgen Institute under Keinbock. His labours were confined to the examination of frogs, mice, guinea-pigs, cats and dogs, &c., and with the help of skiagrams and skiopic projections he illustrated the different phases of digestion in animals, thus affording additional evidence to the information obtained by laying open the abdomen of the animal.

These operations, according to history, were first performed by Cannon, of Boston, Roux and Balthazard, of Paris, by feeding animals with a mixture of bismuth and observing the action with Röntgen shadows. The technique of these observations is somewhat difficult, and few of them except those of Roux and Balthazard, have been published, most appearing as ill-defined radiograms of the frog's stomach. Closer investigations have now perfected radiograms in all parts of the digestive tract. Kraus' observations are

scarcely intelligible without the illustrations, but they may be summed up as showing that different parts have dissimilar functions, such as the "pars præpylorica," which he describes as a pump action, and the fundus as a reservoir. He confirms the observations of Cannon as to "rhythmic segmentation" in the bowel, which has also been supported by Pawlows, who affirms that the quantity of secretion produced in the stomach is proportional to the amount of food taken.

MYASTHENIA PARALYTICA.

Berger next presented a girl, æt. 17, suffering from myasthenia paralytica. She came of a very nervous family and first became ill in June, 1902, after a domestic quarrel. This assumed the form of an abnormal dullness in her speech, the patient experiencing great difficulty at times in expressing herself. Later "apokamosis" of the masticatory muscles with loss of power to gargle supervened, with feelings of stiffness and pain in the lips and tongue, drooping of the eyelids, weakness in the left arm and leg, and later, difficulty in swallowing. The muscles of the hips and right extremities were normal. In several individual muscles of the face and left arm the electric myasthenic reaction was distinct. Along with these disturbances hysterical phenomena were present.

Flesch said he had examined this patient electrically, and found an increase in the faradic and galvanic muscular excitability. Qualitative changes were also present, as a weak current produced oscillations with contractility in parts as if the muscles were partially exhausted. By using a tetanising current the muscles seemed to become weakened in their whole length with a distinct myasthenic reaction. It is to be remarked in this case that the muscles of the tongue escaped the general morbid change, such as the genioglossus of both sides as well as the hyoglossi.

DERMOID TUMOUR OF THE MEDIASTINUM.

Türk again brought forward a case which he showed in January to the Society with the diagnosis of a dermoid tumour in the anterior mediastinal space, which, he concluded, required operation. On January 21st, Prof. Iselberg undertook this duty [by making an opening in the left pectoral muscle and excising the cartilages of the third and fourth ribs at the left sternal union, where a large white swelling was discovered. After opening the pleura the cyst was punctured, from which drained 100 c.c. of a dark-coloured fluid. After removing the cyst, the pericardium and left lung could be seen to the right, very much compressed.

The wound was closed with a tampon and drained. After the operation the patient became dangerously dyspnoic, with 80 respirations to the minute, and a very small pulse. The following day these symptoms still persisted, the left lung not appearing to move, which necessitated a re-opening of the wound, drawing the left lung forward, and stitching its outer margin to the parietes till it was filled with air. After this the condition of the patient began to improve with more favourable symptoms. The wound, moreover, assumed a favourable appearance from the first and gradually closed. Only on one occasion did the temperature rise with irregularity of the heart, and this appeared to be due to some poisonous matter having entered the circulation and caused the cardiac depression. Treatment with stimulants removed the dangerous symptoms in a few days, after which no further dyspnoea was observed, and the wound healed, leaving only a small sinus, so that the necessity for a subsequent plastic operation was obviated.

During the past few weeks neuralgia of the left brachial plexus began to give trouble, but under suitable treatment it disappeared.

The histological examination of [the cyst and its contents confirmed the clinical diagnosis made on his entrance into hospital (January 25th). The whole mass weighed 2,600 grammes, and consisted of four divisions containing hair, teeth, bones, &c., and other ectodermal substances.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

ALLEVARD-LES-BAINS. (ISERE, FRANCE.)

ALLEVARD lies between Grenoble and Chambéry, and is connected by a steam tramway with the Pontcharra station on the Paris, Lyons and Mediterranean Railroad. It merits much attention, not only for its very valuable mineral springs, but also for its "air-cure" advantages, and for its situation in the heart of the most picturesque scenery of the French Alps. From no other popular resort can the inmost recesses of the Dauphiny Mountains be so readily reached by pedestrians and equestrians. Nowhere amongst the Alps can be found mingled more closely together high peaks, grand glaciers, immense forests, lovely dales and gem-like lakes—the "sublime and the beautiful" closely side by side.

Its climate is excellent and seldom subject to sudden variations, being protected by high hills from strong winds and in a valley very rarely troubled by storms. Although so near great glaciers, Allevard enjoys an equilibrium of summer atmosphere very unusual at Alpine spas. The height of the trees around testifies to the calm in which they have grown. The quietude and sedativeness of the place recommend it strongly as a mountain summer-residence to the delicate, and to those (particularly children) predisposed to pulmonary complaints. The calcaro-sulphuretted mineral springs have a mean temperature of 73° F., and an output of 880,000 gallons every twenty-four hours. These waters, very rich in gases and fixed constituents, have a strong odour and a bitter taste, yet they are in no way objectionable, and patients speedily become accustomed to them. They act chiefly on the skin and the mucous membranes, their action on the circulation and nutrition being very marked. They are highly recommended by French physicians for skin affections, nasal catarrhs, lymphatism, asthma, and chronic diseases of the throat and larynx, especially when accompanied by difficulties of hearing and by "singing in the ears."

The thermal establishment comprises all the approved methods of application and apparatus. The treatment by inhalation was discovered, and for the first time put into practice, at Allevard. There are here seven rooms for cold inhalations. The warm inhalations are in an amphitheatre of four halls preceded by individual apartments for clothing and a transition salon, and so arranged that the desired temperature for each case can be readily obtained. There are two halls for pulverised and jet douches for the throat, each hall having eighteen admirable apparatus. The pulverisation is particularly efficient, the sulphurous water being reduced to a very minute spray without the slightest loss of any gas. This is the more easily accomplished from the free conditions of the sulphuretted hydrogen (24·7 per cent. per litre) and the azote and carbonic acid in these waters.

The most recent improvements are also adopted here for giving baths and douches of plain sulphurous water; of aromatic baths and calming and sedative decoctions from a variety of mountain-plants, and of Berthe vapour baths. The very competent medical corps have capable and experienced assistants; for administering massage, friction, and gymnastic manipulations of the articulations. So that in no

respect is Allevard anywhere exceeded in the completeness of its equipment.

The amusement and comfort of its visitors are likewise provided for, Allevard possessing a good casino and excellent hotels. Amongst the latter can be recommended the Hôtel des Bains, and the Hôtel des Plantes.

The Operating Theatres.

MIDDLESEX HOSPITAL.

STRANGULATED FEMORAL HERNIA.—GANGRENE OF INTESTINE.—ENTERECTOMY.—Mr. JOHN MURRAY operated on a woman, æt. 40, who had been admitted for strangulated hernia. The patient had had a right femoral hernia for six years. Six months ago the hernia came down attended by great pain, but was reduced by taxis. The same thing occurred six weeks before admission, and six days previous to admission she was seized with acute pain in the region of the hernia; the swelling became very tense, and she was unable to get it back. She took two doses of castor oil; the first was followed by slight action of the bowels, but there was no result after the second. The pain became worse, there was persistent vomiting, and absolute constipation. On admission the patient was found to be a feeble woman, complaining of great abdominal pain and constant vomiting. The abdomen was very distended, tender on palpation, and there was a hard, tense swelling on the right side below Poupart's ligament, external to the pubic spine fluctuating, and dull on percussion. There was no impulse on coughing. Temperature, 100.4°; pulse, 140. Immediate operation was decided upon. An anæsthetic having been administered, an incision was made over the swelling. The tissues forming the covering of the sac were matted together and œdematous; the sac was very tense, and on carefully opening it about an ounce of blood-stained fetid pus was evacuated; the wall of the sac was covered with a thick yellow exudate. A piece of small intestine was found lying in the bottom of the sac, of a dirty grey colour and very tightly constricted, and the bowel was perforated at one spot. After carefully mopping out the interior of the sac with perchloride of mercury solution, 1 in 1,000, the neck of the sac was divided and the gut drawn down; it was then found that about an inch of the intestine was completely gangrenous; an enterectomy was therefore decided upon. A pair of forceps were put on the intestine to close the perforation and to prevent it slipping back into the abdominal cavity; the abdomen was opened by an incision five inches in length through the right rectus muscle; there was considerable peritonitis present and a good deal of blood-stained fluid in the peritoneal cavity. The hand was passed into the abdomen, and the intestine seized with the fingers at the entrance to the femoral canal in such a way as to prevent the escape of the contents, and the intestine drawn out through the abdominal wound. The gut above the gangrenous area was deeply congested and œdematous, and a large loop was constricted by the gut being twisted on its mesenteric axis; the upper part was distended and the lower collapsed. The peritoneal cavity was well protected with dabs, and the exposed gut covered with a sterilised towel. The opening in the gangrenous portion of the intestine was enlarged and about six ounces of intestinal contents withdrawn. The bowel was then clamped with an india-rubber tube above and below the gangrenous area, and about three inches of small intestine resected. The bleeding points in the mesentery were ligatured, and the two ends of the gut united by a

continuous suture over a Mayo Robson's decalcified bone bobbin. A second row of interrupted sutures was then inserted and the cut edge of the mesentery united. The intestine was carefully cleansed, and returned into the abdomen. The abdominal wound was closed by silk-worm gut sutures passing through the entire thickness of the abdominal wall. The sac was next cut away, the wound below Poupart's ligament carefully swabbed out with a solution of perchloride of mercury and a drain tube introduced through the neck of the sac into the peritoneal cavity. The edges of the skin were united by a few points of interrupted suture, and the wound dressed. Mr. Murray said that the only thing that would have led him to suspect gangrene of intestine in this case was perhaps the œdema of the tissues covering the hernia; the distension of the abdomen and the tenderness present, however, indicated a commencement of peritonitis. The gangrene, he thought, was mainly due to the tight constriction in the crural canal, but it was, no doubt, partly due also to the twist of the bowel causing constriction of the mesenteric vessels. With regard to the method of dealing with gangrenous intestine there can be no doubt, he said, that where the patient's condition is such as to enable him to withstand the shock of a somewhat prolonged operation, removal of the gangrenous area, together with suture of the cut ends of the bowel, was the best line of treatment. The alternatives, he pointed out are: leaving the intestine *in situ*, and establishing an artificial anus, or removing the gangrenous area and bringing the divided ends out of the wound. In either case, in hernia of the small intestine, if the patient survives the operation there is subsequently a probability of death occurring from inanition, and, moreover, a serious and difficult operation will afterwards have to be undertaken for the cure of the artificial anus; in addition, even although the obstruction be relieved, there is in most cases, as in the present one, a considerable amount of peritonitis, which is liable to cause death by extension. In his opinion it is advisable, therefore, even at considerable risk, to perform enterectomy. In this case it was absolutely impossible to do this without opening the abdomen, owing to the narrowness of the femoral canal; in any case he thought this the more advisable course to adopt, as the surgeon can see what he is about and have plenty of room. The peritoneal cavity is probably infected already, and with care no further inflammation need occur. With regard to the method of suture, he stated that he personally prefers the bone bobbin as he had just applied it.

The patient was very bad the day after the operation, although there was no marked rise of temperature, but the pulse was 160. Saline enemata containing each half an ounce of brandy were administered, and 8 minims of strychnine hypodermically; the following day she was better, and since then her convalescence has been uninterrupted. Three weeks after the operation the abdominal wound is healed, and the wound in the groin is quite superficial. Her bowels are acting regularly.

Royal Victoria Hospital, Belfast.

THE opening of the new Royal Victoria Hospital has at last been definitely fixed, his Majesty King Edward having consented to open it on the occasion of his visit to Belfast on July 27th. All the arrangements are well forward, and the furniture is at present being put in. Medical men in the city and neighbourhood will probably have an opportunity of inspecting the new hospital at an early date.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 17, 1903.

THE INCREASE OF CANCER.

THE greatest number of recorded deaths from malignant disease in one or other of its various forms in our own time as compared with the middle of the last century is a matter of keen interest to the student of statistics. When it is remembered, however, that the methods of registration vary from time to time even in the same country, while the modes of classification of the causes of death differ considerably in other countries, and that increased skill has led to a greater perfection in the diagnosis of the disease in its early stages, especially when occurring in the more inaccessible regions of the body, it will be seen that the increase is probably more apparent than real. According to a series of calculations recently made by Dr. Alfred Wolff, based upon the recorded death-rates in some of the principal European countries and also in certain parts of the United States, it appears that cancer mortality bears a definite relationship to certain habits of the population and also to the physical characteristics of the locality. The geographical conditions of a country in relation to malignant disease have been well worked out by Haviland and Leon Noel, who have shown that the so-called "cancer-areas" are chiefly confined to thickly-wooded and well-watered forest-land. It is this endemic feature of the disease that has led more and more to the suspicion, unfortunately yet without confirmation, that a *contagium vivum* will ultimately be found to be its true cause. Hereditary influence as a factor in the production of cancer is now regarded as only of minor importance, whereas the idea of its infective nature is uppermost in the minds of the majority of the workers in this field of research. The public, too, have become acquainted with "cancer-houses" in the sense of the possible contagiousness of the malady which is dreaded perhaps even more than con-

sumption. One fact stands forth with a certain degree of prominence, namely, that in large European districts, especially Bavaria, where there is the highest cancer mortality there is also the greatest amount of beer consumption. Malt liquors have been held responsible for the production of many evils, including epidemics of poisoning, and now they would be further charged with playing an important rôle in connection with susceptibility to cancer. It has been suggested that this malign influence is, in all probability, not due to the alcohol *per se*, but to some other substance. Many are the fallacies encountered in the preparation of cancer statistics, and unless the calculations are adduced from a very large number of cases drawn from all parts of the world it is almost impossible to draw anything like accurate conclusions regarding its origin. Because a certain percentage of deaths are due to malignant disease in a given locality it does not, of course, follow that the sufferers therefrom spent their lives there. Among the leisured classes, picturesque and wooded spots in the country are favourite places in which to spend peacefully the age of retirement, while their poorer brethren, attracted by the fame and reputation of the hospitals, come to the large cities in the hope that modern surgical skill may alleviate or remove their physical burdens. What would probably be of greater utility would be to know the proportion of those affected with cancer among the present population. This could only be satisfactorily revealed by private notification on the part of the medical man in charge of the case to a central authority for each district. Towards the same end, systematic inquiries (duly noted down, of all patients suffering from malignant disease in the hospitals and infirmaries of the country) might be made with the object of ascertaining the place of residence immediately previous to the first manifestations of the malady. The information thus derived would in all probability lead to some modification in the delimitation of the "cancer areas," and would certainly yield a truer estimate of the actual geographical distribution of the disease. Supposing it to be correct that great beer consumption coincides with a high cancer incidence in the living after such inquiries, the subject might well be worthy of consideration by research students.

DECAPSULATION OF THE KIDNEY.

It is unfortunate that the word "suppression" is so often applied to cases of retention or urine. A second-year student has no difficulty in diagnosing retention when the cause is in the urethra or bladder. But in cases of obstructive retention in which the obstruction is situated in either the ureter or the pelvis of the kidney, or caused by some external pressure, the case is not easy of diagnosis, and in such the history of the case is a valuable guide. In all such cases the surgeon recognises the necessity for operation. Broadly stated, retention of urine calls for surgical interference, and the sooner it is resorted to the better. There is not, however, the same unanimity on the treatment of certain forms of suppression that, we

think, call for prompt surgical interference. We may refer to Dickenson's case of rupture of the kidney, in which, had surgical relief been possible at the time, the life might have been saved. The value of incision of the kidney was pointed out as long ago as 1869 by Smith, who recommended nephrotomy. But during the past half century cases of suppression demanding operation continue to be treated day after day by the remedies approved of by generations of practitioners. No exception can be taken to a tentative use of the time-honoured methods, but it cannot seriously be urged that we should not improve on the method or supplement them by surgical aid. There are a great group of cases of true suppression in which drugs, vapour baths, and so forth fail to give relief. Cases of vaso-motor disturbance whereby a stasis of blood, probably under great tension, occur, the blood current not flowing in the glomeruli. In such cases, if the patient's condition is not soon relieved, death must result. Diuretics, baths, bougies, subcutaneous injection of artificial serum, and so forth become of little value in time, and their use should not be uselessly prolonged. In such cases the kidneys are swollen to their utmost, and their capsules stretched to the point of bursting. Delay means the total disorganisation of the gland. A condition results which is known as red infarction, which is ascribed to constriction of the renal arterioles and a simultaneous dilation of the capsular arterioles. Too often we are reminded that in suppression we are dealing with a symptom only—but it is a symptom urgently demanding relief, one which drugs have failed to relieve; it is an evidence that the gland has become functionally inert, and is undergoing destructive change. Whatever may have been the primary cause of the trouble the existing cause is the hyperæmia, and this is most readily relieved by decapsulation. Freed of the sclerotic renal capsule, the over distended vessels quickly and freely empty themselves and continue to bleed until the circulation re-commences, and with it the function of urination. By this simple, quickly-performed operation we do directly what our predecessors in medicine sought to effect indirectly by free bleeding, wet-cupping the loins, or by applying a score or more of leeches, followed by poultices over the region. But the operation must not be deferred until the glandular tissue is destroyed or the arterioles contain thrombi. It should be performed whilst there is still a chance of success.

PUBLIC SENTIMENT AND VENEREAL DISEASES.

THE medical profession, as a whole, cannot fail to be profoundly impressed by the vast importance of venereal diseases generally in relation to the public health. In the course of daily practice they are brought into constant contact with morbid conditions resulting from those maladies. In that way they are led to realise the essential fact that the sum total of immediate mischief arising from that source is infinitely less than the remote. They know that the

venereal taint may either create or complicate almost any case of sickness they may be called upon to treat. They have been accustomed to find patients in the general, medical or surgical wards of hospitals suffering from the remote effects of syphilis and gonorrhœa. But above all they have been taught by long training and experience to expect many such cases in children's hospitals, in special wards and institutions devoted to diseases of the skin, eye, and nervous system, to say nothing of lunatic asylums. As regards military and naval practice the surgeons have constantly to bewail the serious drain upon the fighting strength of those Services, owing to the prevalence of venereal diseases. From public and private standpoints, then, it is clear that medical men can alone realise the enormous amount of aggregate damage inflicted upon the community by those contagious and preventible maladies. It naturally occurs to members of a scientific profession earnestly concerned in the prevention of disease that the two deadly scourges of syphilis and gonorrhœa should be treated like certain other infectious diseases, such as small-pox and scarlet fever. There is no need to labour the self-evident proposition that it would be possible under a sufficiently rigorous system of notification and isolation to stamp out the venereal scourge. That fact formed the basis of the Contagious Diseases Act, which, during its short existence, did so much to lessen the incidence of the diseases mentioned in seaport and garrison towns. The repeal of that most salutary piece of legislation, as everyone knows, was due to the action of a small but noisy band of sentimentalists. The position of these persons is wholly unreasonable and illogical. If syphilis and gonorrhœa are to escape State control, it is surely necessary to furnish satisfactory special reasons for their exception. No such argument is forthcoming. The only semblance of justification is the inference that to recognise officially the existence of such diseases is to injure the moral health of the community. In our opinion any such abstract theory is far outweighed by the possible physical harm done to the nation. A great part of the evil result falls on persons who are entirely void of offence. Yet the purists maintain that no official steps should be taken to prevent that terrible burden of punishment from falling upon innocent shoulders. How can the enlightened citizen do his utmost to save his fellows from the physical injury due to enteric fever, to plague, and the rest of the notifiable infectious disorders, and yet take no cognisance of the host of blind, deaf, insane and otherwise crippled victims of venereal disease? The inconsistency of the thing is ludicrous. The medical officer of health does not ask under what circumstances a notifiable infectious disease has been contracted. He simply registers the fact of the invasion, and takes stringent steps to prevent the spread of the malady. Why should he not act in a similar way as regards syphilis and gonorrhœa? Both disorders in their primary stages are frequently conveyed to individuals who

are perfectly innocent of any sexual offence. Are not such persons entitled to be protected by the State against venereal disease no less than against this or that fever? To imagine that popular morality is made any safer by avoiding the discussion of disease in relation to public health is to assume the cloak of the Pharisee and the shallow creed of the ignorant and canting moralist. The exact rôle that should be played by medical men in this question has been not inaptly set forth in a resolution passed at the recent meeting of the American Medical Association. "There is a burning necessity," ran the preamble, "to check the spread of venereal diseases; and, assuming this, the United States cannot with impunity ignore the condition. It lies in the province of the medical profession to discuss and recommend to the respective State legislatures and municipalities means not regulamentative but social, economic, educative and sanitary in their character, to diminish the danger from venereal diseases." A representative committee was thereupon appointed to attend the forthcoming Conference for the Prophylaxis of Venereal Diseases, which meets this year at Brussels, under the auspices of the Government of Belgium. It is to be hoped that the medical profession of the United Kingdom will be adequately represented at that Conference, dealing as it does with a socio-medical question of the highest possible importance to the world at large.

Notes on Current Topics.

Underground Bedrooms.

CONSIDERING that the majority of human-kind pass one-third of their lives in sleep it is of the utmost importance that the room devoted to this use should at least be situated where light can penetrate into it by day and a proper supply of fresh air sweep through its corners and recesses. It is not necessary that the bedroom should be palatial or luxurious, but it is imperative for the sake of the health of its occupant that the aforesaid conditions should be observed. Stuffy sleeping apartments, the windows of which are seldom opened by day and never by night, except during the heat of the summer, are largely responsible for the cases of anæmia and early pulmonary tuberculosis that throng to the out-patient departments of the hospitals of our great cities. The discovery of the existence of over 2,500 underground bedrooms in St. Pancras by the Health Committee shows how little these vital principles are regarded by the masses. The plea of ignorance can hardly be put forward nowadays as a justification of such a mode of living; therefore one is compelled to believe that it is owing to stern necessity that the common rules of hygiene cannot be observed. Even in the better-class houses it is only too general to find that the basements are utilised for sleeping purposes, sometimes in rooms which are little more than cellars. It is easy to point out an abuse but difficult to find, or even to suggest, a remedy. One thing is certain, namely, that the wretched bedroom accommodation deemed sufficient for the needs of

the domestic servant by many has played an important part in the gradual disappearance of that class throughout the land. But we do not desire to dwell upon the economical aspect of the question, which bristles with practical difficulties, but simply to indicate the pressing need of hygienic reform in the housing of the less-favoured sections of the community.

Walking as a Recreation.

To him who studies his brother-man few things are more inexplicable than the mysterious laws which govern what his pleasures shall be and how and where he shall indulge in them. This unwritten code of regulations is sometimes known by the name of fashion, but what applies most admirably to the cut of a coat or the curve of a hat-rim does not universally hold good for those sports and pastimes with which the wearer of these articles occupies himself for his own amusement. Fashion prohibits the free play of individuality, and yet individuality provides fashion with the cue. The strange reversion to the ancestral recreation of walking which has manifested itself lately is actuated by something more than fashion. The practice of cycling for amusement and health is no longer carried on by such vast numbers as was the case two or three years ago. Men must do something to exercise themselves, therefore they walk. It is simply a natural reaction, and, from the medical point of view, there is much to be said in its favour. In the first place, it is Nature's mode of exercise, and consequently it is adapted to the needs of the body without calling upon it to assume artificial and sometimes harmful attitudes. Secondly, it is more productive of proper expansion of the lungs than probably any other form of out-door sport. It is, therefore, a great preventive of consumption. And finally, it is a recreation within the reach of all, requiring no outlay beyond a stout pair of boots and a determination to take things cheerfully.

Tent Life for the Tuberculous Insane.

TUBERCULOSIS has long been the bane of our asylums, though, happily, during recent years more strenuous efforts have been made to combat the disease by the introduction of the open-air method of treatment and the isolation of those suffering from chronic phthisis. The results have been most encouraging, and have, in a measure, been in accordance with the expectation of those who were responsible for these reforms. Some interesting experiments made in the same direction by Dr. C. Floyd Haviland with some of the tuberculous inmates of the Manhattan State Asylum show the great therapeutic value of an abundant supply of fresh air in the treatment of consumption. The patients were taken to live in tents duly protected from the weather and heated by stoves. Every precaution was also taken with regard to sanitation and food supply. At the end of one year the death-rate had fallen from fourteen to between eight and nine, while improvement was noticed in the condition of nearly all, fifty-one out of eighty-eight cases showing an increase in weight. The use of tents for this purpose is certainly more economical

than wooden structures, while they would seem to be especially adapted for demented patients upon whom the more elegant and æsthetic chalet or pavilion would be thrown away. It is to be hoped that Dr. Haviland's example may be followed in similar institutions in this country and with like benefit to their inmates.

The King and Queen at the London Hospital.

THE loyalty which is universally felt and expressed towards their Majesties is intensified by the readiness, nay enthusiasm, which they invariably manifest in respect of any well-considered movement having for object the amelioration of hospital management in the Metropolis. It is an agreeable task to chronicle the numerous occasions on which their Majesties' interest in medical charities is shown. The Royal visit to the London Hospital is a fitting sequel of the ceremony at St. Paul's on behalf of the hospitals in general. Unfortunately, the weather failed to lend its aid, the spectacle being marred by the rain. The scene at the hospital was very brilliant. In his speech his Majesty referred in appreciative terms to the generous but anonymous donor of £25,000 towards the cost of constructing the new out-patient department, and he complimented the large employers of labour in the district on the support they had given to this great improvement. His Majesty also referred to the interest taken by the Queen in the therapeutical application of the Finsen light, which has already given such satisfactory results. He concluded with an expression of gratitude to the hospital which had provided him with the services of Sir Frederick Treves and of the two nurses whose unceasing attentions he could not too highly praise.

The Royal Medical Benevolent College Festival Dinner.

THE 29th Festival Dinner of the Royal Medical Benevolent College, Epsom, took place at the Hotel Cecil, on Wednesday last, when H.R.H. the Prince of Wales presided over a very large and distinguished assembly of patrons and friends of this deserving institution. The medical world was well represented, and there was also a large contingent of distinguished non-medical guests. The Prince of Wales, in responding to his toast, proposed in a felicitous speech by Sir William Church, recalled the occasion on which he had accompanied the King to lay the foundation stone, and referred to the fact that when the King, then Prince of Wales, presided at a previous festival, the collection was the largest on record, adding that he hoped to surpass it that evening. By his presence there he wished to testify to the continued interest which the Royal family took in the College. In proposing the toast of the College, his Royal Highness urged the cause of the institution, speaking as one who was deeply grateful for the knowledge, tender care, and patient watchfulness with which he and others had been brought through dangerous illnesses by medical men, pointing out that nine-tenths of that care

was given gratuitously. He insisted on the fact that the calling of doctor rarely conferred riches, and was, moreover, a calling which involved much hard work and exposure. He said he had reason to hope that the support he received that evening would render unnecessary further special appeals, and he spoke in terms of praise of the outcome of his visit to the College, the management whereof reflected credit on Mr. Hart Smith, the headmaster. Lord Rosebery, the President of the College, expressed the hope that in future the word "benevolent" would be omitted from the name, this being, in his opinion, a considerable drawback to its success. During the evening subscriptions and donations amounting to £6,526 were announced, including 50 guineas from the King and 100 guineas from the Prince of Wales.

A Plea for Medical Union in Defence.

MR. EDMUND OWEN points out the absurdity of there being two separate societies for the defence of the interests of medical men, and pleads strongly in favour of their joining hands for the better protection of the interests confided to them. The absurdity of the present arrangement was flagrantly exemplified during the recent session of the General Medical Council, when, in two instances at least, the prosecution was undertaken by one body and the defence by the other, the latter in violation of the Standing Orders of the Council, which were relaxed for the occasion. The only possible reason for perpetuating this division is the old plea of vested interests, but this should not be unsurmountable. Existing officers might continue to draw their salaries or honoraria provided the two be combined, if need be under a new and neutral title. The spectacle of two associations running on precisely parallel lines and more or less in opposition to each other is most unedifying, though unfortunately there exist plenty of precedents in matters medical. We are aware that previous attempts to bring about a conjunction have proved unsuccessful, but for reasons quite foreign to the interests of the profession. By pegging away we may hope ultimately to bring about this desirable reform, and we are indebted to Mr. Edmund Owen for giving the movement a fresh start.

The Ballachulish Case Dispute.

THE action taken by Dr. Lachlan Grant against the arbitrary conduct of the directors of the Ballachulish Slate Quarries has taken a step forward, his appeal against Lord Kyllachy's decision in favour of the construction placed by the directors on the agreement having recently been tried, with a result which has not yet been made public. The fidelity of the men in supporting their medical officer in his protest against a tyrannical dismissal is one of the most striking and satisfactory features of the affair, and their conduct cannot fail to impress the directors with a better sense of the unworthiness of their behaviour. It is abundantly manifest that peace can only be restored by the reappointment of Dr. Grant in his post as medical officer

to the quarries in deference to the desire of the men, who, after all, pay his salary.

The Common Flea.

Of all insect pests that prey upon mankind perhaps the oldest and the most widely distributed is the common flea. It is found in all parts of the habitable world, even in the ice huts of the Esquimaux, although by preference its happiest hunting grounds are in warm and temperate zones. The habits of this tiny insect have been carefully studied by naturalists, and are full of fascinating interest. During the breeding season, for instance, the lady flea deposits from eight to twelve little grey eggs in the cracks of the flooring or in some other convenient shelter. In five or six days, if the weather be warm and seasonable, the eggs hatch, and tiny little grubs are launched into active existence for about eleven days, when they turn each into a chrysalis or pupa. In another twelve days the fully fledged flea issues forth armed and competent to enter upon his fierce and blood-thirsty career. The length of time occupied in the passage from egg to fully-formed flea is therefore about four weeks, and it may readily be understood that under favourable circumstances as to warmth and food the rate of production may be simply enormous. During the whole of the grub stages the female flea feeds her offspring with tender solicitude. So far as we can discover that tenderness constitutes the sole redeeming feature to be discovered in this outcast parasite. The bite of the insect conveys some sort of poison that promotes a flow of blood to the part bitten, and thus enables it to obtain a maximum result with a minimum of exertion. The diabolical ingenuity of that device in singularly characteristic of this most pernicious creature. The fleas of cats and dogs, of fowls, and of some other lower animals, are of species different from those of man. The worst of it is that cat and dog fleas are always ready to stray from their proper pastures to take a stray meal on mankind. The fact that fleas are at one period of their lifetime helpless and feeble little grubs may suggest a plan of campaign of the highest value to the careworn householder. For instance, occasional scrubbing of floors and woodwork with carbolic soap and hot water during the summer months should rout the enemy effectually, no matter what his strength in position and numbers. Science must triumph in the long run, even against so agile and multitudinous a foe as the common flea.

Misdirected Energy in a Public Vaccinator.

A LONDON daily newspaper has recently called attention to a somewhat peculiar method adopted by a public vaccinator in the discharge of his official duties. In support of its remarks the journal in question quotes a communication sent to the mother of an unvaccinated infant to the effect that "Dr. G. will be much obliged if Mrs. S. will bring her baby for vaccination to Christ Church Mission Hall (address given in detail) on Friday afternoon, at 3.30. Two shillings will be

allowed for expenses." Such tactics are difficult to justify on the part of a responsible public official. It may be that the gentleman in question might give a different version of the matter, and for the dignity of the medical profession it is to be hoped that such is the case. However that may be, our contemporary states that the sums paid to the particular vaccinator out of the rates amounted to £2,268 for the twenty-seven weeks ending October 4th, 1902, and this fact has stimulated our contemporary to make some emphatic comments on the commercial aspect of the matter by pointing out that it is a profitable transaction to pay two shillings to parents in order to induce them to facilitate the performance of an operation, the fee for which is fixed at seven shillings and sixpence. From that view we are unable to dissent, for, assuming the offer disclosed in the above letter to be genuine, it resolves itself into a sort of bribery that must sooner or later bring the whole system into disrepute. Practices of this kind are likely to act as open invitations to reduce the present not illiberal scale of remuneration granted to public vaccinators.

The Reform of Death Registration.

SIR WALTER FOSTER, M.P., made out a very strong case in favour of the urgency of reform of the present system of the registration of deaths, in raising the question in Parliament last week. He showed conclusively that the registration of uncertified deaths offered great facilities for the commission of crime and various irregularities, the perfunctory inquiry carried out by the coroner's officer being obviously an inadequate and unsatisfactory precaution. Mr. Walter Long, in his reply, admitted cheerfully enough that the system required amendment; but, in regard to the prospect of such amendment being brought forward, all he had to say was that the difficulties in the way were "serious," adding that, if, on consideration, such amendment appeared practicable, the Government would lose no time in bringing it about. It is to be apprehended that the Government may have to sign its own death certificate before this very qualified promise can be realised. Doubtless the change would entail a redistribution of administrative powers and functions, but we know of no difficulties that really merit the description of "serious."

Perigastric Adhesions.

THE stomach has come so much within the province of surgery that it may be not unprofitable to consider the symptoms of perigastric adhesions. Such complications found during an operation on the viscus add enormously to the difficulties of the case, and may necessitate the abandonment of the operation. We do not concern ourselves so much with long-standing and extensive adhesions of the stomach, such as Napoleon suffered from in Saint Helena; we deal with those early cases which are recognizable by symptoms and, though dangerous, are not of such a nature as to prohibit surgical interference. In this field

Henwick has done good service, and all surgeons know his diagnostic symptoms of adhesion between the lesser curvature and the left lobe of the liver, and his explanation of the same. When the presence of a gastric ulcer is diagnosed the following considerations are of value: the persistence of troublesome symptoms despite careful dietetics and hygienic regulations; it is not unfrequently associated with adhesion between the pylorus and the anterior abdominal walls. The influence of change of posture, in lessening or increasing the severity of the pain. The hand and knee position will intensify the pains associated with adhesion to either the pancreas or liver, and lessen that found with adhesion to the anterior wall of the abdomen. In cases of adhesion to the parts lying posterior to the stomach, the patient finds relief when he lies on his back. If the adhesion, be it either anterior or posterior, is situated high up in the abdominal cavity, relief is usually obtained by wearing a belt, which supports the distended stomach and prevents it falling on the site of the adhesion. Bearing these symptoms in mind, the surgeon is not wholly unprepared if he finds an adhesion when he has made his abdominal incision, and if he does not at once come on its site the symptoms will, at all events, facilitate his search.

The Speech Training of the Deaf and Dumb.

OF late years the training of the deaf and dumb in ways of speech, both articulate and inarticulate, has reached a high pitch of efficiency. It has attained, indeed, the level of a high art, and affords a most striking illustration of the wonders that can be achieved by the modern scientific method. Its importance to the community in general has been adequately recognised in various countries, but nowhere, perhaps, has it been carried out with more enthusiasm and success than in London by the Association for the Oral Instruction of the Deaf and Dumb, founded in 1870 by the Baroness Meyer de Rothschild. During the thirty-three years of the existence of the Institution four festival dinners have been presided over by the King as Prince of Wales in 1877, the Lord Mayor of London in 1890, the Duke of York in 1897, and Lord Carrington a week ago. At the last-mentioned dinner the Director, Mr. W. Van Praagh, announced donations and subscriptions amounting to £3,400 in aid of this most deserving institution. Medical men should know something of the wonders of this system, which enables the deaf and dumb not only to read perfectly the words framed by the lips of other persons in ordinary conversation, but also themselves actually to utter articulate, if somewhat monotonous, speech. The instruction of the deaf and dumb persons in abstract matters, as, for instance, religion, can thus be readily accomplished. Medical men who wish to learn more of the methods will be welcomed to the Institution in Fitzroy Square, by Mr. Van Praagh, himself one of the greatest living exponents of this interesting scientific development.

Adrenalin Therapeutics.

NOT one of the least remarkable among the organic therapeutic agents of modern materia medica is the suprarenal gland. The most convenient form of preparation is that of adrenalin, the active principle of the gland, usually presented as a soluble tartrate or chloride. The extraordinary properties of the drug as a hæmostatic and an ischæmic agent at once suggested a valuable use in rendering limited fields of surgical operation bloodless. Accordingly, the adrenalin acquired at once an extensive application in ophthalmic, nasal and throat surgery. Outside these branches of special practice, however, the new drug has a large sphere of usefulness. Injected into the bladder, for instance, it has arrested prostatic hæmorrhage, and also hæmaturia, in the latter case so far as to render possible a cystoscopic examination of the bladder. It has also been found of service in the ablation of cystic tumours and in the relief of strictures. Administered internally by Benedict and others, its vasomotor excitant action has been utilised in general vascular atony connected with constipation, dyspepsia and gastroptosis, as well as in chronic cardiac disease generally. Adrenalin is said to be one of the most powerful of all remedies in the treatment of chloroform syncope, administered intravenously in a dose of 3 to 5 minims of a 1-1,000 solution of the chloride. The lethal dose is extremely small, as shown by the caution with which it is administered internally, as 1-24 of a grain is the usual dose. There yet remains a good deal to be learnt as to the application of this remarkable drug.

The Red Light Treatment of Small-Pox.

THE beneficial influence of red light in the treatment of small-pox has been resuscitated by Professor Finsen, who holds that the mortality during the recent epidemic in London might have been reduced by one-half had the patients been subjected to red rays. We are under the impression that this treatment was given an extended trial some years since at one of the hospitals of the Metropolitan Asylums Board, with inconclusive results. In view of the very peremptory assertions of the famous professor it would be interesting to know what experience has been obtained in this country in regard to the alleged influence of red light. If there be any truth in the statements a new chapter in therapeutics would be opened up, for hitherto the influence of different kinds of light on the various pathogenic bacilli has not received much attention.

Suture of the Heart.

ANOTHER case of suture of the heart has been going the round of the Press. The patient was a man who had been stabbed, the knife having passed through the pericardium and wounded the ventricle. He was admitted to the London Hospital, where the external wound was enlarged and the wounds in the heart and pericardium sutured, and so far the patient is reported to be doing well. These cases are very rare, only three or four having so far been placed on record.

Puerperal Eclampsia.

In a case described before the American Gynaecological Society the patient continued to have convulsions even after the emptying of the womb. Dr. Edebohls, holding that women suffering from uræmic convulsions of renal origin are entitled to have decapsulation, performed the operation on both glands seventy-two hours after her delivery. The patient made a good recovery. He holds that decapsulation should be had recourse to whether pregnant, in labour, or in the puerperium. Dr. Edebohls considers that the operation is only suitable for cases of renal eclampsia, of which there are very few, so that the operation has a very limited field of usefulness; and even in that field possesses no advantage over the more safe and simple operation of phlebotomy as practised in such cases by the late Dr. James Isdell, of Dublin. For all cases of unusual severity or of abnormal character no general rule can be laid down; the treatment of these must be such as meets the existing conditions, if it is to be successful, and that can only be interpreted by the physician who is present. Withal the history of such rare cases is valuable and helpful to the science of therapeutics.

A Complicated Diagnosis.

In an inquiry into the death of a woman, aged forty-one, who was knocked down by a bicycle in front of a tramcar, receiving injuries followed by death, the house-surgeon at St. Thomas's Hospital gave evidence to the effect that there were no external marks of injury, death in his opinion being caused by bronchial catarrh due to the ingestion of an irritant poison. Under these circumstances the inquiry was adjourned. The case reminds us of one in which a girl, who was brought to a hospital with high fever and delirium said to be due to a blow on the back, inflicted three days previously, turned out to be suffering from small-pox, to the great discomfiture of the house-surgeon who, being unable to discover any traces of the alleged injury, had placed the patient under observation.

PERSONAL.

MR. GEORGE A. DAVIES, who has practised for thirty years past at Newport (Mon), has been presented with various articles of plate on his leaving the scene of his labours.

MISS WINIFRED THORPE, M.B. London, has been appointed House Surgeon to the Kettering General Hospital, this being the first occasion of the election of a woman to the post.

DR. HERMAN was entertained at dinner on the 8th instant by his former resident accoucheurs at the Café Royal, the chair being taken by Dr. Fenton in the absence of Dr. Horrocks.

PROFESSOR T. CLIFFORD ALLBUTT, M.D., F.R.S., will deliver the Cavendish Lecture of the West London Medico-Chirurgical Society on Friday, June 26th, in the Town Hall, Hammersmith, at 8.30 p.m., the subject being "Atheroma of the Ascending Aorta."

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENTS.]

THE GLASGOW SICK CHILDREN'S HOSPITAL.—The extension of the hospital, the erection of which is due to the munificence of Miss Margaret Paterson, Edinburgh, who desired thereby to provide a memorial of her parents, was formally opened on June 9th. As Dr. Finlayson said, the new development may lead to the solution of the problem of hospital extension in Glasgow on other plans than that of massing hundreds of sick children in high, many-flatted buildings in crowded urban localities. When it is remembered that the population of Glasgow is now about two millions, and that the present 74-bed hospital has a dispensary attendance of 30,000 annually, it will be conceded that the new branch is unlikely ever to be unoccupied. The building is some miles from Glasgow, on the main line to Dumbarton. Meantime, it contains two wards, each for twelve beds, but there is provision for adding two more as occasion may require. In connection with the wards there is a sun room enclosed by large windows, into which beds can be wheeled, while the roof of the sun room serves as a balcony for out-door treatment of cases. The construction of the hospital is on the most approved modern lines, and the cost of the building has been fully £7,000.

DUNDEE ROYAL INFIRMARY.—At the recent meeting it was stated that 3,343 patients had been treated in the institution—a decrease of 90 from the previous year. In the maternity hospital, 157 had been attended in the wards, and 110 at their own homes. The death-rate in the institution was 8.14 per cent. The income was £11,775, the expenditure £12,311. Into the convalescent home 1,350 patients had been admitted. It was decided to transfer £5,554 from the reserve fund to income to wipe out deficits of the past four years.

THE NEW ASYLUM FOR DUNDEE.—In connection with the election of representatives of the Governors on the Asylum Board strong objection was taken to the proposal to have a new private asylum within the burgh. The chairman, replying to the objectors, said that what he desired was to establish a mental infirmary for the cure of insanity in its incipient stages. He has the authority of the medical members of the General Lunacy Board for anticipating over 90 per cent. of cures in such an establishment, which would also be much more economically managed in the town than in the country. Notwithstanding objections, the election of the eight members originally nominated was agreed to, the hope being expressed that they would consider the statements made on the subject of the new asylum.

BELFAST.

TUBERCULOSIS.—Under the auspices of the Ulster Branch of the National Association for the Prevention of Consumption, Dr. A. K. Chalmers, medical officer of health, Glasgow, delivered an interesting popular lecture in Belfast, on the 5th inst. He dwelt on the many forms the disease assumes, especially in childhood, and mentioned that in one form or other it caused at least one-third of the total deaths during childhood in Glasgow. He illustrated the influence of the habits of life by referring to the immunity that outdoor life confers on the Bedouin Arabs, and how quickly they succumb to the disease when they change their tents for stone houses. From this he passed to consider what the early physicians—Socrates, Hippocrates, Celsus, Galen, and Pliny—wrote of the disease, and to date our modern views from Koch's discovery of the tubercle bacillus in 1882. The lecture was well calculated to produce good results. It contained all the leading facts as to the value of light and fresh air, and

the advantages of physical training for the young, in which it is so essential for the public to be instructed. We would, however, have liked the lecturer to have said something of the teaching of Sydenham on the treatment of the disease; the medical tutor of Locke is worthy of being classed with the immortals he quoted. The value of fresh air and sunlight was also taught by another pupil of Sydenham's, that brilliant and erratic genius, Dover. And may we not claim that all our present preventive measures for tuberculosis are the result of Boynton's teaching and practice, as his monograph of sixty odd years ago shows? William Stokes as a young man demonstrated by pathological specimens that tuberculosis was curable, and had been cured. And far back at the end of the fifties, John McCormac, of Belfast, printed his pamphlet on the presence of impurities of the air as a cause of consumption—a paper which the then leaders of the British Medical Association thought absurd and refused to print. Like all pioneers, they left the harvest for those who should follow them.

DR. THOMPSON AND THE OMAGH GUARDIANS.—The progress of the dispute about fees for special cases now proceeding in Omagh is being watched with interest in Belfast, where Dr. Thompson is well known, and his pluck and pertinacity are recognised by the profession. As the case seems likely to go before the courts, it is hardly one for comment at present. The same Board of Guardians has had some difference of opinion with Dr. Duncan, of Fintona, regarding a fee for attending Fintona Petty Sessions in a vaccination prosecution. An amusing instance of the self-importance of country guardians occurred during the discussion on Dr. Duncan's letter. A certain Mr. Culin announced "that he thought the letter a very uncalled-for one, as it did not become any professional gentleman to criticise the acts of the Board for whom he worked"!

Correspondence.

THE HOSPITAL QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some of us are watching with interest the course that things are taking in the hospital question. We look back to the time when hospitals were intended only for the poor; that is, for those who could not obtain the medical and surgical treatment afforded by hospitals. Now, however, a great class of people, far superior to those who were treated in hospitals fifty years ago, resort to them with no feelings of shame or degradation, or, indeed, of obligation to those who support the hospitals. The institutions are there for the use of all who like to resort to them, and are no longer restricted to the poor and helpless. The poor are provided for in a way they were not some years ago; and such a change has taken place in the character of the nursing, and the general spirit that pervades our hospitals, and the possibility of obtaining in them what cannot be supplied at home, and what is really of absolute necessity in surgical cases, that there is no wonder so many resort to them.

The question of interest now is how this system is to be carried on. The great body of practitioners upon whom the non-pauper classes have depended will, of course, not be necessary to the extent they have been; and a new system of carrying on the medical and surgical practice of the country is developing. If it is for the good of the public that this system should be supported, well and good.

Hospitals must not be appealing for funds in the rather rhapsodical and crazy way they have been doing of late, and if the public want them they must pay for them. What is more, they must realise that the professional work cannot be done, as it used to be, for nothing.

There will be no profit for the hospital men out of the teaching of students, for there will be no great need for such. The chief object that the hospital men will have in view will be to make their profits out of the wealthy class that need not come to them at the

hospitals; and to this they can attain by the reputation and experience that the hospitals would give.

It is a question of a very business character, and it would be well for all parties concerned to allow no false ideas to come into it, and no mistakes to be made which must end in nothing but trouble.

I am, Sir, yours truly,
June 13th, 1903. M.D.

THE CONTAGION OF WHOOPING-COUGH.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is no disease that is so injurious to infants and young children as whooping-cough; and it is important now to give some attention to its prevention.

Some of the common focuses of infection are the waiting rooms of children's hospitals, and care ought to be taken by parents when they seek advice for infants and children that have not had the disease.

I am, Sir, yours truly,
June 10th, 1903. R. L.

DEATHS UNDER ANÆSTHETICS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the week before last is a paragraph stating that a child died at the Great Northern Central Hospital from chloroform administered for an operation for the removal of tonsils and adenoids. The case was one of septal spur, which blocked the side of the nose. I had hardly begun the operation, having only inserted the saw when the child died, I believe, instantly. Chloroform is never given at this hospital for the operation for removal of adenoids and tonsils.

I am, Sir, yours truly,
W. R. H. STEWART.
42, Dromstine Street, Portland Place, London, W
June 11th, 1903.

A COSTLY DEFECT IN MEDICAL EDUCATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is certainly news to many of us that there is a maternity hospital at Clapham at which between three and four hundred women are delivered annually, independently of those attended at their homes. Obviously it is only in hospital that sound instruction can be imparted in practical midwifery and it is infinitely to be regretted that the wards of the other maternities and of the lying-in departments of our Poor-law institutions are not thrown open for midwifery instruction. The students of the London School of Medicine for women are more fortunate than the students at most of the general hospitals of London in this respect, although the announcement that arrangements are being made for a maternity ward at the Royal Free Hospital (?) may be accepted as proof that the school authorities still see room for improvement.

The fact remains that the provision for such instruction to the great mass of medical students is scandalously inadequate. Indeed, as you so justly observe, it is virtually non-existent. This fact does not reflect credit on the teachers of obstetrics at the large general hospitals of the metropolis, for it is impossible to believe that if they moved in the matter the lapsus would be allowed to subsist. It is indeed a curious thing that while everyone admits the imperative need for more ample provision for instruction in this all-important branch of medical education, no one deems it his duty to move in the matter, and the student of to-day is no better equipped for his after work than was the student of last century.

I am, Sir, yours truly,
PRACTITIONER.

A Medical Bankrupt.

IN the bankruptcy of Dr. George Weldon of Brompton Road, dated June 1900, a dividend of 1½d. in the pound was paid on £6,731 1s. 10d. Under the circumstances the bankrupt's discharge was suspended for two years.

Obituary.

JOHN BIRKBECK NEVINS, M.D., LOND., M.R.C.S.

THE death is announced of Dr. John Birkbeck Nevins one of the best-known medical men of Liverpool, who died on Wednesday last, at the age of eighty-five, after three weeks' illness. He had just completed his reminiscences of Liverpool, past and present, for the local geographical society. Dr. Nevins was born at Leeds, where he received the first part of his medical education. He developed a taste for botany and natural history and at the age of twenty-one he went to Guy's Hospital, London. After taking his degree, he practised at Leeds for twelve months, when he became surgical tutor to Guy's Hospital Medical School. He held this post for two years, acting in the summer as surgeon to the old Hudson Bay Company. In 1844 he was appointed lecturer on chemistry and natural philosophy at the Liverpool Collegiate Institution, Shaw Street (now the Liverpool College), and commenced practice there. He was for twenty-nine years lecturer on botany at the Medical School, and was president of the Literary and Philosophical Society and of the Microscopical Society. He was also president of the White Cross League, president of the British and Continental Federation for the Prevention of the State Regulation of Vice, and president of the Society for the Abolition of the Contagious Diseases Act. Dr. Nevins took a great interest in numismatics, not merely as a collector, but in studying the inscriptions on the coins as illustrating the characters of the monarchs who struck them; and this branch of his studies resulted in several papers, one of them entitled "Changes of Dynasty and of National, Political, and Religious Sentiment in France as Illustrated by the French Coinage." Dr. Nevins leaves a daughter and two sons, one of the latter belonging to the medical and the other to the legal profession.

DR. M. R. CONROY, OF SPIDDAL.

WE regret to announce the death of Dr. Michael R. Conroy, who died on the 9th inst., at the Galway Fever Hospital, of typhus, contracted while in the discharge of his duty. He was qualified in 1901, and commenced practice in the Spiddal Dispensary District a little more than a year ago. He was only twenty-six years of age when he met his death nobly doing his duty in the fever dens of this miserable little fishing village, where the squalid surroundings of the people and their utter want of cleanliness make their homes a hot-bed of fever and a death-trap for the unfortunate medical officer who is called to face disease amid such surroundings.

Literature.

MONRO'S NEW MANUAL OF MEDICINE. (a)

THIS volume constitutes a further valuable addition to the series of students' manuals known as "The University Series." Like all its fellow-teachers of this well-chosen corps, it is prepossessing to the eye, being tastefully bound and clearly printed; and convenient to the hand. The various articles—necessarily concise—are extremely lucid in style, and elegant in diction; while the choice of matter is excellent, and the skill and judgment displayed by the author is really admirable. It is only those of us who have had considerable personal experience in writing who can fully appreciate the vastly greater degree of mental wear and tear which result from the production of a short, than of an unlimitedly-long article on an important scientific subject—when each is required to present the essential feature of

(a) "Manual of Medicine." By Thomas Kirkpatrick Monro, M.A., M.D.; Fellow of, and Examiner to, the Faculty of Physicians and Surgeons, Glasgow; Physician to Glasgow Royal Infirmary, and Professor of Medicine in St. Mungo's College; formerly Examiner in the University of Glasgow, and Pathologist to the Victoria Infirmary. The University Series. London: Bailliere, Tindall and Cox, 8, Henrietta Street, Covent Garden. 1903. Pp. xx and 901; with plain and coloured illustrations. Price 15s. net.

approximate completeness. To a thorough master of the subject in hand, the preparation of the latter is little more than mechanical, while that of the former assuredly is—very laboriously—mental.

We opened the volume with a certain amount of misgiving, having vividly before our mind's eye the fact of the pre-existence of the very very many "manuals" on the same subject, which it has been our duty or our fate—often a painful or a depressing one—to manipulate during the past years of our critical career! But we are very pleased to be able to testify that our misgivings rapidly evaporated on careful perusal. The author himself tells us that the work "was undertaken in the belief that plenty of room exists for such a manual, since of the numerous English treatises now available some are too small for the needs of the modern student, while others are too large for the average student even to attempt to master." We freely confess that if we had been consulted by him in that prodromatory stage our opinion would not have at all coincided with his; and, accordingly, the very highest compliment which we can pay him on the completion of his self-imposed task, is to announce that he has quite brought us round to his way of thinking in connection with the volume now lying open before us. We feel convinced that it will make room for itself by its own intrinsic merits. And, as the vast array of subjects with which a manual of the science and practice of medicine deals renders any detailed criticism utterly out of the question, we will draw this notice to a close by expressing with confidence the opinion that it is the best approximation to the ideal student's textbook of medicine which we have hitherto had an opportunity of examining. Accordingly, we cordially recommend this volume to the attention of all students and general practitioners, and wish it the full measure of success which it assuredly deserves.

STOKES' OPERATIVE AND CLINICAL SURGERY. (a)

THE life of any man who has attained to distinction cannot fail to interest, and the life of Sir William Stokes must particularly interest those who knew him either as a colleague or as a friend. The introductory memoir by Professor Ogston, of Aberdeen, fulfils its purpose admirably; he tells a plain story, and tells it well. We were specially pleased to find a reference to that dark cloud "which overshadowed Stokes in his earlier years of practice, as I think it had a perceptible and abiding influence upon his character." The letter, written in defence of Stokes by Paget, Erichsen and the other great men of our profession at the time, will come as something new to most readers of this book. That some members of the medical profession sided against Stokes in the Talbot case is the saddest part of the story, and fills the mind with indignation.

Of the papers and addresses, now brought together for the first time, some are of much present interest, but other are only of historic value. The surgery of stricture, the operation of excision of the knee, and of median lithotomy are examples of the latter class. To these we need not refer in detail, but rather let us draw attention to some of those chapters which deal with questions, the answers to which are still uncertain. In the paper on pylorotomy we find that Stokes took a more favourable view of the future of this operation than most surgeons did at that time, and recent successes seem, in some measure, to justify his hopeful attitude. Another interesting chapter is that on thyroidectomy, and here we may specially draw attention to the record of a case of exophthalmic goitre which Stokes successfully treated by this method.

Many will, we feel sure, be glad to find in Chapter IV. the original account of Stokes' amputation of the thigh, and again in Chapter XX. a description of astragaloid osteotomy in the treatment of flat-foot.

(a) "Selected Papers on Operative and Clinical Surgery." By the late Sir William Stokes, M.D., M.Ch., Univ. Dub., F.R.C.S.I. Knt. Edited by William Taylor, B.A., M.B., Univ. Dub., F.R.C.S.I. London: Bailliere, Tindall and Cox. 1903. Price 10s. 6d.

With these operations, as all know, the name of Stokes is specially associated.

The book concludes with some papers written in South Africa, and these witness to the fact that Stokes died, as most would choose to die, with a mind as yet untouched by decay, still fighting for the relief of suffering in others, and in his country's cause.

EMERY'S BACTERIOLOGICAL DIAGNOSIS. (a)

THE rapidly increasing importance of bacteriology in medical work renders a practical book on the subject indispensable to the general practitioner. The present little volume by Dr. D'Este Emery, is excellent from many points of view, for it is accurate, concise and up-to-date. It is self-evident that busy practitioners would be unable to find time to carry out the methods of staining and culture which are very properly and clearly described, but their presence, nevertheless, makes the book valuable for students. Even the simple process needed for the detection of tubercle bacilli will be too much of a tax on a busy man, who can make just as certain inferences from a laboratory report. We are glad to see that the subject of lumbar puncture is dealt with pretty fully. In view of the increasing importance of serum treatment the accurate information obtainable from a bacterioscopic examination of the cerebro-spinal fluid will be more and more valuable for therapeutic purposes. The facts regarding lumbar puncture should now be within the possession of all well-informed practitioners. Good general instructions are given for the clinical examination of the blood, which is sandwiched into the main matter, namely, bacteriological diagnosis. The practical value of facts derived from bacteriology is brilliantly shown in the case of pleurisy. Should tubercle bacilli be found in the exudate the medical attendant will at once give a grave prognosis. Every medical man, again, should be on the look out for the gonococcus in genital and eye discharges, and in articular effusions. The book may be confidently recommended to our readers.

STUDY OF DISEASE IN CHILDREN. (b)

THE Society for the Study of Disease in Children have again to be congratulated on the appearance in attractive guise, of the second volume of Reports, which amply maintains the standard of excellence of its predecessor. The records of cases are full of interest, and with every year of the Society's existence the series of Reports will become a more valuable storehouse of clinical material, in which those who meet unusual cases will be able to seek, with increasing prospects of success, for information to elucidate them. It is, of course, impossible within the limits of a short notice, to mention all of the seventy-six articles which compose the volume, or to attempt criticism in detail. Cases illustrative of heart disease form a not inconsiderable proportion, and are dealt with by Drs. Lees, Sansom, Cautley, Weber, and Fisher. Two curious instances of multiple congenital deformities are recorded by Drs. Hutchison and Sutherland. The patients (in no way related to each other) showed congenital heart disease, polydactylism, shortness of the limbs, and abnormalities of the gums. Dr. Ashby's paper on polyserositis, due to the micrococcus tetragenus, is of especial interest in view of the attention which has recently been directed to multiple inflammation (usually of pneumococcal origin) of serous cavities. Mr. Stephenson's notes on eye conditions are well worthy of attention, including as they do articles on kerato malacia, temporary amaurosis, and congenital ocular palsy. One might enumerate others, but enough has been said to show that both the specialist in children's diseases and the general reader will find topics of interest in this volume of Reports.

UNPUBLISHED LETTERS OF DARWIN. (a)

MEDICAL men can never forget that although Charles Darwin was never a practitioner of medicine, he was nevertheless a member of the profession; and it may be safely said that the life work of the great naturalist has by no other body of men been received with keener appreciation, or exercised greater influence on actual practice. It is not going too far to say that in great measure through the direct and indirect influence of Darwin's teaching the presentation of scientific truth, as it relates to the ways of man, has been revolutionised; and the acceptance of the evolutionary hypothesis has widened our conceptions of the scope of medical training and deepened our methods of investigating disease. The life and labours of Darwin have lightened all paths of knowledge, but members of the healing art will ever be foremost in acknowledging the epoch-making character of their great colleague's devotion to scientific truth. The "Life and Letters of Charles Darwin" was published in 1887. The present volumes form a peculiarly welcome supplement. They contain additional letters received from various correspondents, but for the most part they are those which, for want of space and other reasons, were not printed in the "Life and Letters." Among those of particular interest are many sent to Sir Joseph Hooker, to whom the present work is dedicated "with affection and respect," and "in remembrance of his lifelong friendship with Charles Darwin." There is also much correspondence, hardly inferior in biographical interest, with Sir Charles Lyell, Fritz Müller, Huxley, and Wallace. The many letters, which passed between Darwin and Wallace afford noble evidence of the respect and affection which existed between these co-workers, and in some senses rivals, and presents an example, which we could wish were more frequently followed, of unselfishness and utter truthfulness among scientific workers in the same field. These volumes will do much to increase the respect which men of all creeds and every nationality accord to the great evolutionist. They reveal the manner and methods of a master-mind, whose love for truth was the dominant element in his life. They unfold a peculiarly sympathetic, unselfish, generous character, who was never mean in his criticism of enemies or grudging in his praise and encouragement of true-spirited workers. And they portray in simple yet vivid outline the laborious, painstaking search of the true quest-lover, undismayed by what seemed to be insurmountable difficulties, and with the fires of his spirit unquenched by suffering and oftentimes fettering ailments.

The present volumes have been prepared with much patience and true discernment. The selection and arrangement have been most excellently performed. Generally speaking the letters are classified according to subject, and in each group placed chronologically. The admirable portraits of Charles and Catherine Darwin, Mrs. Darwin, Forbes, Huxley, Henslow, Falconer, Hooker and Gray add much to the charm and value of the volumes. A particularly valuable and attractive feature is the very excellent short bibliographical notes supplied by the Editors concerning Darwin's correspondents.

Medical men will be deeply interested in the series of letters dealing with the descent of man, sexual selection, expression; and Darwin's views on vivisection will not be overlooked. Although the major part of the volumes consists of letters of value more particularly to botanists and zoologists, one may safely say that they should be read by every intelligent layman, and to the weary practitioner they may afford material for delight and a source of energising suggestions.

(a) "Bacteriological Diagnosis." By W. D'Este Emery, M.D., B.Sc.Lond., Lecturer on Pathology and Bacteriology, University of Birmingham. London: H. K. Lewis. 1902.

(b) "Reports of the Society for the Study of Disease in Children." Vol. II. London: J. and A. Churchill. 1902. Pp. xxxiv.—310.

(a) "More Letters of Darwin. A Record of his Work in a Series of Hitherto Unpublished Letters." Edited by Francis Darwin, Fellow of Christ's College, and A. C. Steward, Fellow of Emanuel College, Cambridge. In two volumes. Pp. 494 and 508. With 3 Plates and other Illustrations. London: John Murray. 1903. Price 23s. net.

TRAITE DE MEDECINE ET DE
THERAPEUTIQUE. (a)

THIS is the concluding volume of the most recent and certainly one of the most valuable "systems of medicine" in the French language. This volume deals with diseases of the peripheral nerves, the various neuroses and affections of the muscular apparatus, by Professor A. Pitres, of the University of Bordeaux, and L. Vaillard, Professor at the Val-de-Grâce. The more we study the affections of the peripheral nerves the more are we impressed by their scope and importance. Their extremely diverse etiology explains, perhaps, how it is that, in spite of attentive observation and close study these manifestations are still less well understood than the diseases which bear on the nervous centres and the principal viscera, a shortcoming which must be attributed to the peculiar difficulties experienced in the analysis and interpretation of the symptoms.

The first step is to enable the practitioner to distinguish between motor or sensory defects due to disease of the central nervous system, and those due to interference with the conduction of impulses along particular nerves or groups of nerves. It appears to be established that the primary seat of the mischief is situated, in respect of motor nerves, in the cells of the anterior spinal cornua, and for the sensory nerves in the proto-neurons of the spinal ganglia. Malnutrition of these groups of cells is followed by secondary degeneration of the axis cylinders in direct connection therewith.

The chapter devoted to the clinical manifestations of disordered nerve conduction is remarkably lucid and comprehensive. We are enabled to follow step by step the process of investigation, each phase of which is explained and justified on anatomical and physiological data. The authors have evidently made themselves familiar with the work that has been done in this direction by English observers, and they give evidence of an eclecticism which is often wanting in the work of French writers. From the general considerations of polyneuritis we pass on to the affections of particular groups of nerves, and here we are invited to consider the extensive group of neuralgic manifestations associated with degeneration of peripheral nerves. The practical aspect of the question is not lost sight of and the directions for treatment are as elaborate as one could wish.

Perhaps the most interesting chapter in this volume is that dealing with hysteria, a morbid state which has received, for many years past, special attention at the hands of French investigators. It occupies close upon 200 pages, and embodies the remarkable researches inaugurated by Charcot and continued by his disciples. Closely associated therewith in many respects is the subject of chorea and convulsive disorder of movements ("tics"), the clinical manifestations whereof have been closely studied, although their pathology still remains obscure.

Another interesting chapter is that on exophthalmic goitre, by Dr. Paul Sainton, who gives a magistral summary of all that is at present known of this curious and obscure malady. Professor Brissaud, of Paris, discusses the subject of neurasthenia at considerable length, and enters an emphatic protest against "systems" of treating this condition, which requires to be dealt with in various ways according to its etiology and special manifestations.

We congratulate the editors upon having successfully carried through an enterprise of such dimensions in a way which, from the first, appeared to us to deserve every praise. The very excellence of the work renders the reviewer's task a difficult one. It is a veritable encyclopædia of medicine in ten volumes, and those to whom the fact of its being in French does not constitute an obstacle will find it an admirable work of reference, hardly to be equalled, and certainly not to be surpassed, in any language.

(a) "Traite de Medecine et de Therapeutique." By Professors Brouardel and A. Gilbert. Vol. X. Paris: J. B. Bailliere et Fils. 1902.

DISEASES OF THE SKIN, (a) |

A NEW edition of "Diseases of the Skin," by Malcolm Morris, is welcome. In a subject of such prolixity, and offering such scope for endless classification, terminology and description, he is to be congratulated on having kept this third edition within very similar bounds to the first. It is improved and up-to-date, without this having caused its "swelling to a bulk that would altogether change its character." For students requiring a text-book we can fully recommend this one. When so much depends on the writer's descriptive powers, it is refreshing to find that not only are these powers of the highest order, but the word painting is not too long drawn out; it is concise and lucid, and is, therefore, much more likely to present a clear mental picture to the reader than if it were involved and obscured by lengthened parentheses, reservations, and technical terms.

The book is, at the same time, very complete. There are clear, brief accounts of the rarer diseases or variations, and being copiously supplied with references, it makes a really useful addition to any library, whereby the general practitioner may readily find out where more elaborate information may be gained about the rarer manifestations of diseases. The illustrations are unpretentious but clear. There are only two coloured plates, but in the fifty-eight plain figures the striking characteristics of the diseases are well set out, and in some their microscopic appearance is in section. Treatment is also clearly and concisely dealt with. In some books on dermatology the ordinary practitioner is simply confused by the extraordinary variety and complexity of the treatments recommended—many of them impossible to carry out from the exigencies of the case, or the difficulty of even procuring the remedies. Here we have clear directions, and on the whole the simplest remedies which have proved useful are recommended, and without redundancy. The publishers' names are a guarantee that the book is well turned out with clear type, good paper, and of convenient size.

Medical News.

The Dentists Act.

JUDGMENT was given on Monday, the 8th inst., in the case of the British Dental Association against Jaffe, Limited. There were two summons against the defendants, to wit, for trading as a company in Limerick and for acting as directors of the said company. The case was a test one, and as such was defended. In his decision the magistrate, in an able and full argument, considered the case in its two-fold aspect—as one against the company and as one against the individual members of it. It was acknowledged that the company had been legally founded under the Incorporation Act, for the purpose of carrying on dentistry in all its branches. So far as the formation of the company was concerned, there was nothing imputed, although it bore evidence on the face of it that it was a family company. Taking advantage to the fullest of the Companies Act, the defendants described themselves on the door-plate as surgeon-dentists, and on another side-plate the place was described as the London and New York Dental Institute, under the superintendence of Messrs. Jaffe, Surgeon-Dentists, Limited. One of the defendants extracted a girl's tooth, first having told the girl's father that he was a dentist. In all this procedure the defendants kept within the Dentists Act. There is no qualification required to practise dentistry under the Act; the offence consists in using any word or title that implies registration. The question was not so simple as it might at first seem to be. The Dentists Act of 1878 left a large mesh in its net,

(a) "Diseases of the Skin: An Outline of the Principles and Practice of Dermatology." By Malcolm Morris, F.R.C.S. Ed., Surgeon to the Skin Department of St. Mary's Hospital. With two coloured plates and fifty-eight plain figures. New edition, 10s. 6d. net. London, Paris, New York and Melbourne: Cassell and Co., Ltd.

allowing companies to escape; but in 1889, there was passed what is known as the Interpretation Act, which set out that the expression "person shall, unless the contrary intention appears, include a body corporate." The framers of the Act, instead of plainly making it illegal for unqualified persons to form a company for practising dentistry, committed the error of giving a definition, one of the most difficult of literary performances. Legal ingenuity had little trouble in avoiding offence by showing that "a body corporate" carried intrinsic evidence of the "contrary intention," the "body corporate" could not pass a qualifying examination, could not get registered as a surgeon-dentist, and is from birth immortal, a veritable "undying one." That being so, the case was dismissed, and in each case twenty shillings costs were allowed to the defendants. As the law is, any body of men can form a company and adopt a high-sounding title and commence to practise dentistry, with the great advantage over the registered practitioners that they are free to distribute advertisements and to solicit custom in a way the registered surgeon-dentist cannot. Indeed, we see that the registered dentist, by being qualified and complying with the rules of his profession, labours under a serious disadvantage. He sits behind his brass plate waiting for clients who pass on, attracted by the very brazen announcement of his uncertified competitor, who, by a high sounding title, illustrated advertisements, and stylishly got up premises, reaps the reward of his business tact. The many loop-holes in the Medical Acts should have taught the framers of the Dentists Act wisdom.

Queen's College, Cork.

THE ordinary triennial visitation of the Queen's College, Cork, held on Saturday, the 4th inst., was as Lord Justice Holmes, one of the visitors said, unweaved by controversial questions. The president of the college, Sir Rowland Blennerhassett, Bart., had the pleasing rôle of recording a series of brilliant successes won by their graduates. He told how much had been done by Professor Moore to promote the teaching of pathology in the college, for which, by some unaccountable omission, the authorities had not provided a chair. Of course, this defect cannot long continue once it has been noticed. It is all the more creditable to Professor Moore that in the face of such difficulties he did not leave the medical school in the anomalous position of having no instruction in pathology.

Belfast Union Infirmary.

At the annual meeting of the Belfast Board of Guardians, on the 9th inst., some interesting particulars of the year's work in the infirmary were given by the chairman. The surgical cases treated in twelve months numbered 3,894, and 132 operations were performed under anæsthetics. The total number of sick persons treated in the Workhouse hospitals was over 13,000, and the number of patients treated in their own homes or in dispensaries by dispensary medical officers was about 50,000. The chairman concluded that it was a matter for congratulation that all this humane work was economically and successfully accomplished with the small rate of elevenpence in the pound.

Deaths under Chloroform.

A MAN, aged 32 died under chloroform at the Bristol General Infirmary a few days ago, death being attributed to "peculiar susceptibility." No details were given of the amount used or of the method of administration, without which all such inquiries must fail in their object. The usual verdict was returned. A man, aged 29, also succumbed to chloroform narcosis at the Derbyshire Royal Infirmary. He was suffering from pneumonia and pleurisy but although the risk attending the administration of chloroform in this condition were recognised, anæsthetics could not be dispensed with owing to urgent symptoms due to abscess of the liver. An exonerating verdict was returned.

A third death from chloroform is reported to have occurred at St. Thomas's Hospital, the victim being a

girl, aged 13. It appears that four drachms of the drug were administered, and this in an operation which did not take more than ten minutes. This lavish amount is *prima facie* evidence that the anæsthetic was given on a towel or mask, and that no inhaler was employed, these being the points to which attention ought to be directed at inquests rather than to ascertain the idle detail whether or not the victim was duly auscultated beforehand. The anæsthetist in this instance was the house surgeon.

The Scarcity of Cod-Liver Oil

IN consequence of the scarcity of cod-liver oil through the failure of the fishing season in Norway, the substitution of inferior oils, seal and even shark oil, by dishonest importers is said to be a not uncommon occurrence just now. Meanwhile, many hospitals and sanatoria are using Virol in consequence of the uncertainty and dearness of cod-liver oil, and it is found to be an excellent substitute, especially in the case of young children.

St. Thomas's Hospital Medical School.

AT the prize distribution which took place on the 12th instant the first entrance science scholarships of 150 guineas and a certificate of honour was awarded to Mr. H. J. Nightingale, Kingston-on-Thames, and the second of 60 guineas and certificate to Mr. A. C. F. Turner, Cricklewood. The University scholarship of £50 and certificate of honour was obtained by Mr. H. R. Dean, Bournemouth. In the class of fifth-year students, Mr. A. E. Boycott, Hereford, won the college prizes for medicine and public health, and the Hadden prize for pathology; Mr. H. J. Pinches, South Kensington, was awarded the college prizes for surgery and midwifery; Mr. A. H. Hudson, Camberwell, secured the college prize for pharmacology; and Messrs. G. R. Rickett, Hampstead, and F. W. W. Smith, Newington Causeway, having obtained equal marks, were each awarded a college prize for forensic medicine and insanity. For practical medicine Mr. G. C. Adeney, Hampstead, was granted the Mead medal; and Mr. A. E. Boycott the Wainwright prize and also the Seymour Graves Toller prize. For surgery and surgical anatomy Mr. H. S. Bennett, Felixstowe, received the Cheselden medal; for pathology and morbid anatomy Mr. O. Hildesheim, Hampstead, obtained the Bristow medal; and Mr. G. C. Adeney was awarded the treasurer's gold medal for general proficiency and good conduct.

University of London.

THE following candidates passed the M.B. Examination during May, 1903, arranged in alphabetical order: Second Division.—John Acomb, Stanley Bean Atkinson, B.Sc., Ruth Balmer, Sidney Marshall Banham, Annie Thompson Barnard, Henry Edgar Barnes, Percival George Albert Bott, William Frederick Box, Ernest William Charles Bradfield, John Braithwaite, Alexander Brown, Henry Swarbrick Brown, Dora Elizabeth Lidgate Bunting, Victor Albert Chatelain, Thomas Chetwood, Frederick W. Whitney Dawson, Thomas Crisp English, Francis William Fawcett, Bessie Marion Gilford, Llewellyn S. H. Glanville, Ellis Gordon Goldie, Arthur Claypon Horner Gray, Oskar Cameron Gruner, Arthur Francis Hamilton, Thomas Henry Harker, Anne Elizabeth Hooper, David Morgan Hughes, Osburne Ievers, Ivor Davenport Jones, George Lewin, Lionel Henry Moiser, Daniel Leigh Morgan, Gilbert Phillips Mossrop, Hugh McDowall Parrott, Christian Cathcart Robinson, Frank Herbert Rotherham, Charles Russ, Arthur Reginald Schofield, Arthur Briton Smallman, Gayton Warwick Smith, Hugh Stannus Stannus, Ernest William Strange, William Hartley Tattersall, Edgar Taunton Harold Tipping, David Herbert Trail, Wentworth Francis Tyndale, Alfred Herbert Edwin Wall, Arthur Beaumont Waller, Eugene Christopher Whitehead, Edward Colston 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.

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.

M. R. F.—We cannot publish your letter, since it savours too much of special pleading on behalf of a particular alimentary product. It is eminently undesirable that medical men should lend their names for such purposes, especially in view of the abuses to which the practice has given rise of late.

THE GORDON BLACKMAILING CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—I have pleasure in enclosing my mite, i.e., £1 1s., towards the above fund, and trust that our confrère will receive the support of the profession generally, which I certainly think he deserves, for his plucky exposure of this case.

June 12th, 1903.

I am, Sir, yours faithfully,

TRIVOR N. SMITH, F.R.C.S.

SIR.—I am very glad to see that a fund has been opened to defray Dr. Alexander Gordon's recent heavy legal expenses, and have great pleasure in enclosing my contribution.

June 10th, 1903.

I am, Sir, yours truly,

R. J. WAYLAND, F.R.C.S.L.

We have also received cheque for £1 1s. from Dr. W. J. Thompson.

Dr. D. S. DAVIES (Bristol).—We regret that by a misprint "plague" was substituted for "cholera" bacillus. Of course, as everyone knows, the plague bacillus is disseminated chiefly by the agency of rats, and so far as we know is not waterborne. Our leader writer has used the term plague a little loosely; in fact, in several places it is evidently meant to be taken in the generic sense of "plague," meaning any grave pestilence. At the same time we find on inquiry that he stoutly maintains the perfect feasibility of introducing the plague bacillus into a country having such imperfect public sanitation as Turkey. His suggested methods are concisely stated, and appear to be quite within the range of practical revolutionist tactics. It would be obviously unwise, however, to publish information of that kind. We are obliged to Dr. Davies for drawing attention to the point, which we admit might prove misleading without further qualification.

M. S.—The figures on which your strongly worded communication appears to be based are not such as to command acceptance, and we would advise you to verify your references before proceeding further. When you have done this we shall be pleased to hear from you again.

Q. R.—The mortality from tuberculosis in Russia is stated to amount to 4,000 per million of the inhabitants, as compared with 3,000 per million in France and Austria, 2,000 per million in Germany, Ireland, Sweden, and Switzerland, and 1,000 per million in England, Scotland, Belgium, Holland, Italy, and Norway. Judging from the "roundness" of the numbers the estimates can only be approximate—how approximate, indeed, it is difficult to say.

OUR PARIS CORRESPONDENT.—The receipt of a clinical lecture by Professor Landouzy on "Salutary Epistaxis" from our correspondent is hereby acknowledged.

OUR VIENNA CORRESPONDENT.—The receipt of a clinical lecture by Professor Gustav Kaiser, of the Vienna University, on "The Treatment of Lupus by Blue Light," from our correspondent is hereby acknowledged.

Mr. J. STONE.—A second edition of Professor Brouardel's "Death and Sudden Death" has just appeared in English, translated and edited by Dr. Lucas Benham. The other work to which you refer has not, so far as we are aware, been translated. Nor is the subject such as would probably repay the cost of translation.

Dr. W. M.—If possible, in our next.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 17TH.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Papers: Right. Hon. Lord Rayleigh: On the Theory of Optical Images, with Special Reference to the Microscope.—Dr. H. Siedentopf: On a Method of making Visible Ultra-microscopic Particles in Glass and the application of the method to Bacteria.—Mr. E. M. Nelson: On the Lag in Microscopic Vision. And other papers.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. J. Berry: Clinique. (Surgical.) 5.15 p.m. Dr. W. Carr: Meningitis in Childhood.

THURSDAY, JUNE 18TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. P. Stewart: Hysteria and its Diagnosis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Dr. F. P. Weber: The Clinical Varieties of Pneumothorax. (Post-Graduate Course.)

FRIDAY, JUNE 19TH.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND (University College, Liverpool).—10 a.m. Summer meeting. Specimens and Papers by Prof. Patten, Mr. Jones, Dr. Kelly, Prof. A. Thomson, Dr. T. H. Bryce, Prof. Symington, Prof. A. Fraser, Dr. A. W. Campbell, Prof. Robinson, Dr. C. Addison, Dr. T. Holland, Dr. D. Morgan, and Dr. Waterston.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Cheries Street, W.C.).—4 p.m. Dr. D. Grant: Clinique. (Ear.) 5.15 p.m. Col. K. MacLeod: The Physical Requirements of the Public Services.

SATURDAY, JUNE 20TH.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND (University College, Liverpool).—10 a.m. Summer Meeting. Specimens and Papers by Mr. J. Cameron, Mr. F. G. Parsons, Prof. A. H. Young, Dr. P. Thompson, Mr. I. D. Lickley, and Dr. T. H. Bryce.

FRIDAY, JUNE 26TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8.30 p.m. The Cavendish Lecture. Prof. T. Clifford Allbutt on "Atheroma of the Ascending Aorta."

Appointments.

Beaumont, Percival, M.B.Cantab, Physician to the Essex and Colchester General Hospital.

Coplans, Myer, M.B.Lond., Resident Medical Officer to the North-West London Hospital, Kentish Town Road, N.W.

Fleck, David, M.B., B.Ch., B.A.O., R.U.I., Resident Superintendent to the Royal Victoria Homes at Brentry, near Bristol.

Morris, M. E. H., M.B.Lond., House Surgeon to the North Devon Infirmary, Barnstaple.

Penberthy, William, L.R.C.P.Lond., M.R.C.S., Medical Officer, Public Vaccinator, and Registrar of Births and Deaths for the Wivelcombe District, Somerset.

Telford, E. D., B.C.Cantab., F.R.C.S.Eng., Resident Surgical Officer at the Manchester Royal Infirmary.

Vacancies.

Chester General Infirmary.—House Physician. Salary £90 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management, Secretary's Office, 29, Eastgate Row, N., Chester.

County Borough of Southampton.—Assistant Medical Officer of Health. Salary £150 per annum. Applications to R. R. Linthorne, Town Clerk, Town Clerk's Office, Municipal Offices, Southampton.

Kent and Canterbury Hospital.—House Surgeon. Salary £90 a year, with board and lodging. Applications to the Secretary.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £160. Applications to the Hon. Secretary, Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne.

Royal Albert Edward Infirmary and Dispensary, Wigan.—Senior House Surgeon. Salary £100, with board, apartments, and washing. Applications to Will. Taberner, Genl. Supt. and Secy.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon. Salary £100, board, residence and laundry found. Applications to the Hon. Secretary.

Ryde.—Royal Isle of Wight County Hospital.—Resident House Surgeon. Salary £90 per annum. Applications to Secretary.

University College, London.—Assistant Physician. Applications to T. Gregory Foster, Secretary.

Wolverhampton and Staffordshire General Hospital.—House Surgeon. Salary £100 per annum, with board, lodging and washing.

Applications to Edmund Forster, House Governor and Secretary. York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging and attendance, Applications and testimonials to be sent to W. Draper, Esq., De Grey House, York, not later than June 24th, 1903.

Births.

BEST.—On June 11th, at "The Firs," Waltham Cross, the wife of F. H. de Graves Best, M.R.C.S., L.R.C.P., of a daughter.

HENRY.—On June 10th, at Wincott House, 175, Kennington Road, S.E., the wife of G. Nicol Henry, M.B., C.M.Aber., of a son.

Marriages.

BADGER—HALL.—On June 10th, at Christ Church, High Harrogate, Walter Spencer Badger, M.B., Ch.B., D.P.H., of Tetterhall, Staffordshire, son of the late Joseph Richard Badger, of Liverpool, to Ada Frances Hall, daughter of the late Frederick Hall, M.D., of Leeds.

GARLE—KENNARD.—On June 4th, at St. Nicholas', Linton, Kent, Robert H. Garle, M.R.C.S., L.R.C.P., son of the late H. Garle, Esq., of Kensington, to Evelyn Daisy, second daughter of F. W. Kennard, Esq., of the Court Lodge, Linton.

Deaths.

CLARK.—In June 9th, at St. Clere, Sevenoaks, Henrietta, the widow of Frederick Le Gros Clark, F.R.C.S., F.R.S., and daughter of the late Henry Andrews Drummond, aged 77.

NEVINS.—On June 11th, John Birkbeck Nevins, M.D.Lond., of Liverpool, aged 84.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVI.

WEDNESDAY, JUNE 24, 1903.

No. 25.

Original Communications.

ON THE TREATMENT OF HÆMATOCOLPOS AND HÆMATOMETRA, (a)

By J. A. MANSELL MOULLIN, M.D.,

Physician to the Hospital for Women, Soho, and to the West London Hospital.

You will have noticed, I am sure, one fact which attends every operation case brought before this Society—recovery is invariable and always uneventful. Now this constant repetition is apt to be somewhat nauseating, and, as I am fully convinced very often more is to be learnt from one case of failure than from ninety-nine which make an uneventful recovery, I shall record a case which did not recover, and one of no interest to anyone but the operator.

The patient, a girl, æt. 16, was admitted into the Hospital for Women in July last with all the symptoms of hæmatocolpos and hæmatometra. She was a feeble subject with angular curvature of the spine in the dorsal region.

A tender swelling occupied the lower part of the abdomen, extending half-way to the umbilicus. Examination showed the vulva well developed, but there was practically no vaginal cul de sac. By the finger in the rectum a tense swelling continuous with the abdominal mass could be felt occupying the pelvis. I decided to empty the contents of the cyst, and, as the hospital was shortly to be closed for cleaning, to re-admit her later on for any further operation should it be necessary. For this purpose I made a transverse incision in the posterior fourchette, and partly with the knife and partly with the fingers carried the dissection to a depth of between two and three inches, and then with a trocar tapped the presenting cyst. A large quantity of dark-coloured blood escaped, and when this ceased to flow the cavity was carefully flushed out with an iodine douche. I dilated the opening sufficiently to admit two fingers and inserted a glass dilator. The opening was douched three times daily, and later on a rubber tube substituted for the glass dilator.

The patient was re-admitted in October. She had not seen anything since her discharge in July. She had suffered considerable pain in the lower part of the abdomen, and on two occasions, in August and again in September, had had attacks of severe colicky pain.

No trace could be found of the previous operation. Examining bimanually with the finger in the

rectum, I found an enlargement of the uterus, or at any rate, a mass of considerable size, and believing that there had been a re-accumulation of menstrual fluid I decided that the only treatment likely to be of permanent benefit was the radical one of removal of the uterus.

The temperature was somewhat irregular, touching 100° F. on three occasions during the fortnight previous to operation.

On October 16th I opened the abdomen, and after breaking down some adhesions removed a tubo-ovarian abscess on the right side. The appendages on the left side were absent. I could find no trace of either tube or ovary. After stripping down the bladder and securing the arteries on either side, I amputated the uterus at the level of the inner os. This was followed by a gush of foul-smelling fluid through the divided cervical canal. There had been no re-accumulation of menstrual fluid, but the contents of the vaginal sac were septic. Passing a large bougie down through the cervical canal I had no difficulty in opening up the tract of the previous operation, and, withdrawing the bougie, I inserted a large drainage-tube, the end of which appeared at the vulva. After carefully washing out the peritoneum the edges of the stump were united with catgut, and the operation concluded in the usual way. The condition of the patient was unsatisfactory from the first, and she succumbed three weeks later. There is no reason why, had hysterectomy been performed in the first instance, the patient should not have made a good recovery.

Hæmatocolpos does not occur with sufficient frequency to give any man a large experience. Consequently, we have to make the utmost use of the material to hand, and for this reason I have ventured to bring this case to your notice this evening. It would be a step of the utmost practical value if we could formulate some rule for future guidance.

The different effects produced by atresia according to its position in the genital canal are well illustrated by diagrams in Sutton and Giles' "Diseases of Women." For practical purposes it is obvious a great difference exists between those cases in which the atresia is found at the vaginal orifice, and those in which the vagina is to a greater or less extent wanting.

In the former case nothing in surgery is more simple. A free incision in the obstructing membrane allows the contents to escape. When the greater part of the fluid has been evacuated, gentle douching may be employed to wash out the residue, and prevent decomposition from taking place. The same treatment is required when the

(a) Read at a meeting of the British Gynecological Society, on June 11th, 1903.

obstructing membrane is found at the cervix. Sepsis is the great danger to be feared. To minimise the risk the evacuation of the retained fluid should be complete, and a 1-5,000 douche of hydrarg. perchlor. used for some days afterwards.

We seem unable to free ourselves from the influence of an obsolete and out-of-date gynecology. On referring to a recent text-book, I find it stated that the second great danger to be feared on setting free the retained fluid is "the occurrence of uterine contractions, which may cause a retro-flow of the fluid through the Fallopian tubes." To prevent this it is recommended, if the uterus be distended and the atresia situated at the cervical canal, to draw off not more than one-third of the fluid on the first occasion. This to be done with an aspirator. A week may be allowed to elapse before a repetition of the aspiration, and this careful emptying of the uterus may be prolonged as long as there is any fluid to withdraw. The vagina must be well tamponed after each operation.

This proceeding appears to me to be simply courting sepsis; moreover, a retro-flow of the fluid into the peritoneal cavity is an absolute impossibility. The very retention of the fluid in the first instance implies a closed sac, closed at the upper extremity as well as the lower, and any uterine contraction will only expedite the flow of the fluid in the direction of least resistance. The more free the exit, the less the danger. When hæmatocele was still an unfathomed mystery it was regarded as the result of menstrual regurgitation due to atresia, or in some unexplained way connected with menstrual suppression.

When the vagina is partially absent the difficulties to be encountered are much more formidable. In the first place it is necessary to make a dissection between the urethra in front and the rectum behind, and to carry it deeply in the direction of the septum before the blind end of the vagina is found; and we are then met with a still greater difficulty, to keep the opening patent after it is made. Again, old-fashioned gynecological notions bar the way and hinder progress to a clear understanding of the subject. The idea that a more or less perfect artificial vagina can be made by plastic procedures, if only the operator is clever enough, probably prevails throughout the greater part of the profession. It is simply a surgical impossibility. When the atresia is the result of injury, and situated superficially, a plastic operation may be of some use, but an artificial vagina is not a rational proposition.

I think, therefore, we may safely assert that, when a dissection is found necessary to reach the sac, the vaginal route should be abandoned altogether, and that the abdomen should be opened, the sac incised and, after flushing out the retained blood, its walls attached to the parietal incision, or better still, the body of the uterus removed at the level of the inner os and the stump returned into the peritoneal cavity.

On the necessity to maintain the patency of the orifice, Sutton and Giles ("Diseases of Women") remark, "This is often a very troublesome performance, and not infrequently so difficult and even impossible that it is in some cases necessary to produce an artificial menopause by oöphorectomy, or even to carry out hysterectomy." This statement, I think, supports the course I adopted in my own case. It does not appear to me to go far enough. In all such cases I should remove the body of the uterus as a primary proceeding. The

disadvantages of a secondary operation I have already fully exemplified.

In the light of modern gynecology I think we shall agree that if either of these operations, oöphorectomy or hysterectomy, have to be performed, the latter, hysterectomy, is the preferable proceeding, not oöphorectomy. The ovaries are important organs, and the patient, always a young girl, is certainly in a better position if she can retain them.

An interesting case of Dr. Christopher Martin's is recorded at length in Dr. Macnaughton-Jones' excellent work. The operator appears to have made no attempt to reach the fluid from below, but at once opened the abdomen, incised the uterus, and washed and sponged out its contents. The cervical stump was then fixed in the lower part of the incision, and a glass drainage-tube passed through the gaping cervix to the bottom of the sac. The cervical canal for some time exuded a little glairy mucus.

It appears to me it would be better still to complete the operation as a subperitoneal hysterectomy. It is true a small closed sac would be formed below the cervix, but there is no reason why it should give rise to trouble. The very good results now obtained from this operation for fibroid tumours, &c., lead me to hope that it may be advantageously employed also in these cases of hæmatocolpos and hæmatometra, the treatment of which has hitherto been most unsatisfactory.

SOME REMARKS ON CHLOROSIS.

By WILLIAM WILLIAMS, M.D., M.R.C.P.,
Physician to the Royal Southern Hospital, Liverpool.

WE may regard chlorosis as chronic anæmia, the yellowish-green hue being developed gradually, in consequence, no doubt, of impaired functional health of the organs generally, and especially of the chylipoietic, under the low vitality co-existing with this state of the blood. The only condition, however, insisted on in works on the subject is that it is anæmia when affecting young females, and that the causes and pathology are unknown. For the purposes of the remarks which I have to offer on chlorosis, I shall content myself with quoting all the cases of this affection which I have had during the past twelve months; to go further back would serve no useful purpose, as the results have been most uniform year after year.

Within this period I have had under treatment at the hospital twelve cases of well-marked chlorosis. All the patients except one, who was a teacher, were servant girls, and their ages were as follows:—Three were 18, two were 19, one was 20, three were 21, one was 22, one was 24, and one was 31. The signs, as already said, were well marked: blanched condition of the surface generally, lips and conjunctivæ; diminished temperature, but which in some of the cases alternated with an occasional rise to a little over 100°. All suffered from amenorrhœa; venous hums in the neck and a systolic murmur at the base of the heart were present, and mostly well marked, together with more or less giddiness, transient loss of vision, noises in the ears, and tendency to faint. There was no marked loss of flesh in any of the cases, but all gained weight while in hospital, and one

did so to the extent of 13½ lbs. in a little under seven weeks.

As regards the history of their ailments, all had suffered, to commence with, from what they termed indigestion. At first it was swelling and tightness after food, with acute eructations; next came pain, more or less localised, but always in the epigastrium, and then vomiting, which in all these cases was at one or more periods accompanied by hæmatemesis. The statements, I thought, left little doubt in a single case of this having happened more or less, though I have never before met with such a succession of cases with this symptom so uniformly present; generally a record of blood-vomiting is at least as frequently absent as not.

They got well in the following periods, *viz.* :— Four in three weeks, three under four weeks, four under five weeks, and one in eight weeks. The first symptoms to disappear, taking all the cases together, were the venous hums and cardiac bruit; in most of these patients they were absent at the end of the first week, and in all by the end of the second. The gastric pain also went early, but some tenderness was apt to remain well into the second week. Colour returned very gradually at first, and then rapidly.

The treatment adopted was the same in all, and consisted in lying in bed; or, if able to be up, to be clothed in loose clothing, taking as food one pint of milk, to which an equal quantity of water had been added, daily for the first, second, and in some of the cases, third week, after which period the diet was very gradually increased by the addition of more diluted milk, arrowroot, then custard, and ultimately solids, beginning with fish, according to the progress of the case. But in all the cases it was found that the lower the diet was kept during the first three weeks the more rapid was the subsequent progress. Some mild aperient was found to be absolutely necessary during the first fortnight, as the bowels were invariably constive during this period. As to drugs, some mild preparation of iron—one of the citrates—was administered to all the cases, but I look upon the loose clothing, low diet, and the regulation of the bowels as the effective treatment, quite independent of the iron.

Taking a review of the chief characteristics of a typical case, we find that it attacks young women from the age of puberty to some years over twenty; that it shows itself as an anæmia in otherwise well-conditioned subjects, and that all the cases, except those that have been long affected, and become very chronic, get well rapidly when loosely clothed, fed for the first three weeks on a very spare diet, and have their bowels carefully regulated. Some of the girls I have treated in this way, naturally robust when well, having at the end of three weeks regained their normal condition, presented most striking changes.

But why is it that this affection is confined to females, and to females at a certain age? Next, why is the general condition, as regards flesh, not materially affected as well as that of the blood? And lastly, how is it that they recover so quickly in spite of the existence of such marked blood-change, when the only treatment adopted is loose clothing, the lowest of low diet, and mild purgatives? I leave the iron out of consideration, because some of these cases have been taking it without benefit before coming into hospital; and

the two cases I have in at the present time are getting on quite as well on bismuth.

Taking the above questions in the order they come, the only answer forthcoming to the first is, that women are clothed differently to men, and that young women or girls, not having become as yet accustomed to tight lacing, continue to suffer until their shapes are permanently altered, and the abdominal organs have become acclimated to the change of locality. Most girls fill out rapidly on the advent of puberty, and such subjects would suffer most from a corset fixed in size, to say nothing of the fact that stoutishly-inclined young women would be just the ones to entertain most anxiety about the size of their waists, and so take most pains with them. As to the general condition in regard to flesh being unaffected, or not so much so, and the rapidity with which recovery takes place, the explanation, I think, must be that the altered state of the blood cannot have been of very long duration, and that it must be owing to direct loss of blood by hæmorrhage, and not to any impairment of the blood-forming organs, or of their functions, which would necessarily be incompatible with either stoutness or rapid recovery, to say nothing of the inconsistency of attempting to establish a liability to disease of these organs at a period of life when they are particularly strong and active.

The form of hæmorrhage to which I attribute the production of chlorosis is that from gastric ulceration, and my view of the manner in which this lesion is produced by tight lacing I will now endeavour to explain.

When food enters the stomach, besides the increase of size due to its mere presence there, a still further and perhaps more marked enlargement of the organ takes place during the process of digestion, especially if an unhealthy digestion, and owing largely to the development of gases. It is no doubt essential to healthy performance of the gastric function that this expansion should be allowed to take place freely, and without generating increased tension to any extent within the abdominal cavity, as any increase of tension must interfere with the portal circulation, and so directly with digestion itself, and with the absorption of digested products. In the case of the stomach, interference in this manner would act by rendering the gastric vessels anæmic, or rather at first sight this would appear to be the case, the increase of tension within the abdominal cavity determining the blood, so to speak, to other regions where the resistance to its flow was less. The peculiarity, however, of the formation of the vena porta introduces an element of difficulty to the ready acceptance of this view, and so in any attempt to ascertain the effect of pressure on the abdominal organs severally, the peculiarity of this vessel, or rather system of vessels, in having capillaries at both ends must be taken into account, because, for this reason, pressure affects it differently to what it does an ordinary vessel. The capillaries of origin in the mucous membrane of the stomach and intestines, having the arterial force still unexpended in them, would not be so much affected as the capillaries of termination or distribution within the liver, which are separated by the former set from the force of the heart, so that in this way increase of abdominal tension by its bearing on the liver would compress all the vessels within that organ, with the result of rendering the liver anæmic, and probably the only

anæmic viscus under these conditions, except the spleen, of all the abdominal contents—would, in fact, act in the same manner as cirrhosis does, with congestion of the portal vein and radicles, with which state we know that gastric ulcer is of frequent occurrence, and absorption of the contents of the stomach and intestines almost impossible, aggravating to the utmost the normal causes of distension of the stomach by bringing into play unhealthy digestion.

Travellers unable to procure food frequently have been known to relieve the pangs of hunger by tightening their belts, and this practice is no doubt effective owing to its power of controlling and obstructing the portal circulation in the manner already described, activity in this system being probably largely concerned in producing the desire for food.

In connection with the portal circulation must be considered also the effect of pressure on the spleen. This organ, from its elastic properties, large extent, and peculiar arrangement of its blood-supply, and its close relationship to the portal system, must, I think, be recognised as an important aid to the circulation through the hepatic capillaries, and so to the liver function itself, that would otherwise be left outside cardiac influence almost entirely.

During the process of digestion, when the portal circulation is required to be active, the spleen, by a determination of blood to it, becomes distended, and the cardiac force which has caused this distension is, owing to the extremely elastic properties of the spleen, passed on by the subsequent reaction, and brought to bear directly on the portal circulation, the spleen storing up as it were the cardiac force, acting very much like the air-bag of a spray-producer, or like the air-chamber of a fire-engine, and, like them, is likewise useful in making the stream continuous, completely obliterating, in a manner that no other mechanism can, the arterial jerk, doubtless an important matter to functional integrity of such a large and solid gland as the liver.

In the event of this hypothesis proving to be correct in regard, at all events, to one of the functions of the spleen, it is necessary to establish at the junction of the other veins—inferior and superior mesenteric—with the splenic, the mechanism of what is known as a "*jet-pump*," as the force of the blood-flow in the splenic vein would promote by drawing on the current in the other vessels which join it.

The abdomen, then, being a cavity liable under various circumstances to considerable alterations of size, owing to the yielding nature of its walls, variations are in the natural state unaccompanied by any alteration of internal tension. Any abnormal restriction, however, to free expansion must at once generate tension within, which especially, and in the manner I have tried to point out, interferes without doubt with the portal circulation; that is, first, by compressing the liver as a whole, and so rendering the circulation through its compressed capillaries difficult; then, secondly, this difficulty is rendered still greater through the aid which, I venture here to contend, the spleen affords the liver, circulation being impaired or lost owing to this organ's inability to expand and fill itself with blood under increased abdominal tension and decreased abdominal capacity. We can imagine what this tension from lessened or restricted capacity may be like when

we call to mind the fact that the stays are put on in the morning necessarily after a long fast, and are worn all day unaltered, converting the abdomen to all intents and purposes into a cavity with unyielding walls. If, then, it was a tight fit in the morning, what must it be after dinner, and what must the tension ultimately increase to during the subsequent digestion, which has been made unhealthy by the venous stasis in the portal system—always a sluggish system probably, as compared with the general circulation?

As already said, it is the young that suffer most. After a time various displacements take place, which, by increasing the internal area, lessen the mischief; the abdominal walls, too, get dilated below; the pelvic organs are pushed downwards, and perhaps some displacement upwards takes place in the contents of the chest, with corresponding increase of capacity above.

The total annihilation of diaphragmatic breathing which these cases present cannot be adduced as proof of abdominal tension only, as by the girdle pressure the attachments of the diaphragm are so approximated that a contraction of the muscle, instead of making it descend as a whole and produce an inspiration, only makes it a little less slack than it was before.

The abdominal cavity in its natural state accommodates itself easily to the variations in size the contained organs have severally to undergo in the performance of their healthy functions, and the effect of altering the all-important condition by means of a fixed, inelastic, and unalterable case during the very time when functional activity is required must have serious and far-reaching results.

The experiments of Dr. Pavy, confirmed by Panum ("Proceedings of the Royal Society") show that arrest of circulation in any part of the stomach leads to digestion of that part by the gastric juice in contact with it.

It is, then, generally admitted that the most likely cause is arrest of circulation by venous stasis with or without extravasation; and since we know that these conditions do of themselves lead to necrosis, we can readily imagine how much more effective they would prove in the case of the stomach, when they would be aided by the dissolving influence of the gastric juice. Habershon, while calling attention to the admitted efficacy of venous stasis, says that direct proof is still wanting that sufficient venous stasis is present in any number of cases to account for the frequency of gastric ulcer. This direct proof I have in the foregoing remarks endeavoured to supply, keeping, I hope, well to the facts and to logical deductions therefrom in the attempt.

The two cases alluded to under as being treated without iron when the above was written supply the following record:—

Case 1.—Ellen P—, æt. 24, servant, admitted August 10th. Very anæmic; vascular murmurs not well marked; menses absent nine weeks; pain after food relieved by vomiting; no hæmatemesis at any time; had a similar attack seven years ago. Weight, August 12th, seven stones and half a pound. For the first fifteen days this patient was kept in bed on a diet consisting of one pint of milk diluted with an equal quantity of water; at the end of this period (August 26th) she weighed seven stones four pounds. The diet was increased on August 25th by the addition of fish and some wine. On September 4th she weighed seven

stones thirteen pounds; September 10th, eight stones one and a half pounds; September 16th, eight stones four pounds; September 25th, eight stones six and a half pounds; September 30th, eight stones nine and three-quarter pounds—so gaining twenty-three and a quarter pounds in seven weeks, of which twenty pounds was gained during the last five weeks. This case was in good condition apparently when admitted, and much too stout when she left. She had been quite well for some time previous to her discharge, but her flesh-forming powers being, in view of the subject under consideration, interesting to watch, she was kept in longer than was necessary.

Case 2.—Jane P—, æt. 15, boxmaker, admitted August 15th. Well-marked anæmia; vascular hums in the neck, and a well-marked systolic bruit in the pulmonary area; illness began with vomiting, which has continued once a day, and always after breakfast, since; the loss of colour came on gradually; no hæmatemesis at any time; menses absent last time only; was kept on one pint of milk diluted as before for ten days; weight, August 19th, five stones seven and a half pounds; August 26th, five stones four and a quarter pounds; diet was increased on August 25th by the addition of some custard; September 3rd, five stones five and a half pounds; September 10th, five stones thirteen pounds; September 16th, five stones thirteen and a half pounds; in hospital five weeks, and was then discharged.

A STATISTICAL INQUIRY INTO THE PROGNOSIS AND CURABILITY OF EPILEPSY,

BASED UPON THE RESULTS OF TREATMENT. (a)

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(Continued from page 615.)

The Influence of the Duration of the Disease.

In the two following tables the duration of the malady is considered, the percentage frequency being given in the first three columns, the total number of cases in the last.

The term "duration" signifies the course of the disease from its commencement until the patient came under regular observation and treatment at the hospital, from which time there dated either arrest of the fits, improvement, or a steady downward deterioration.

TABLE F gives the Duration Percentage of the Disease up till the Commencement of Treatment, and the General Result of Treatment.

| Duration. | Arrests. Per cent. | Improved. Per cent. | Confirmed. Per cent. | Total Cases. |
|-------------------|-----------------------|------------------------|-------------------------|-----------------|
| 10 yrs. and under | 23'5 | .. 32'3 | .. 44'1 | .. 272 |
| 10 to 20 years | .. 25'8 | .. 19'3 | .. 54'8 | .. 62 |
| 20 to 30 " | .. 12'5 | .. 20'8 | .. 66'6 | .. 24 |
| 30 to 40 " | .. 20'0 | .. — | .. 80'0 | .. 5 |
| Over 40 " | .. 50'0 | .. — | .. 50'0 | .. 2 |

365

The above shows, by division into decennial periods, that there is as great a percentage of arrests when the disease has lasted from 10 to 20 years as from 1 to 10

(a) Abstract of Paper read at meeting of Royal Medical and Chirurgical Society, June, 1903.

years, but that under 10 years the percentage of improved cases is greater, and there is less tendency for the disease to become confirmed. But as ten years is a considerably prolonged period, and as the majority of epileptics come under observation and treatment before so long a time has elapsed, it is important to ascertain the percentage frequency for periods short of ten years, and this has been done in the following table:

TABLE G gives the Percentage Frequency in Four Unequal Periods under 10 years of age.

| Duration. | Arrests. Per cent. | Improved. Per cent. | Confirmed. Per cent. | Total Cases. |
|--------------|-----------------------|------------------------|-------------------------|-----------------|
| Under 1 year | .. 29'1 | .. 38'8 | .. 31'9 | .. 72 |
| 1 to 3 years | .. 29'8 | .. 32'1 | .. 39'0 | .. 87 |
| 3 to 5 " | .. 20'4 | .. 29'5 | .. 50'0 | .. 44 |
| 5 to 10 " | .. 11'5 | .. 27'8 | .. 60'8 | .. 69 |

272

(a) Speaking in general terms, the earlier a case is brought under systematic treatment the more hopeful the prognosis and the greater the probability of improvement.

(b) That there is a greater prospect of arrest or improvement during the first five than during the second five years of the disease.

(c) Arrest of the fits, however, may take place in cases even after a duration of from 20 to 30 years. After 30 years arrest is possible, but the fewness of the cases hardly allows of any definite conclusions.

(d) There is a progressive tendency for epilepsy to become confirmed the longer the disease lasts without definite treatment.

A comparison may now usefully be made between Tables E and G, which show respectively the age and duration percentages, and the following table (H), which shows the age periods at which arrest most commonly took place.

TABLE H shows the Age Periods at which Arrest took Place in Eighty-six Cases.

| | |
|----------------------------|------------------------------|
| Under 10 years of age | .. 6 cases, or 6'9 per cent. |
| From 10 to 15 years of age | .. 8 " 9'2 " |
| .. 15 to 20 " | .. 15 " 17'4 " |
| .. 20 to 25 " | .. 17 " 19'7 " |
| .. 25 to 30 " | .. 9 " 10'4 " |
| .. 30 to 35 " | .. 8 " 9'2 " |
| .. 35 to 40 " | .. 7 " 8 " |
| .. 40 to 45 " | .. 7 " 8 " |
| .. 45 to 50 " | .. 4 " 4'6 " |
| Over 50 years | .. 4 " 4'6 " |
| A doubtful case | .. 1 " |

86

From these tables it is obvious that the decade 15 to 25 presents the greatest number of arrests; in other words, more arrests are likely to take place during the latter part of that decade, in the earlier part of which the onset of true epilepsy is most common—that is to say, the quinquennial period 15 to 20, in which the disease most usually declares itself, is succeeded by the quinquennial period 21 to 25, in which arrest is most frequent. This observation would corroborate the interpretation put upon the figures given in Tables F and G, from which it is clear that epileptic fits are more prone to arrest during the first three or five years following their onset.

The Frequency of the Seizures.

The relative or average frequency of the attacks has an important bearing upon the prognostic outlook.

The general conclusion may be drawn that the longer the interval between the attacks the greater the prospect of arrest or improvement. Very infrequent attacks are eminently favourable. Attacks which occur every three or four months, or once or twice a year, are—within certain limits, and when considered in association with the points already mentioned in previous paragraphs—of more satisfactory prognostic importance than those which may be counted by the month, the week, or the day. The greatest percentage of confirmed cases, and the smallest percentage of

D

arrested cases, are seen from the previous table to occur in those epileptics who are subject to daily and weekly attacks; and the converse also holds good, in that the smallest percentage of confirmed and the highest of arrested cases are found among those epileptics whose fits occur so infrequently as once or twice a year.

The Character and Time of the Seizures.

The kind of attack to some extent modifies the prognosis. It is matter of common knowledge that the major attacks are more readily influenced by drugs than the minor seizures. Owing to the incompleteness of the notes in describing the exact character of the fits, it has been found impossible to construct a table of any real value, but so far as information has been supplied it is clear that the greatest percentage of arrests is to be found in cases of grand mal (49 per cent. out of a total of 96 cases); then follow the cases of combined grand and petit mal (35 per cent. out of a total of 56 cases); and lastly, le petit mal occurring alone (26 per cent. out of a total of 15 cases).

So also with regard to the time-incidence of the seizures. Those occurring by day only—including in this the very common early morning seizure—give a greater percentage of arrests (51.9 per cent. out of a total of 52 cases) than those occurring only during sleep (34 per cent. out of a total of 35 cases). Combined day and night attacks give also an arrest percentage of 34 per cent. out of a total of 35 cases.

The Influence of Marriage.

There would appear to be no real foundation for the popular belief that marriage predisposes towards cure, or even amelioration, of epileptic seizures. On the contrary, the consequences of matrimony tend to the production of circumstances distinctly unfavourable to the arrest, or alleviation, of the disease.

The Influence of Pregnancy and the Puerperium.

The influence of pregnancy has been noted in twenty cases. Of these, nine were free from seizures during this period, one patient stating that her longest free intervals occurred when she was in this condition. Of the remainder, seven were invariably worse when pregnant, two had fits only at or about the time of quickening, and one never observed any difference either in frequency or character of the fits. In another case, in which the fits were arrested by bromides for a long time, an intercurrent pregnancy and subsequent puerperium intervened without any symptoms of epileptic seizures. It may therefore be concluded that gestation has little, if any, influence upon the disease. At the best there may only be a temporary respite; but pregnancy is the forerunner of the puerperium, a period which is especially prone to epileptic attacks. Of nineteen cases in which this state was noted, all gave a history of one or more severe attacks within a short period, usually a few days after the birth of the child. In two of the cases the onset of the disease was observed after the birth of the first baby, and in one after the birth of the fourth child.

Lactation would seem in some cases to be peculiarly favourable for the occurrence of fits. In one case the fits only came on during the period of suckling, and this happened after three successive pregnancies. On weaning the fits disappeared. In a second case the first fit arose while nursing the first baby four months after confinement.

From the above facts it would appear as if there were three periods when epileptic fits were prone to develop—at quickening, during the first few days of puerperium, and during lactation.

Sex plays little part in the prognosis of epilepsy, and menstruation is equally without marked influence upon the prognosis. The onset of epileptic fits during puberty is not uncommonly accompanied by irregularity in the menstrual periods; but it is rare to find any amelioration in the frequency or severity of the attacks when the period becomes regularly established.

Types of Epilepsy.

Even a brief acquaintance with epileptics will show

that there is a marked periodicity in the occurrence of the seizures, which is highly characteristic of the disease. The intervals are of varying duration—a day, a week, two weeks, a month, two or three months, a year, or longer. These intervals are, however, not absolutely regular, considerable variability and irregularity being observed on charts specially kept for recording the time-periodicity of epileptic fits. Such, indeed, is the common incidence of attacks; but attention has been directed by Biro (a) to certain types of cases which have apparently some bearing on prognosis.

These types have been called "increasing" or "decreasing," and some examples will be given to illustrate their characteristics. The types may be described either by the number of fits per month or per year, in increasing or decreasing numbers, or by the number of years or months intervening between the seizures.

Long Remissions in Epilepsy.

It is well known that remissions are a frequent, if not a characteristic, feature of this disease. The common remission which takes place during childhood in those whose fits commence in infancy, then cease for a time and recur at or about the time of puberty, is one of the most remarkable features of this disorder. An interval of several years not infrequently occurs between the first and second attacks, while numerous instances may be cited in which periods of five, ten, or fifteen years have been known to elapse between epileptic seizures. Wharton Sinkler (b) records a remission of twenty-nine years in one of his cases.

An examination of the present series reveals a number of instances in which remissions have been observed, and which have persisted for a number of years, but which have been succeeded by a return of the characteristic seizures.

In the cases in which *arrest* is stated to have occurred, freedom from fits was noted over periods varying from two to twenty-five years (these have not been included in the present table); but in Table L will be found the list of cases which show *remissions* lasting for more than two years, with subsequent relapse.

TABLE L shows the Cases of Remission and their Duration.

| | | | |
|---|---|---|----------|
| Remission of 2 to 3 years observed in 1 case. | | | |
| " 3 to 4 | " | " | 2 cases. |
| " 4 to 5 | " | " | 4 " |
| " 5 to 6 | " | " | 2 " |
| " 6 to 7 | " | " | 2 " |
| " 7 to 8 | " | " | 1 case. |
| " 15 | " | " | 1 " |

In these cases the remission occurred during bromide administration, and in all of them the fits returned, notwithstanding the continuance of the drug.

Is There a Cure for Epilepsy?

This question may in general terms be answered in the affirmative. Two cases (1 and 2) have been already mentioned in which this occurred, and not a few instances may be gathered from among epileptics and neurasthenics who state that they suffered from fits in earlier years; and if the later histories of epileptics could be traced, many more instances might no doubt be added. Although writers are generally agreed as to a cure of epilepsy, there is a less general consensus of opinion as to what is the definition of a cure—that is to say, after what period of arrest a "cure" may be said to have taken place. (c) Before attempting to answer this question it is necessary to refer again to a few points to which attention has already been directed. With this object in view, Tables B and L, dealing especially with the cases of arrest and long remission, are blended and reproduced side by side in Table M, which gives number and duration of the cases of arrest and remission:—

(a) Biro, "Deut. Zeitsch. f. Nervenheilk.," vol. xxiii., p. 40.

(b) Wharton Sinkler, "Journ. of Nervous and Mental Disease," 1878, p. 601.

(c) Reynolds defined a cure as perfect restoration to health for at least four years, and at most eight years, after arrest of the fits.

TABLE M gives the Cases of Arrest and Remission, with the Duration.

| | | Duration. |
|---------------------|----------------|---------------|
| 11 cases of arrest, | 1 of remission | 2 to 3 years. |
| 18 " | " 2 " | " 3 to 4 " |
| 10 " | " 4 " | " 4 to 5 " |
| 11 " | " 2 " | " 5 to 6 " |
| 5 " | " 2 " | " 6 to 7 " |
| 8 " | " 1 " | " 7 to 8 " |
| 8 " | " 0 " | " 8 to 9 " |
| 4 " | " 0 " | " 9 to 10 " |
| 5 " | " 0 " | " 10 to 11 " |
| 2 " | " 0 " | " 11 " |
| 2 " | " 1 " | " 15 " |
| 1 case | " 0 " | " 22 " |
| 1 " | " 0 " | " 25 " |

86 13

The arrest column shows that the greater number of the cases (71 out of a total of 86) were observed over a period of from two to nine years, during which no fits occurred; while of the remission cases, although four showed an arrest of over four years, in five a relapse occurred up to eight years, after which time only one was found to relapse. When these results are compared in conjunction with those of Wharton Sinkler, who observed only four cases of relapse out of a total of twenty-four after nine years' remission, I have thought it unsafe to regard as cured any case of epilepsy in which the seizures have been in abeyance for a period of less than nine years after the disease has become satisfactorily established. This provision is made in order to eliminate all those cases of remission during childhood which are known to last for seven, eight, or nine years between the first and second, or second and third, fits at the commencement of the disease. In order to obtain the percentage of cures in the present series, those cases only have been taken which were under observation for a period of at least nine years. They form a total of 147, of which 15 were arrested for nine or more years (*vide* Table B), giving a percentage of 10.2 cures. (a)

Taking the series of cases with long remission recorded in this paper along with those of Sinkler, it is found that a few still remain in which relapse occurred after the nine years' limit, *viz.*, four by Sinkler and one by myself. Therefore, although it may be laid down as a general rule that a cure of epilepsy has been established after an arrest of nine years, the fact must be borne in mind that a very small percentage of cases do relapse after that period.

While discussing the cure of epilepsy, a point of practical importance which should not be overlooked is that those who have been cured of their seizures not infrequently show various mental peculiarities, such as impairment of memory, irritability of temper, headache, and a tendency towards neurasthenic symptoms.

The Curable Cases of Epilepsy.

Although in the present series of cases there is no definite information as to the mental condition of the patients, clinical experience and observation show that many cases of epilepsy may exist for prolonged periods without any material mental impairment. Such cases would appear to belong to what may be termed a curable type of epilepsy. A special investigation has therefore been made into the duration of the disease before regular treatment was established in the eighty-six cases in which arrest took place. From this it is seen that of forty-four cases in which arrest took place during the first year of treatment, the disease had been in existence during periods varying from one to thirty-five years, with an average duration of seven years.

This investigation also brought forward a point of great importance—namely, that if any given case of epilepsy is capable of amelioration by treatment, a satisfactory response will be shortly apparent, as the following table shows:—

(a) There is a striking harmony between these results and the percentage of cures obtained by Reynolds (10 per cent. with a basis of four to eight years) and Habermaas (10.3 per cent. with a five to ten years' basis).

TABLE N shows the Influence of Bromide Treatment upon 86 Cases of Arrested Epilepsy.

| | | |
|---------------------------------|-----------|----------|
| Arrest under 1 year's treatment | 44 cases, | or 51.7% |
| " " 2 " " | 9 " | or 10.5% |
| " " 3 " " | 6 " | or 7.0% |
| " " 4 " " | 4 " | or 4.7% |
| " " 5 " " | 3 " | or 3.5% |
| " " 6 " " | 2 " | or 2.3% |
| " over 6 (7—22 years) | 17 " | or 20.0% |
| An uncertain case | 1 case. | |
| | | 86 |

From this table it is obvious that over 50 per cent. of the cases in which arrest took place yielded to treatment within the first year of regular bromide administration.

SUMMARY AND CONCLUSIONS.

1. The total of 366 cases, chiefly derived from the out-patient records of the National Hospital for the Paralysed and Epileptic, has been used for the investigation.

2. Only cases of genuine idiopathic epilepsy, which had been under constant observation and treatment for a period of at least two years, have been taken. All cases of "symptomatic" epilepsy, or cases otherwise complicated, were as far as possible eliminated.

3. The cases have been divided into three series, according as they have responded, successfully or otherwise, to treatment—arrested, improved, and confirmed cases. The influence of the various conditions modifying prognosis has been mentioned in detail, the results of the observations being stated in percentages.

4. A family history of epilepsy will be found more frequently among those who have become confirmed epileptics, but an hereditary history of epilepsy does not necessarily militate against the prospects of arrest or improvement of the disease in any given case.

5. The age at the onset of the disease has an especial bearing upon the prognosis. The most unsatisfactory cases are those in which the disease commences under 10 years of age; they show the smallest percentage of recoveries and the largest of confirmed cases. If the disease arises between 15 and 20 years of age, an almost equal percentage of arrested and confirmed cases may be expected. The greatest percentage of confirmed cases is found among those in whom the disease begins between 25 and 35 years of age, from which time onwards there is a steady increase in the expectations of arrest and diminution in the number which become confirmed.

6. The duration of the malady influences the prognosis to the extent that arrest or improvement is much more likely during the first five than during the second five years. Cases may, however, be arrested even after a duration of from twenty to thirty years.

7. The greatest percentage of confirmed and the lowest percentage of arrested cases occur in those epileptics who are subject to daily or weekly attacks, while conversely the smallest percentage of confirmed and the highest of arrested cases occur in those whose fits are as infrequent as once or twice a year.

8. The character of the seizures influences the prognosis to the extent that the major attacks are the most tractable; then follow combined major and minor seizures; and lastly, the minor attacks occurring alone.

9. Marriage exerts little, if any, influence upon epileptic fits. Some patients are relieved; others are made worse. In the majority of cases the disease remains unaffected.

10. Pregnancy has little influence upon the seizures; at the best there may be only a temporary respite. On the other hand, the puerperium would seem to be especially favourable for the recurrence of fits; while lactation also is not without an exciting influence in their production.

11. The common incidence of epileptic fits is an irregular periodicity. There are types, however, which have been described as "increasing" or "decreasing," according as the fits increase or decrease in number in a definite period of time, or in which there is a short-

tening or lengthening of the intervals between the fits. A case of increasing type may by treatment be converted into one of the decreasing variety.

12. Long remissions, induced either by successful treatment or from spontaneous cessation of the fits, sometimes lasting for several years, are not unusual in epilepsy; they are of favourable prognostic value, but are not synonymous with a cure of the disease.

13. From the collected statistics a period of arrest for at least nine years has been fixed as the basis upon which a cure of epilepsy may be established. With this definition of a cure the writer regards 10·2 per cent. of epileptics as curable.

14. There are some cases of epilepsy which may be regarded as belonging to a curable type of the disease. These present little or no mental impairment, notwithstanding that fits may have existed for a long period. In the cases in which arrest took place, cessation of the fits occurred within the first year of continuous treatment in over 50 per cent.

ON SOME

DIRECTIONS AND AVENUES THROUGH WHICH CANCER

MAY POSSIBLY BE MORE SUCCESSFULLY
TREATED, AND PERHAPS CURED. (a)

By C. H. F. ROUTH, M.D.,

Consulting Physician to the Samaritan Hospital for Women, London.

I do not presume to be a cancer curer, nor one who can indicate in all cases the cause and procedure of this terrible disease. I would even go further and say that in very many cases even the most skilful fail to say what is and what is not cancer; all I pretend to do is to point out what appears to me to be the direction to which we should turn towards a cure, in seeking an antidote and a preventive to the extension of the disease.

There are some points about cancer which are clearly made out. It is an *hereditary* disease; it exists down several generations. I myself knew a family in which three aunts and a niece had it. Sir J. Paget also quotes (*Lancet*, December 6th, 1902) a case in which cancer affected three generations. Erichsen spoke of it as an admitted fact. There is no doubt that it is *contagious* to the *patient* himself. Recurrences after an operation, both in the affected part and parts at a distance, admit of no doubt; they are of daily occurrence. It is also communicable by *inoculation*. Hanan, of Zurich, inoculated one rat from another, and this other died from cancer. Moran performed the same experiment on two mice with a similar result. Whitehead records the case of a father and son, both having cancer of the lip; but then, both drank out of the same glass. He also relates a case of a gentleman with carcinoma of the lip, who gave it to a favourite little terrier who was in the habit of licking his master's lips. Cases are also recorded where the glans penis of a man, whose wife was suffering from uterine cancer, became affected with cancer. Many analogous cases I could quote from the leading article of the *Lancet*, December 6th, 1902. Very often, however, in exactly similar cases all these phenomena do not occur, and the disease is not apparently contagious. For instance, it is proved that in a vast number of cases where inoculation has been practised upon healthy persons or animals from a cancerous patient, no result follows the transplantation. In the particulars given of eighteen experiments on animals—dogs or cats—no result occurred except the natural healing of the part on which the inoculation was made. Some additional influence is needed (*THE MEDICAL PRESS AND CIRCULAR*, November 1st, 1893). Certain *localities* seem to favour cancer. Take the example of a little village in Normandy, Saint Sylvestre de Corneilles, with some 400 inhabitants. Armandel shows that while in Paris the mortality from cancer is 4·16 per cent., in this village

it is 14·88. The same thing was observed in the inquiry made by the British Medical Association in 1898, but it was limited to the Warwick, Stafford, and Worcester counties. In some parishes the mortality from cancer greatly exceeded that in other parishes, in which it was very small. Mr. Alexander quotes a remarkable case: three men, all unrelated, succeeded one another as night watchmen, each one occupying the same bedroom as his predecessor. All three died from cancer within four years. Dr. Chapman relates the fact of three successive tenants of a house all dying from malignant disease of the rectum. Mr. T. Law Webb and Mr. Haviland speak of two houses under one roof with a common water supply and a common drainage system. In one of these, thirty years previously, a man died of cancer of the rectum. The house was next occupied by a man and his wife. The man died two years after from carcinoma of the stomach, and the widow ten years later from cancer of the rectum. Before the last death, a woman living in the adjoining house had cancer of the breast. At her death the house was occupied by three maiden ladies; one of these died of cancer of the uterus, and another with all the signs of carcinoma of the stomach. Mr. D'Arcy Power and Dr. Fane relate similar cases, and this in two similar houses, but at intervals of thirteen and twenty years. Further particulars on this kind of contagion will be found in the able article before quoted, which will well repay perusal; but two other causes have been assigned as the results of statistics—*first*, forests, or a large number of trees surrounding domiciles; and *secondly*, two kinds of beverages, beer and cider. By each of these causes an impetus seems to be given to the production of cancer.

The Disease is on the Increase.—When account is taken of the preceding fifty years, cancer at the present day in London has more than doubled. In 1851 it was 42 per 1,000, and even in 1891 it was 78. Islington with 300 deaths, Lambeth with 300, Camberwell 352, and Wandsworth and St. Pancras with just over 200 per 1,000, suffered most severely in 1901. Comparatively few cases proved fatal before 35 years of age, and the heaviest mortality is between 55 and 65 years of age. Here also we have an indication of the variable number of cases in some parts of our great city. Dr. Harold Mason, of Leamington, states after the investigation of cancer cases that in upwards of one-fourth of all the houses in which cancer existed complaints of bad drainage had been made. Moreover, it was not evenly distributed over the whole area—it was a "patchy" distribution. It was not common to find the cases occurring in a particular house, but in several houses in the same row, and especially in contiguous houses; while in many streets no deaths from cancer had occurred. Again, in a large proportion, 17·5 per cent., of these "cancer houses," it was the corner houses of streets, or the houses on either side of court entrances, in which the disease was found, indicating probably a malignant influence from soil. A germ would explain this fatality, especially where the food was kept in cellars, where the water would more certainly gravitate impurities. Advanced age in women of sedentary and domestic habits may safely be considered as an adjuvant to cancer propagation.

Cancer may disappear spontaneously, after either partial or neighbouring operations. Some very curious results have been noticed and published by gynaecologists, by whom after an exploratory coeliotomy, done with a view of finding out the nature of a tumour or mass, otherwise not possible, it was found that though the tumour or growth could not be removed it disappeared after the operation. Tait refers to several cases; in one woman he removed a cystoma by abdominal section, but not a fibroid she had besides; she became pregnant and the fibroid disappeared. Also two other cases in which abdominal section was performed, and the tumours proved irremovable, and so were only exposed and handled; these also disappeared. Alban Doran has mentioned several cases in which, after abdominal section, irremovable tumours left in the abdomen disappeared. So also have I, in my

(a) Abstract of a Paper read before the British Gynaecological Society on June 11th, 1903.

paper, "On Castration of Females," given cases in which papillomatous tumours, and others said to be tuberculous, had disappeared, although only a very small portion was removed. More recently, in his Oration before the Medical Society of London, Sir William H. Bennett, K.C.V.O., instances three tumours he had been unable to remove and which disappeared; and so skilful an operator as Dr. Greig Smith, of Bristol, having performed abdominal section in three cases of *malignant* disease, was compelled to close the abdomen without being able to remove the tumours, all of which disappeared when subsequently left to themselves. On the evidence of so trustworthy an operator as Greig Smith, we cannot doubt the truth of his success.

I must here refer to another important question, not, however, one of those which we can speak of as proved, *viz.*, Is cancer due to a special parasite? What are we to learn from the etiology, or, more properly speaking, its histology? I am afraid it is a Babel of science. Plimmer speaks as if much of it were only fit to be swept away; nor am I even anxious to attempt to explain what language has only confounded. Bruce, with his blastema theory, to Throsch and Virchow, only made a small step towards a solution by ascribing cellular and embryonic life to bacteria, soon after named by Thoma as *nucleated bodies*, in both the nucleus and *protoplasm*; in fact, *parasitic organisms*. Metchnikoff went one step further, and stated that the *nuclei* found in the cells of cancer were the real parasites. Later on, Ruffer and Walker and Plimmer stated that they were not *protozoa*, but blastomycetes, *i.e.*, a variety of saccharomycetes, or yeasts.

If we admit that there are parasites in cancerous blood, which in continuity flows through a body, then in every portion of it these must exist. They cannot be confined to a possible growth, but would be found in every part of the body, and in modified varieties. But is it so? Some parasites by their very presence and under certain circumstances call to their assistance others, as in the purification by coke of impure water, and it is by their co-operation that the water is made pure. Singly they could not act. A curious fact which also bears upon this union I have detailed under my eighth heading, in reference to Stokes' researches. Also, we obtained additional confirmation on this point by information given to us by the late Sir Benjamin Richardson. On taking a drop of blood from two separate fingers of his body at the same time, and putting each drop under the microscope, and causing each drop to be *vibrated*—the one by *ordinary vibrations*, the other by *electrical vibrations*—he found that some of the usual histological products which are found in blood were formed, but they were never the same, doubtless due to the different local composition of the blood-drop in each finger, and the innate forces each contained. So, if we were examining *cancerous* blood we might expect to find *cancerous* cells, parasites, germs, &c., which, as well as *ordinary* cells, would appear under the microscope, and so help diagnosis. Is it so now? But such a result we might expect would follow a *moderate* vibration; a *violent* one might kill or destroy the histological parts of blood; and the experiment has been made.

It would appear that minute vibrations, as well as violent shocks, have the power of hindering the growth of micro-organisms, while if either treatment be continued the germs at length die. Why should not a cancerous mass be singled out, and shocks passed through it? Such a mass might be isolated from other parts of the body, so that the diseased part should alone be acted on, and possibly a cure might follow.

Under my sixth division I spoke of the spontaneous disappearance of cancerous growths by exposure to the atmospheric air.

These well-attested facts do not seem to have been appreciated to their full value in England. They ought to have been seriously investigated and rated at their full value.

The *cause* of the return from disease to health points markedly to atmospheric air, and to the oxygen

in that air as the curative agent. My surprise is that this result had not long since been explained also, and declared from the analogy of known facts. Take the case of plants: they will not grow in *all* climates, nor yet in all seasons, nor on all *soils*. Transfer them to different places: some by chance may thrive, but the majority will die. Take animals, from the smallest creature to the largest: they likewise will not live everywhere and under all circumstances—exposure for a very short time to unsuitable changes will cause their death. Is it not, then, a natural and logical conclusion that microbes accustomed to certain modes of life will perish when those modes are entirely changed?

Crushing the Living Organism Effectually.—The latest plan devised for the destruction of the so-called bacteria has been published by Dr. Allan McFadyen. It is true it refers to typhoid fever, but it is easy to see how it could be applied even more successfully to cancer. Dr. McFadyen refers to the usual plan of incubation with a pathogenetic substance in order to obtain a protective serum, which is usually brought about by the injection of a medium containing the bacteria themselves. But Dr. McFadyen has found that, by crushing the bacterial cell it is possible to remove the contained poisonous *juice*—the real source of the disease. For if inoculation be made with the living bacteria the organisms are able to multiply themselves, and so the poison continues beyond the experimenter's control. The juice, however, cannot produce or multiply bacteria. At the very low temperature at which air liquefies, vital action becomes practically non-effective; and so by immersing the bacteria in liquid air it is possible to crush them to such a degree that they cannot revive, even when brought up to the ordinary temperature. By inoculation, then, with this devitalised poison you cure the disease. It is obvious that what can be done for typhoid fever applies to other bacterial poisons. Many experiments have now been made by inoculation of this devitalised poison, and the results tend to confirm Dr. McFadyen's belief. To illustrate this result, let me tell you that in Canada, where during the winter season the thermometer may fall to 45° F. below zero, I have seen a mortar for firing shells, the thickness of which might be eight to ten inches, filled with water, and when the aperture was hermetically screwed up at night, in the morning the mortar was completely split by the frozen water, now become dilated ice.

What, then, are the plans I venture to recommend? I do so with a small share of timidity to such men as our President and Dr. Herbert Snow, and many other distinguished cancer operators, unfortunately not present to-night, because with their opportunities and experiences they ought to know best. Still, I think there are things to be done which have not yet been done. An overlooker may detect errors in a game of chess which the players have not noticed, although as an outsider he may be less experienced.

Conclusions.

First, a system of perfect drainage, not merely local but extending over the whole city. What is the use of draining the West End and not the slums in the East End? The tables of mortality for all diseases show that drainage to be effectual must be universal. I know of no method so easy as the electrolysis of sea-water, which was shown by Hermite, of St. Adresse, near Havre. Sea-water exists in abundance and inexhaustible quantities. When electrolysed it gives out oxygen and chlorine in abundance, and drains, poisonous by their stench, become sweet and clean, the very black walls of the drain itself becoming as white as if new. The flushing of drains by this method insures their purity. The cost for entire London has been estimated at £5,000,000. All this I have explained in my pamphlet on the "Water Supply in London." Electrolysed sea-water, if used instead of the ordinary water, to water the streets, to afford baths of sea-water, to extinguish fires, would have the added advantage of leaving a larger supply available for drinking and domestic use.

Secondly, the employment of oxygen freely in the body in various ways, so as to render the injurious effects of the organisms inoperative.

Thirdly, experts are needed to prove how electricity, by shock or vibrations, may insure the destruction of the organisms.

Fourthly, means must be devised to apply the crushing system by ice from liquid air or hydrogen.

Two Cases under the Care of Dr. C. H. F. Routh.

I first saw Mrs. S. as an ordinary patient in 1878. She was mostly labouring under leucorrhœa and ulcerations of the cervix, with retroversion, tending to vaginal prolapse. The ulceration in her case was very obstinate. However, she got better, and then a constant soreness occurred in the left labium; that was easily cured, but it always recurred at long intervals. Her husband died, but she did not improve in health. Every now and then the London water, used as a douche with iodine and lead in small quantities, seemed to irritate her. She left me to go to Shrewsbury, and then returned to me free from all ulcerations whatever. Her idea was that the Shrewsbury water was more healing. I forbade her to use London water unless it had been boiled, and thenceforward there was no vaginal soreness. After a long absence she called upon me (May 17th, 1899), being poorly, with extensive ulceration and bleeding from vagina; she had been again to Shrewsbury. There she was quite well; but on returning to London the same symptoms had come on from carelessness on her part; the ulceration had much increased, and on each side of the os there was a cocked-hat shaped tumour, about one inch in length, smelling horribly and bleeding on touch, with a copious muco-bloody discharge in the vagina, and much pain. I concluded it was cancer. I was much disconcerted, but I determined to try the effect of oxygen. After washing out the parts thoroughly, I applied a large plug of cotton dipped in fresh undiluted solution of peroxide of hydrogen. This was to be kept *in situ* twenty-four hours, and then an injection, three ounces of the same solution to three ounces of water, used three times a day. I saw her a week after, and the tumour had nearly entirely disappeared. All smell, pain, and blood had disappeared. From this time up to July 15th she improved daily, and was, in fact, cured, no trace of disease existing, and she was put upon a preparation of iron to strengthen her. She is now (July, 1902) quite well, having only had some rheumatic attacks.

Miss L., æt. about 20, came to me in 1885, for uterine disease, and again applied to me in 1890, when she was very ill, with an offensive discharge, great back-ache, and much pain when unwell. Vaginal examination very painful. Left ovary also about the size of an egg; retroversion. These symptoms were very obstinate, continued for a long while, and recurred from time to time. She had a sharp attack about four years ago in the country, and then it was found that the right ovarian region was the seat of a growth. My son, Dr. Amand Routh, operated on this case, and removed a large portion of a malignant papilloma, but a portion had to be left behind. She seemed for about a week to be making good progress, when she was attacked by influenza, which passed on to empyema, and eventually paracentesis thoracis became necessary. However, she recovered well. Evidence of activity of the growth in the right side of the abdomen persisted for some months, though it did not regain its former size. Simple measures were used. Her general health improved, but still signs of the papilloma remained, with a leucorrhœal discharge. I ordered liq. peroxidii hydrogenis as a douche, and from that moment she improved, and now all traces of the papilloma have disappeared, and she goes about quite well.

SIR JOHN WILLIAMS, on the occasion of his taking up his residence in his native county of Carmarthen, was entertained at a dinner by a large number of medical and other friends on the 12th instant, when he was given a hearty welcome.

The Out-Patient Departments.

GREAT NORTHERN CENTRAL HOSPITAL.
CASES FROM THE MEDICAL OUT-PATIENT DEPARTMENT
UNDER THE CARE OF H. W. SYERS, M.A., M.D.

1.—A MIDDLE-AGED woman came complaining of troublesome cough and of shortness of breath. She had been in her usual good health until about six weeks before coming to hospital. At that time, and without apparent cause, she began to suffer with irritating cough, which kept her awake at night, and which was attended with slight expectoration.

She was breathing rapidly, and it was particularly noticed that the face, and especially the lips, were cyanosed.

All over the chest, back and front, there was marked rhonchus and sibilus, together with moist sounds at the bases. In other words, there was evidence of general bronchitis, not confined to the large and medium-sized tubes, but affecting the whole bronchial tree to its smaller ramifications. No dulness could be made out on percussion.

The patient stated that for three weeks she had been subject to night-sweating, and that she had lost weight and strength.

Dr. Syers remarked that loss of weight was almost invariably complained of by female patients when the direct question was put to them, so that he attached but little importance to such a statement unless it was voluntarily proffered. The association of cyanosis with marked rapidity of breathing was especially emphasised as pointing unerringly to the real nature of the malady—acute tuberculosis. In such cases, dulness on percussion could not be expected to arise, inasmuch as the lesion in the lungs is a scattered one, the miliary tubercles being too far apart to cause marked consolidation. And for the same reason, bronchial or tubular breathing should not be looked for. These are very important points in diagnosis, and no case in which marked cyanosis together with the signs of bronchitis co-exist should ever be treated lightly.

2.—A middle-aged man, with an eruption on the face. He had suffered with dyspeptic symptoms for many months, and there was a distinct history of alcoholic excess.

The lower portion of the face, including the chin and the skin around the mouth, was affected with a dark red inflammatory thickening, here and there accompanied with a tendency to the formation of acne spots. The cheeks were scarcely at all involved, but there was marked redness and induration at the tip of the nose. His tongue was thickly furred, and his digestive functions were greatly disordered.

This case so far presented the appearances of rosacea, and the condition of the tongue and the state of the alimentary system entirely confirmed such a diagnosis. But in rosacea the rash is prominent on the cheeks, less so around the mouth and on the chin, so that it was necessary to make further inquiries before arriving at a diagnosis. It was ascertained that there was a further lesion on the right leg; this proved to be a gamma which was not yet broken down.

This case illustrates very clearly how necessary it is to make a thorough examination of the skin in all cases in which this latter is diseased. Had this not been done in the present instance it would have been easy to dismiss the case as one of alcoholic rosacea, whereas it was tertiary syphilis. It may be, of course, that the specific rash on the face was to a certain extent modified by the patient's habits; this is probable enough, but from a practical point of view, unless appropriate treatment had been advised there would have been no possibility of improvement.

He was ordered 10 grs. of iodide of potash three times a day in a large quantity of water, and small doses of the biniodide of mercury, also three times a day.

3.—A man, æt. 38, presented himself complaining of chronic diarrhœa. The patient had been troubled with a frequent necessity of relieving the bowels for six months before being seen. He passed small quantities of blood with each motion, and described the latter as

being loose, very soft, and containing shreds and fragments. He had been treated with the mineral astringents, &c., but with no satisfactory result. The patient had never been out of England; he described the malady as "chronic dysentery."

A rectal examination was at once made, and, as had been anticipated, a cancerous growth was easily detected; it was in an ulcerating and advanced condition.

Such a case as this is the type of a large class in which the symptoms of diarrhoea quite unamenable to treatment are constantly either overlooked or altogether misinterpreted. Over and over again cases are treated as "chronic dysentery," as "intractable diarrhoea," and yet the malady really present is carcinoma of the rectum.

Unless a patient has been abroad and has suffered from dysentery in an acute form it may be taken for granted that he is not afflicted with the chronic disease, a malady never seen in this country as a primary affection.

Loss of flesh always accompanies this form of diarrhoea, and was marked in the present case; but this symptom is again liable to be misconstrued, inasmuch as it is regarded as being the result of the constant drain from the bowels.

Dr. Syers pointed out that whenever symptoms similar to those complained of by this patient are present, the only safe rule is at once to make a rectal examination. In 99 per cent. of the cases it will be found that the disease really present is rectal cancer. It is impossible to exaggerate the importance of an early and accurate diagnosis being made, as if this is not done the golden time for operative interference passes into the silver period, and this all too soon becomes the leaden era in which surgery is powerless to relieve the patient.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.
MEETING HELD THURSDAY, JUNE 11TH, 1903.

DR. HEYWOOD SMITH, President, in the Chair.

DR. C. H. F. ROUTH read a paper on "Some Directions and Avenues through which Cancer may possibly be More Successfully Treated and Perhaps Cured," a full abstract of which will be found on page 644.

In the discussion that followed,

DR. HERBERT SNOW said that all the investigations of cancer commissions, and almost all articles in the medical journals, were vitiated by the fallacy of using the word "cancer" in the very vague sense of a single disease. There were an immense number of forms of malignant disease due to different causes and exhibiting different clinical phenomena. It was, for instance, a great mistake to confuse under the one term "carcinoma," carcinoma in which the blood current and distant viscera were infected, or with epithelioma, which very rarely indeed passed beyond the glands. Connective tissue sarcoma, the melanotic form starting in the skin, lymphosarcoma, and various other forms were all talked of as "cancer," but the first thing to obtain any clue to the origin of cancer was, in his opinion, to differentiate all the forms of malignant disease, and, as far as possible, examine each one separately. There were several important statements in the paper just read with which he could not agree. Cancer was said to be *hereditary*. Some years ago, he had himself published 1,000 cases in which this point was carefully investigated with the conclusion that cancer was no more hereditary than the toothache, that as many cases occurred in persons without any family history of the disease as otherwise, and that every single case had its definite exciting cause, whether there was a family history of cancer or not. That view had been amply confirmed, and was the one now generally accepted by practising surgeons, and it was hardly too much to say that the hereditary theory was obsolete. Again, as to cancer being *communicable*,

he thought it must be very rarely so, and was not aware of a single well-authenticated case. He had known instances of husband and wife, one of whom had contracted cancer after the other, but so far as he could discover, the forms of the disease were different in every instance, and as there was always an exciting cause, there was no reason to suppose the disease communicated. The statement that certain *localities* favoured cancer was open to the objection that in the so-called "cancer houses" different varieties of the disease were met with. He did not believe that genuine malignant disease ever disappeared spontaneously. At a meeting of the Society some years ago, abdominal cases such as those mentioned by Dr. Routh were criticised by one of its most distinguished Fellows, and he showed that the cases were not malignant, and that the operators had been mistaken. Dr. Routh evidently inclined to the belief that the cause of cancer was a micro-organism. None of the able men who for years had been trying to discover such an organism could set aside the difficulty that if malignant disease was due to a parasite, the action of that parasite in causing the duplication in distant parts of the histological structure of the tissues at the original seat of the disease, mammary tissue in the liver, for instance, or rectal tissue in the lung, behaved in a way totally different to any other parasite known as the cause of disease. The proposal to destroy micro-organisms by electrical or other vibrations was, of course, based on the idea that cancer was due to a parasite, but in his opinion there was the strongest presumption that it was not so. He had been familiar with peroxide of hydrogen for years, but had not found it to be superior to iodine, and he did not think much was to be expected from it in malignant disease.

DR. BEDFORD FENWICK said that about sixteen years ago the communicability of cancer was attracting much attention, and ever since that time he had made careful inquiries of every woman suffering from malignant disease that came before him—and he had seen a very large number of such—as to her surroundings and her husband's condition. In no case had he found that the disease had been communicated, in very few was there any ground for supposing it to be hereditary, and he could only recall one in which a previous occupant of the patient's house was known to have suffered in the same way.

MR. SKENE KEITH supported Dr. Snow's remarks on the numerous varieties of cancer by pointing out that, in quite typical cases, the disease would kill one patient in six months and yet not be fatal to another for two years or even longer; an operation which might be suitable for one patient would be quite out of place in the other case. He had no doubt that cancer was hereditary, that is to say, that a tendency towards it existed in certain families; there was difficulty in obtaining a history of it as, especially in the North of England, its existence was looked upon as a disgrace. If the disease were communicable he thought there would have been more cases recorded; the fact that husband and wife occasionally were found to suffer from the same disease was not a proof that it had been communicated from one to the other. Dr. Routh had offered an explanation of the cause of cancer, and upon it had suggested certain lines of treatment; but it seemed to him (Mr. Keith) that the true explanation was more likely to be arrived at after a cure for the disease had been discovered. Dr. Routh had said that cancer might disappear, and he (Mr. Keith) had met with instances of such disappearance, and therefore must differ from Dr. Snow on this point. The only reply those who denied such disappearance had to make to abdominal cancer vanishing after incomplete operation was to say that the operator had been mistaken in his diagnosis.

DR. MANSSELL MOULLIN could not admit that papilloma was malignant; it certainly was not so in its early stages, and he cited a case in which after removing papillomatous ovaries, when he had occasion to reopen the abdomen four years later he found no trace of papilloma whatever.

The PRESIDENT mentioned a case in which, about thirty years ago, he removed the uterus and ovaries from a girl, *æt.* 14, and four days later he performed an ovariectomy on a woman in whom the peritonæum was perfectly healthy, and that woman died within two months of malignant disease of the abdomen. He was perfectly certain that, at the time of the operation, there was no trace of such disease, and in his opinion the only explanation was that the cancer had been communicated to this woman from the previous case.

Dr. ROUTH, in reply, said that as the basis of his paper he had simply selected the points on which he thought the evidence was the more convincing as regarded the many questions in connection with cancer, upon which opinions varied and which were still unsettled. As to its being hereditary, if a family took up their residence in some particular place and one member of it after another suffered from cancer, he should not advance that as a proof of the disease being hereditary; but the matter was quite different when we saw this fatal disease running through four or five successive generations of one family. The evidence that cancer favoured certain localities, and that the term "cancer houses" was justifiable, seemed to him to be convincing on account of the careful researches that had been conducted by men of known reliability and character. He was sure that in peroxide of hydrogen they had a beneficial agent which had been too much neglected; a distinguished Russian professor had reported the cure of six out of seven cases by its use.

Dr. MANSELL MOULLIN read a paper on

THE TREATMENT OF HÆMA FOCOLPOS AND HÆMATOMETRA, which will be found on page 637.

The PRESIDENT drew attention to the great difficulty that was encountered when such deep dissection was required as in the case just reported, and commented upon the disinfectant that had been employed.

Dr. SNOW said that he had some years ago come to the conclusion that the tendency to suppuration in any cavity was directly increased by syringing out that cavity with saline solutions, and had therefore abstained from the practice in all cases where sloughing was not actually present.

Dr. BEDFORD FENWICK said that with such a splendid record of success as Dr. Mansell Moullin possessed, there was no reason for him to hesitate to report a single failure. After extensive dissection a granulating surface was necessarily left and the opening had a great tendency to close; and he therefore thought that the immediate removal of the contents of the sac was clearly indicated. He concurred with Dr. Mansell Moullin's classification, and thought the removal of the uterus was the best course to be adopted in the absence of the vagina.

Dr. MANSELL MOULLIN having briefly replied, the meeting terminated.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.
CLINICAL MEETING HELD IN THE ROYAL HOSPITAL FOR
SICK CHILDREN ON JUNE 17TH, 1903.

SIR THOMAS FRASER, President, in the Chair.

Dr. MELVILLE DUNLOP showed (1) a girl suffering from achondroplasia. The lower extremities were chiefly affected, leading to considerable stunting; the head was normal, and the fingers showed less of the characteristic separation of the ring and middle fingers than is usually the case. Skiagrams illustrating the nature of defective development of the bones were also shown. (2) A case of persistent purpura, of many years' duration. Very numerous cutaneous hæmorrhages were present. Similar cases were described by Werlhof, their resistance to treatment being a characteristic feature. (3) A case of basal meningitis in process of recovery, illustrating the gradual return of sight after temporary total blindness had been present.

Mr. STILES showed (1) a girl after removal of a tuberculous kidney. (2) A girl after transperitoneal excision of a large congenital hydronephrosis. (3) A series of cases of single and double congenital disloca-

tion of the hip, showing various stages in the treatment, up to a practically perfect cure. One of the secrets of success was not to hurry matters, but to allow the limb to remain in plaster in the different positions for a sufficient time to ensure that the newly-formed acetabulum shall be deep enough to retain the head of the femur in its altered position. (4) A case of hypospadias in an infant, with incontinence of urine, in which an ordinary sound could be passed up to its hilt. The explanation was that there was a patent intra-abdominal urachus, the point of the sound being palpable just at the umbilicus. (5) Case showing method of treating the wound after operation for radical cure of hernia in infants.

Dr. JOHN THOMSON showed (1) a case of late rickets (so-called) in a girl, *æt.* 8. Her weight was greatly diminished, due in part to her emaciation, and in part to the almost complete absence of lime salts from the bones (which were unusually transparent to the X-rays); it did not exceed that of an average infant of one year. The patient had been healthy up till about a year ago. There was no evidence of rickets in infancy, and all the bony deformity had come on within the past few months. All the bones showed very marked changes similar to those of rickets, there being great curvature of all the bones, particularly of the ribs and scapula. The head was square, with bossing, and there was, as in infantile rickets, facial irritability. Special attention was drawn to the alterations in the metacarpus (not a site where ordinary rickets shows itself) and in the scapula. (2) A case of head nodding with conjugate nystagmus in a child, *æt.* 4. The condition was quite different from the head nodding and nystagmus of infancy. In the latter the condition was temporary, not of prolonged duration as in this case, and the nystagmus was convergent, not conjugate.

Dr. CHARLES KENNEDY showed (1) an infant with a congenital sterno-clavicular dislocation; and (2) an infant with a large depressed fracture of the frontal bone.

Dr. RAINY showed (1) a case of Erb's paralysis in an infant, due to lesion of the fifth and sixth cervical roots at birth. (2) A case of infantile cerebral paralysis of the hemiplegic variety, associated with imbecility. (3) Case of anterior poliomyelitis undergoing electrical treatment.

Mr. GEO. CHIENE showed (1) an infant, *æt.* 6½ months, on which sigmoidostomy was performed at birth for imperforate anus. (2) A child, *æt.* 19 months, showing results of a modification of the operation usually performed for tuberculous testicle with secondary invasion of the skin. He advocated making an incision through sound tissues in the inguinal canal and dividing the cord there, so as to avoid infection from the tuberculous area lower down. (3) Boy showing the results of plastic operation for contracture of fingers and palm of hand following a burn.

Dr. J. W. SIMPSON showed two Mongolian idiots, showing the usual features of the condition—oblique eyes epicanthic folds, harsh dry hair, fine skin, tongue-sucking, incurvation of the little finger, fissuring of the tongue, and mental backwardness.

A large number of card specimens were shown, including a dissection of the roof of the fourth ventricle in a case of hydrocephalus following radical cure of spina bifida, and other pathological preparations by Mr. STILES.

Knee-joint from case of syphilitic arthritis, and liver from case of congenital obliteration of the bile-ducts, by Dr. DUNLOP.

Specimens of X-ray work, by Dr. RAINY.
Surgical specimens by Mr. CHIENE.

Specimens from cases of congenital hypertrophy of the pylorus and congenital laryngeal stridor, by Dr. JOHN THOMSON.

General pathological specimens by Dr. STUART McDONALD.

Dr. GALLOWAY will deliver the annual Oration before the Dermatological Society of Great Britain on Lupus Erythematosus and other forms of Erythema.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 21st, 1903.

ACTINOMYCOSIS.

At the meeting of the Academie de Médecine, M. Poncet spoke on actinomycosis in man, in France and abroad, during the last five years. From inquiries he had made, 86 cases of the malady were reported in France, 189 in Russia, 102 in America, 101 in Germany, 79 in Austria, and 35 in England. Actinomycosis was certainly transmissible from the animal to man, but the great source of contamination for both was in the vegetable kingdom. As to the location of the affection, the neck and face were the regions by far the most frequently attacked; on the other hand, it furnished the smallest mortality.

SURGICAL ÆSTHETICS.

M. Démoulin read a paper at the Société de Chirurgie on "Ablation of Benign Tumours of the Breast, by Means of an Incision Dissimulated in the Axilla as Practised by M. Morestin." The results were so favourable in several patients thus operated on that he tried it in a case of adenoma of the breast, and found that such small tumours could be easily removed in this manner.

M. Reclus said that in the case of voluminous mammary tumours it was hardly possible to extract them according to the method of M. Morestin, and in such cases, if the patient did not accept the operation on account of a more or less apparent cicatrix, it was better to abstain. M. Quenu protested against that idea, saying that many of these tumours might later on be transformed into malign growths. On the other hand, it was easy to conceal the incision by making it under the gland.

GANGRENE OF THE LUNG.

M. Bazy said he operated for several cases of gangrene of the lung where stethoscopic signs enabled him to determine with precision the seat of the lesions. In one case, however, the patient succumbed, and the autopsy revealed a second patch of gangrene that had not been noticed; another patient, alcoholic, died a month after the operation. On the other hand, several cases recovered completely; in one of them he had to operate twice at a few months' interval, and finally the man made a good recovery.

KERATITIS.

The following will be found very useful in this troublesome affection:—

- Chloride of cocaine, gr.ij.
- Sulphate of atropine, gr.i.
- Solution of adrenalin at 1-1,000, ℥xxx.
- Water, ℥iij.

One or two drops every three hours in the eye.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 20th, 1903.

At the Free Society of Surgeons Hr. Neihnes discussed the

TREATMENT OF STENOSIS OF THE LARYNX AND DEFECTS OF THE TRACHEA.

He described three cases in which, as a sequence of perichondritis in typhoid, portions of cartilage from the larynx and trachea have been cast off, compelling the patients to wear a tube for a lengthened period.

In the first case there was complete closure of the larynx at the level of the cricoid cartilage; below this was a defect of the trachea extending over several

rings. Fissure of the larynx was performed, when it was seen that the posterior wall had fallen quite forwards, so that it lay in contact with the anterior sac. Nothing was left but to resect the upper annular cartilage and attach the upper tracheal ring to the cartilage of the larynx. In this way the stenosis was relieved, and now nothing remained but to cover the defect in the trachea. After the procedure of Manegold, a piece was taken from the sixth annular cartilage and sutured laterally into the skin near the defective point. In a few days the piece had become attached, and at a third sitting this, along with the skin, was sutured over the defect. This also healed. The respiration became and remained free, the patient could again speak, although the three vocal cords were completely destroyed.

In a second case there was ankylosis of both arytaenoid cartilages, and likewise a considerable defect in the trachea. The stenosis of the larynx was treated with bougies for a long time, which were introduced both from above and below. When the larynx appeared to be sufficiently dilated, the defect was covered by a flap from the sternum. In the course of a few hours, however, swelling took place, and the stenosis became so acute that the cannula had to be inserted again; the bony piece had necrosed and fell off. The bougies had now to be begun again. After some time the cricoid cartilage was split longitudinally, and from the sixth annular cartilage a corresponding piece was inserted that at the same time filled up the tracheal defect. Complete recovery now took place, with a somewhat narrowed vocal opening.

The third case was just like the second. Herr Manegold's procedure was adopted. It failed the first time, but at the second attempt complete success followed.

Hr. Pels-Lensden showed two children, One had, in consequence of diphtheria, worn a tube off and on for two years, and had tracheotomy performed. The trachea was absent from the larynx to the jugulum, and in its place was only a granulating canal. This was extirpated, the trachea gradually loosened from its surroundings and so far drawn forwards that it could be sutured to the annular cartilage. The defect still remaining was covered by a flap from the clavicle. In the second case 2 cm. of the trachea were resected and the lower stump sutured to the annular cartilage. In both cases the cannula had to be worn for a long time, until the children learned to breathe without it again.

Hr. Kirsch followed with a paper on

THE TREATMENT OF INFLAMMATION OF THE LYMPH GLANDS.

He rejected both the operation and the expectant methods of treatment, as they overshoot the mark. Extirpation was a big operation and led to cicatrices, and often to œdema of the limbs implicated. Moreover, the glands were important protective organs. He would not say, however, that extirpation was never called for, but it ought to be limited to the most urgent cases, and only the glands that were suppurating should be cleared out. Generally, one could wait until softening had taken place. Treatment by injections had not quite fulfilled the hopes entertained. Incision was generally required later on.

The speaker had, generally speaking, followed Salzwedel's prescription of applying a spirit dressing only when pain or symptoms of suppuration were present, applying ice for a day or two. By the spirit dressing, retrogression was favoured wherever possible, but softening was accelerated. When this took place an incision was made, the pus let out, and the cavity

syringed with a 1 per cent. solution of silver nitrate. The treatment could be carried out whilst the patients were going about. Fever symptoms, even of several days' duration, did not necessitate any change of treatment, so long as no septic symptoms were present.

Hr. Franz was decidedly of opinion that the suspicion of tubercle justified the extirpation of glands. The circulation was often enough re-established after ligation of the iliac vein, as experiment and clinical observation showed. The speaker then showed a patient who had had inflammation of the left inguinal glands with high fever. He was first treated with dressings until an abscess showed under Poupart's ligament, and increasing cachexia compelled him to make an incision. Improvement took place at first, then suppuration and inflammation of the glands above the ligament, with the like accompanying symptom as before. Incision, clearing out of the suppurating glands at which the femoral vein was injured. The bleeding was easily arrested by double ligation. At first there was disturbance of circulation, which gradually disappeared. Recovery took place in the course of a few months. After the patient had got about, elephantiasis of the right thigh came on. This was a result, however, of the lymph stasis, not that of the blood.

Hr. König confirmed this view from the properties of the skin.

Hr. Salzwedel did not claim that his spirit dressings would take the place of injections, they would supplement that treatment.

The Operating Theatres.

ST. PETER'S HOSPITAL.

ENUCLEATION OF PROSTATE. — MR. SWINFORD EDWARDS operated on a man, *æt.* 71, who was admitted with retention of urine. The patient had not passed a drop of urine except by the catheter for the last five years. This had been attended by an ever-increasing difficulty, and now and then with hæmorrhage. It was only with difficulty that an instrument was passed on his coming to the hospital, and a large quantity of very foul urine withdrawn. The house surgeon who had drawn off his water reported that he had got into two or three false passages, which the patient had evidently made for himself at some time or another. After rest in bed and antiseptic bladder douching, the man's bladder was got into a sufficiently good state for cystoscopy, which Mr. Edwards had carried out a week previously. There was a large intra-vesical growth of prostate with a well-marked fasciculated and sacculated bladder, such as is met with in long-standing cases of urinary obstruction. The patient's bladder was also examined bimanually, when the large prostate was very apparent, although a mere rectal examination failed to find much prostatic hypertrophy. From the fairly soft and elastic feel of the prostate, combined with its intra-vesical appearance, Mr. Edwards thought it would be a typically good case for enucleation. The operation was therefore carried out as follows:—Ordinary longitudinal supra-pubic incision, separation of recti, after the bladder had been distended with about ten ounces of boric solution. The anterior surface of the bladder being exposed, a little more boric solution was injected into the viscus, in order to render its wall more tense. As several large veins were found ramifying over the bladder where it was proposed to incise it, pressure

forceps were applied, and the veins secured by fine catgut. The bladder was now incised and the finger found a large bilobar overgrowth of prostate. Laying aside all instruments Mr. Edwards sawed or scraped through the mucous membrane over the right lateral lobe with the nail of his index finger, with which he gradually peeled the mucous membrane off the prostate. After two or three minutes spent in this manipulation he felt that he got into a fascial plane, which evidently separated the prostate from the surrounding structures, so that enucleation in this plane was a fairly easy matter. The finger was swept round the entire circumference of the prostate, which was certainly more adherent to the posterior layer of the triangular ligament than to any other part, and it required a little force to rupture these adhesions. It should be mentioned that whilst Mr. Edwards was working with his left forefinger in the bladder, his right index was in the rectum pressing the prostate upwards and steadying it for the benefit of the finger performing the enucleation. After the enucleation had proceeded for about ten minutes the surgeon succeeded in completely freeing the gland, displacing it *en masse* from its bed, and pushing it back into the bladder. He then endeavoured to remove it from the bladder by means of lithotomy forceps, but in vain, as the gland slipped on each occasion from the grasp of the instrument. It was then extracted with Rampey's forceps, but during the manipulation the lobes fell apart, so that the prostate was extracted in two pieces. On examining the specimen it was pretty clear that the prostatic urethra had in great part been removed with the gland, which was composed of adenomatous masses. After irrigation with boric solution of a temperature of 110°, the slight bleeding there was ceased. A drainage-tube one inch in diameter was inserted into the bladder and fixed with a suture to the edge of the wound. Mr. Edwards remarked how rapidly the cavity left by the enucleation of the prostate closed up, especially after irrigation with hot fluid. Another point he called attention to was the fact that in distending the bladder it is well not to do too much until the abdominal parietes have been incised. If when the bladder wall is exposed it is found not to be sufficiently tense, or there may be some fear that the peritoneum has not been sufficiently raised, then distension of the bladder may be continued through the catheter which has been left "clamped" *in situ*. From an examination of the specimen, which was of the size of an adult male fist, it looked as though the prostate had been removed entire. Mr. Edwards had endeavoured to accurately follow his colleague, Mr. Freyer's, method, and as far as the operation was concerned with the same successful result.

The patient made an uneventful recovery, though the supra-pubic wound was a little long in completely healing, and he passed no urine *per vias naturales* until nearly three weeks had elapsed; however, in spite of this delay he left the hospital with the function of micturition completely restored and the wound firmly healed, the man himself then looking ten years younger than before the operation; he passes his water in a good stream unaided by catheter, and can retain it for four or five hours. Perhaps the most remarkable thing is that in spite of the fact that he had not passed a drop of urine without a catheter for five years, and therefore should have been the subject of vesical ataxy, one had only to remove the obstructing prostate for complete detensor power to be re-established.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 24, 1903.

PHOTO-THERAPEUTICS.

It appears that the red light treatment of small-pox, of which Professor Finsen speaks in such peremptorily glowing terms, is actually on trial, in specially selected cases, in the Long Reach Hospital, but Dr. Ricketts, the medical superintendent, finds himself unable so far to endorse the, in his opinion, too sanguine view of the Danish professor. In view of the fact that the severity, and consequently the mortality, of small-pox varies within extremely wide limits, it is necessarily very difficult to estimate the curative effect of any particular method of treatment, even when, as in the seropathic treatment of diphtheria, the effects are, as a rule, immediate and striking. It was not until the latter method had been tried in thousands of cases, and the mortality results compared with those of previous years, that the safety and therapeutical value were formally admitted and its employment generalised. The adaptation of isolation hospitals for an extensive trial of the red light treatment, moreover, is costly, and presents obvious and numerous inconveniences; that, at least, appears to be Dr. Rickett's opinion, though we are fain to confess ourselves unable to suggest reasons why it should be either inconvenient or costly. There is no reason to believe that Professor Finsen's assertions are based on an unusually extensive experience of the treatment of cases of small-pox by such means, consequently he cannot be acquitted of a certain lack of caution in declaring that several hundreds of deaths which occurred during the recent epidemic of the disease in the Metropolis might have been averted had it been brought into general use. He is careful, it is true, to qualify his assertion by the words, "unless the epidemic was of an exceptionally fatal character," and, in respect

of this epidemic, we are assured by Dr. Ricketts that such was the case, previous experience of small-pox during the last ten years having given a mortality less than one-half of that observed during the recent epidemic. This is only in accordance with general experience of all zymotic diseases, *viz.*, that the mortality is higher in epidemic periods than when the cases occur sporadically or in small groups. Still, if Professor Finsen cannot be regarded as an authority in the treatment of small-pox, he may certainly lay claim to distinction as a student of the therapeutical effects of various light rays, and any suggestions of his in this direction merit, and will assuredly receive, respectful attention. He, in conjunction with others working on the same lines, has practically opened up a new chapter in therapeutics—one, moreover, which is as startling in its novelty as in the multiplicity of its applications. He has opened our eyes to possibilities but a short time since absolutely undreamed of, and each day adds to our knowledge of the subject. The influence of the various rays on living tissues, both healthy and diseased, is a most fascinating subject, and we are doubtless on the threshold of discoveries of infinitely wider application both in physics and medicine. A new impulse has been given to the treatment of various diseased conditions previously regarded as amenable only to palliative procedures, and although the wise will preserve an attitude of expectant reserve for the present, the results already obtained are so full of promise that we are justified in hoping that the ever-widening area of curative therapeutics will shortly receive sudden and marked extension.

THE DETERIORATION IN NATIONAL PHYSIQUE.

THE history of practically every nation in the world reveals the fact that those who have striven, it may be prematurely, to point out existing evils which threaten to sap its most vital energies and cause, in time, its ultimate extinction, are either quietly ignored or are treated with open contempt. The reformer is never popular, and is ever regarded with suspicion by his countrymen. We are justly proud of ourselves as a nation; we never tire of singing the praises of the Empire upon which the sun ever shines; our boundless wealth and enormous possessions are held up to the world at large as objects of wonder and themes for admiration. At the same time, the attention of many thoughtful minds cannot fail to have been directed towards the numberless indications, trifling though they may appear, of a sure and steady, yet almost imperceptible, decline in the physical and mental condition of the race. It is with the former that the medical profession is chiefly concerned. We welcome the popularisation of science and the spread of hygienic principles among the public, but as the trustees of the common weal it is only our bounden duty to unfurl the banner of warning before all eyes and to encourage the nation to greater activity in seeking wherein its weakness lies and in strengthen-

ing its bulwarks. An impassive endeavour to face the facts, unpleasant and even disquieting though they may be, cannot but result in a healthy determination to deal with present evils as they are, and so to prevent any insidious retrogressive tendency. It will be allowed that of all men those in the defensive Services, especially the Army, should exhibit the highest standard of physical efficiency. This is certainly the case, but, according to the figures deduced from the annual general returns for the Army, quoted by Mr. George Shee in the *Nineteenth Century and After*, the proportion of men on active service with chest measurements under thirty-seven inches has been steadily increasing during the last twenty years. Thus, in 1880, this proportion was 562 per 1,000; in 1890, it was 657; while in 1899 it reached 678. These statistics, of course, do not prove much, but taken in combination with other indications they certainly do not point in the direction of increased physical efficiency. These other signs are a gradual but maintained decline of the birth-rate, and the increase in infant mortality. The growing absorption of the rural population into the big towns is probably the most important factor in the production of these undesirable results, but it may be taken as a solemn truth that the national neglect of anything like a universal system of physical training is the cause, *par excellence*, of this evident deterioration in the national physique. It is in this respect that we compare unfavourably with those foreign nations who advocate and practise conscription. Many noble attempts have been made of late years to impart a practical knowledge of gymnastics to the young in connection with the various polytechnic institutions scattered throughout the country, but these necessarily influence only a few. From lack of opportunity it is a small step to actual disinclination, not only for regular and systematic muscular exercises, but also for taking an active part in out-door games and sports. If the thousands who watch "professional" players in our great cricket and football matches would earnestly play themselves the gain all round would be tremendous. It has been stated by one ardent reformer that the efficiency of the Empire, both physical and otherwise, will never "be maintained by a nation of hospital out-patients." The day would be a sorry one indeed were such an epithet justly applied to ourselves. Nevertheless, it would not be lost time were a Royal Commission to sit and investigate thoroughly the whole question of the national physique, its natural tendency to deteriorate, and the best means of improving its standard of efficiency, with special reference to the establishment of some national system of physical training.

GENIUS AND IMPOTENCE.

It is no secret that men of genius are often lacking in the sexual instincts. The life of many a master mind has been darkened by the disturbing influence of marriage, and not a few of those destined to serve their day and generation as pilots of mankind have suffered shipwreck and themselves become castaways because they voyaged without the ballast called love. In a

former issue we dealt with Sir James Crichton-Browne's serious reflections on the part played by Mrs. Carlyle in the quarrels which, lamentable as the matter is, can now be cloaked no longer. In fairness to truth and in the interests of psychological medicine it is well that the "New Letters and Memorials of Jane Welsh Carlyle" should have been quickly followed by the publication of the long-secreted and painful manuscript left by James Anthony Froude, "My Relations with Carlyle." In this little volume there is clear evidence as to the etiology of Mrs. Carlyle's suffering. Medical men may well study the record with care. Every practitioner probably, to some extent, is aware of the misery wrought by unsatisfied love, but when two lives like those of Thomas Carlyle and Jane Welsh are linked and yet remain ever separate, derangement and disaster are inevitable. No secrecy is now possible. In justice to both it is well that the truth should be known. "Their marriage was not a real marriage, and was only companionship." "Carlyle was one of those persons who ought never to have married." "In 1862, her health finally broke down, and there came on that strange illness of hers which doctors failed to understand, or, if they understood it, they did not venture to speak plainly. . . . The wisest of her doctors insisted as a first necessity on her separation from him." All this and more needs no interpretation to medical minds. The diagnosis is made clear. It may be our hero worship will lose something of its useless glamour, but our pity will be extended, and science and sentiment will unite in drawing that cloak of charity which covers a multitude of sins over the pain and anguish which darkened the lives of the Carlyles. The pathos of the tragedy is not to be forgotten in the study of its pathological features.

Notes on Current Topics.

The Annual Election at the Royal College of Surgeons.

TIME was, not many years ago, when the annual election of members of Council at the Royal College of Surgeons, England, was wont to excite great interest among the electorate of Fellows. But since the Association of Fellows—that reforming body which did so much good while carrying on its campaign—ceased its labours, scarcely anyone beyond the candidates for election now pays any heed to the annually recurring function. As a matter of fact, in the absence of political strife, the election has now become quite and only a personal concern; that is to say, a hospital surgeon with an ambition to be a member of the Council determines to try his luck, and forthwith proceeds to appeal to all his friends for their votes. For the most part a surgeon, popular at his hospital and school, is generally certain of election; a large school, moreover, almost ensures the success of a candidate if any systematic canvassing is indulged in. Without canvassing, on the other hand, a candidate would have but

little chance. It was the solid system of voting among the members of the Association of Fellows which at one time enabled the Association to carry into the Council whomever they chose to support. The next election will be held on the 2nd prox., and of the three retiring Councillors, namely, Sir Frederick Treves, Mr. Alfred Willett, and Mr. Butlin, the two former do not seek re-election. This, therefore, will leave two virtual vacancies, inasmuch as Mr. Butlin, who has decided to present himself for election for another term of office, will presumably be re-elected. In view, however, of the retirement of Mr. Willett, a member of the staff of St. Bartholomew's Hospital, it is somewhat remarkable that no new representative of that school has intimated his intention to compete. This either shows a want of enterprise on the part of the eligible members of the staff, or a lack of ambition. On the other hand, in the absence of a candidate from their own school, the votes of many St. Bartholomew's Fellows will, in all probability, be given to Mr. Frederic Eve, an old Bart.'s man, who is now on the surgical staff at the London Hospital. Mr. Eve, no doubt, is coming forward in order to take the place of Sir Frederick Treves, who is retiring from the Council. The full list of candidates will shortly be made known, but so far everything points to this election being one of the most uneventful on record. The duties of a Councillor are not arduous, for apart from the attendance at sub-committee meetings, the Council only meet once a quarter for the transaction of business, for attending which each Councillor receives the strictly professional fee of one guinea. On the other hand, from the general surgeon's point of view, the honour is one the attainment of which may lead to a high distinction in the future, namely, the Presidency of the College—the blue ribband of surgical science in this country. The Council elect their President, and their choice is always singularly free from any element of sentiment. They never choose a man who is not a highly representative member of the profession.

Cod-Liver Oil Famine.

THE news of an approaching famine in cod-liver oil does not alarm the medical world to anything like the extent it would have done a few years ago. Less than a generation since the drug in question formed a veritable sheet-anchor in the treatment of consumption. The benefits arising from its administration were undoubtedly due to its nutritive powers, whereby a patient was enabled the better to withstand the attacks of the enemy, and so increase his chances of recovery in the long run. The day has gone by, however, for that sort of strategy, although even now attention to the general nutrition still plays an important part in the defence. By far the greater share of the physician's attention is directed to what may be called the general and local hygiene of the sufferer from tuberculosis. Under the heading of general hygiene are included food, diet, exercise, clothing and housing, all of which must be vigorously looked after and administered

under the best modern principles. By the term local hygiene is meant, broadly, the provision of unlimited supplies of pure air night and day. This rational system has justified its claim to scientific recognition by a brilliancy of result unattainable even remotely under the old-fashioned drug treatment. The news, therefore, that cod-liver oil has advanced in price from five to twenty-five shillings a gallon will not raise any noticeable flutter in the medical dovescotes. From an economical point of view the disappearance of the codfish, which has given rise to the scarcity of oil, is of the utmost importance to the community, which has hitherto found in that fish a cheap and most valuable article of food.

Peritoneal Toilette.

IN all abdominal operations the process of cleansing, irrigating, or sponging the delicate peritoneal membrane, commonly known as its "toilette," is one of supreme importance, as upon its successful performance the favourable progress of a case chiefly depends. In the absence of suppuration or fluid exudates of any kind, the manipulations required are, of course, practically none, in fact, the less handling of the peritoneum the better. Some of these fluids, such as that from hydatid or certain varieties of ovarian cysts, are highly irritating, and considerable care is then necessary to avoid peritoneal contamination. When this cannot be prevented, thorough irrigation with hot normal saline solution or boiled water is then carried out, the particular medium employed varying with the habits of different surgeons. In a discussion upon this subject held at the annual meeting of the American Surgical Association, many varied opinions were expressed. Where rapid technique is necessary, as in suppurative peritonitis or appendicitis, it is generally agreed that hot irrigation is the best procedure, not only because foreign matter is thus removed, but on account of its stimulating effect upon the patient. Drainage-tubes are usually called for in such conditions, but in a few cases antiseptic gauze-drains may be employed instead. In tuberculous peritonitis special care is needed to prevent tearing of adhesions, as a general military tuberculosis may follow such traumatism. It should be the aim of the surgeon to assist the peritoneum to withstand infection, and to this end copious lavage is more satisfactory than simple wiping with dry gauze. Wherever possible, the abdomen should be closed without drainage, as by thus doing the period of convalescence is materially shortened.

The Limitations of Diagnosis.

DIAGNOSIS is by no means the cut-and-dried science which the study of text-books and lectures might lead the neo-practitioner medical student to believe. As a matter of fact, diagnosis is often rather approximate than absolute, and, moreover, it is subject to a number of limitations imposed by defective observation, imperfect or misleading information, and also by the fact that the symptomatology does not invariably conform to the classical descriptions nor to the mental picture which each practitioner forms for himself, according

to his personal experience. Certain conditions may escape our scrutiny, it may be in consequence of inherent difficulties of investigation or of failure on our part to pursue the investigations to their logical conclusion. Many of those limits are relative and not essential. We have merely to compare the examination of a patient by a typical hospital physician with that of the average general practitioner. In the first case—assuming, for the sake of argument, a physician who performs his duty with the care and conscientiousness of his class—every obstacle to a thorough examination is removed, no system is left unexplored and the history, personal as well as family, is minutely inquired into. The practitioner, on the other hand, partly from pressure of work, partly also because it is often difficult, or is believed to be difficult, to induce the patient to submit to the trouble entailed by a thorough examination, contents himself with a partial and incomplete investigation. It follows that conditions which are painfully obvious after demonstration fail to attract attention at the time. One fertile source of error is the acceptance of statements made by the patients or their friends in preference to the evidence of our own senses. In endeavouring to arrive at a diagnosis it is desirable to clear the mind of all preconceived ideas on the subject, whether derived from the statements of others or from the arbitrary picture which we have already figured in our minds. It must be borne in mind that none of the cases we have seen presented a complete picture of the disease, at any rate in respect of the relative importance of particular symptoms. The disease is one factor, and the patient—the soil—is another, each modifying the other and *pro tanto* modifying the morbid manifestations. Experience is, of course, the principal factor in a correct diagnosis, but careful investigation by means of the special senses, and aided by the various appliances which science has placed at our disposal, will enable the intelligent observer to formulate a better opinion than will experience without it, in other words, errors in medicine are far oftener the result of inattention than of ignorance.

“Vulgarity of Mind.”

IN contrasting the intellectual status of men devoted to the study of pure science with those whose only pre-occupation is to apply the results obtained by the former to the needs of man, Professor H. H. Turner, Savilian Professor of Astronomy at Oxford, made use of a quotation referring to “the element of vulgarity” which characterised the latter. To this assertion Sir Frederick Bramwell took vigorous exception, on the ground, partly, that there was no such thing as pure science, and partly, as we understand, that the applications of science to industry constitute the only valuable object. Certainly, it is difficult not to feel greater admiration for men who devote their life and genius to the study of natural phenomena with truth for their sole object than for the useful but more practical men who seek fortune and fame in discovering to what human purpose their discoveries can be

applied. Who, for instance, would seek to compare Newton with Stephenson, or Darwin with Marconi? As well might we seek to gauge the respective merits of Lister and the manufacturing chemist whose ingenuity renders antiseptics practicable. In Professor Turner’s mouth, moreover, the word vulgar must not be taken to convey the popular meaning. Nothing is intended of the nature of a reproach any more than a sneer is implied when we speak of “vulgar” fractions. From this point of view the physiologist and the pathologist stand at a higher level than does the practitioner, who merely avails himself as best he may of the information placed at his disposal by others. The medical investigator, indeed, may fairly be ranked among seekers after truth, for, disdaining any direct personal profit, his beneficent discoveries are invariably thrown into the public domain at the earliest possible moment, in order that humanity may profit thereby.

Health and Beauty “Doctors.”

THE quack, like the poor, is always with us. The unrestrained liberty to practise allowed to the former is one of the strangest anomalies of modern legislation, which provides that, as long as he or she does not use the title of doctor, any form of medical or surgical work can be undertaken by anyone, however ignorant, who chooses so to do. One of the most insidious forms of quackery is that which takes refuge under the mask of philanthropy and desire to “enlighten the race.” The cult of beauty and health proves a very powerful bait which hardly ever fails to draw a large section of the community, especially those of the fairer sex, into the clutches of such unscrupulous individuals. There is a certain monthly paper, professing to devote itself to women’s interests, which is a notorious example of such artifices. Several columns of this interesting publication are devoted to the usual medical “Answers to Correspondents,” and in a companion paper these explicit directions amount to nearly five pages, and include advice upon skin diseases, enlargement of the abdomen, with many prescriptions. Not content with this, the editor of the paper, who is also a health doctor and beauty “doctor,” discourses freely upon *anæmia* and allied subjects, and in one place is depicted as “operating” for the removal of some facial defect. One of her patients is alleged to have been a London M.D. ! These “cosmetic” quacks, of which one Madame Rachel was an unblushing example, have flourished at all times, and so long as vanity enters to such a large extent into the mental attitude of the people, their blatant pretensions will attract a remunerative following.

Brain Weight in Relation to Occupations.

THE convolution-forming capacity of the cerebrum is well known to be in direct proportion to the position in the animal scale of its owner. Anti-evolutionists view with disfavour the development of fresh convolutions in the brains of apes as the result of the acquirement of new acts and habits, though they are willing enough to believe

that the process takes place in their own mental organs. It is only natural, therefore, to find that the more highly specialised the human mind becomes through education and scientific training, the more intricate and crowded with nerve-cells is the cortex cerebri found. Dr. H. Matiegka, in his work on "Brain Weight and Cranial Capacity," adduces some most interesting facts bearing upon this relation. Thus, the weight of the brains of those day-labourers who are incapable of learning a trade or remaining in steady employment averaged 1,410 grammes. The brains of those workmen with greater intelligence and responsibilities, such as porters and watchmen, rose to 1,449 grammes, while in the highest class of all, men of marked mental abilities, scholars and physicians, the average brain weight was 1,500 grammes. It was also observed that among the labouring classes, those engaged in manual labour have heavier brains than those employed in more sedentary or unhealthy work. It would appear that alcoholics have a very low average of brain weight.

Urinary Acidification by Drugs.

How to render the urine acid in cases of alkalinity due to chronic cystitis and other causes is a problem which has long occupied the attention of clinical workers and chemical physiologists. Urinary antiseptics have become to a large extent identified with those drugs which diminish alkalinity, but it is well known that their power in this direction is greatly reduced where pus occurs in an acid urine, as in pyelitis. Salol, boric acid, and the benzoates have achieved a certain measure of success, and are still employed in this capacity by many practitioners. With the introduction of urotropin the older remedies were decidedly put into the shade, though it is not so much an acidifying agent as a pure antiseptic. Following the lead of Nature, who sometimes offers the best clue to clinical problems, Dr. Robert Hutchison, in the course of many experiments in connection with the subject, was led to try the effect of acid sodium phosphate, the salt to which the normal acidity of urine is due, as a means of rendering the excretion acid in certain morbid conditions of the urinary tract. The results of his investigations, published in a contemporary, appear to show that this drug is probably the most trustworthy acidifier of the urine at our command. It is easily soluble in water and is not unpleasant to take. A more extended trial of acid sodium phosphate will, we trust, confirm its usefulness in those cases which call for drugs of this nature.

The Position of the Head in Cerebellar Disease.

CERTAIN characterised attitudes which are instinctively adopted by children when they are sick often prove of great diagnostic value. The retracted head of meningitis, the flexed knee of early hip-disease, the immobility of the spine in caries, are instances which readily present themselves to the mind as occurring in everyday practice. Other diseases of obscurer origin, especially when involving the central nervous system, do not often

cause the patient to assume any definite posture. In experimental ablation of the right lobe of the cerebellum, it has been demonstrated that certain attitudes are taken up, such as rotation of the face upwards and to the right, while the right ear is approximated to the right shoulder. When there is disease of the same lobe, the question of a characteristic attitude becomes one of importance from the point of view of diagnosis. Dr. F. E. Batten, in a recent article in *Brain*, finds that there is frequently a definite position of the head assumed in cerebellar disease in man, the rotation of the face being the same as that seen in experimental ablation, but the ear is approximated towards the opposite shoulder. Some diagnostic value, therefore, attaches to cephalic posture in disease of the cerebellum, though it must, of course, be taken in conjunction with other and more constant symptoms.

Anti-Vivisectionists and their Pupils.

WE shall not be accused of maligning the anti-vivisectionists when we assume that in the event of their pet dogs giving birth to superfluous puppies, or becoming themselves superfluous by reason of age or illness, death by drowning or poison is meted out to them in accordance with time-honoured usage. We have never heard a protest uttered, even by the most rabid anti-vivisectionist, against these wholesale but necessary murders. Yet Mr. Perks, M.P., calmly invited the Home Secretary to take steps to prohibit certain eminent physiologists drowning dogs for the express purpose of studying the phenomena of this mode of death; in other words, he wished the Home Secretary to lay down the law that though Bill Sikes may drown his dog to gratify a whim, no physiologist may emulate the feat for scientific purposes. To be consistent, Mr. Perks, M.P., ought to introduce a Bill prohibiting the slaughter of kittens and puppies under any circumstances whatsoever, since it would be invidious to make a distinction in favour of the ordinary individual and against the scientific investigator. Mr. Perks evidently lacks "the saving sense of humour," or he would not have advanced any such ridiculous contention, which, moreover, was promptly dismissed by the Home Secretary in view of the importance of the subject in connection with the saving of human life.

Experiments on Living Animals.

THE most noteworthy feature of the recently issued return showing the number of experiments on living animals in 1902 is the very large use made of animals for purposes of experimental inoculation. No less than 3,857 inoculations were performed for the purpose of testing anti-toxins, and close upon 4,000 for various public bodies, the latter comprising a large number of observations on milk suspected to be tuberculous, on hair for the detection of the bacillus of anthrax, in the examination of sewage and the like. In the present state of bacteriological science recourse to the inoculation of living animals affords the most delicate, and indeed, in some instances, the only trustworthy test of the presence of certain

pathogenic bacilli. It may be that with the advance of knowledge it will by-and-bye be found possible to employ purely laboratory means in carrying out such investigations, but until that time, anti-vivisectionists to the contrary notwithstanding, the vital reaction of living tissues will continue to be the corner-stone of research.

Gelatine Injections in Aneurysm.

SINCE Lancereaux in 1897 introduced his method of treating aneurysm by subcutaneous injection of gelatine it has been given an extensive trial on the Continent, but in this country it has been but little practised, and has found scant favour. In such a desperate disease as aneurysm any form of treatment which offers a fair chance of success merits careful attention, and Dr. Guthrie Rankin has done well to draw the notice of the profession to what he considers undoubted advantages of the method. He shows that gelatine injections may, with proper precautions, be given subcutaneously with perfect safety. They produce a marked and speedy decrease in subjective as well as objective symptoms presented by internal aneurysms. This relief is explainable on the theory of a diminution in pressure effects from shrinkage in size of the aneurysmal sac. The after-histories of the cases followed afford evidence that the beneficial results may be lasting. It is to be hoped that the unfortunate accidents which have in certain cases occurred in this country in connection with the method will not prevent its being judiciously tested.

Bogus American Degrees.

A RECENT notorious case that has engaged the attention of the King's Bench judges hinged upon the worthlessness of certain American degrees. The action was the result of a determined effort on behalf of the Congregational Union to discountenance the holding of such titles by ministers of that denomination. Much diverting evidence was forthcoming as to the dilapidated buildings and general squalid desolation that characterised the Harriman University, whence the D.D. and other degrees complained of were issued. Forty students were discovered at the University, and five out of a nominal list of twenty-five professors. The lecturer on astronomy was a dentist, and the "Director of the School of Domestic Science," Mrs. Dr. James Crow, was the housekeeper of a local oil agent. All this farrago of nonsense reminds us of the host of equally fantastic quack medical degrees that exist almost wholesale in the United Kingdom. The Medical Acts are so absurdly defective that no attempt is made to put a stop to the nefarious practices of these social parasites. A few years ago the General Medical Council prosecuted a gentleman holding an English qualification because he adopted an American degree. The upshot of that ill-advised affair was the death of the defendant, apparently from the anxiety and distress caused by the unfortunate position into which he had been plunged. The irony of the position is that, although a duly qualified medical man, he was prosecuted by the General Medical

Council for making use of an American degree. At the same time the Council leaves severely alone unqualified persons who inflict on the public an incalculable amount of harm by means of bogus American degrees. At the present moment a notorious female quack is flourishing close to one of the most fashionable squares in London. She holds a worthless diploma obtained in Chicago, and carries on an extensive advertising practice. Some years ago several medical men were struck off the *Register* for "covering" her operations, yet the General Medical Council cannot touch the real offender. Clearly the medical profession is in want of rigorous reform both within and without.

The Military Heart.

THE undue incidence of diseases of the heart and of the great blood-vessels in the chest in soldiers has long been recognised in the medical profession. The cause is usually attributed to the extra strain thrown upon the circulation by the carrying of heavy weights upon the back. A further contributory cause may be found in the long hours of drill, during which the soldier is obliged to maintain a constrained and unnatural attitude. Moreover, at all times of the day and under all circumstances he is expected to carry himself with straight neck and fully expanded chest in accordance with the model approved by the military instructors. The martial bearing thus attained by the "smart" soldier is undoubtedly imposing and attractive, but from a physiological point of view it must disturb in a somewhat violent manner the physical changes in blood pressure within the chest that play so important a part in normal circulation. There are other contributory causes, no doubt, but in those mentioned—namely, drill masters' stiffness, badly distributed and excessive kit weight, and prolonged drill—we shall find a sufficient explanation of the bulk of the mischief. It should be noted that many men die suddenly from heart disease or from aneurysm after having left the service and that such soldiers would not figure in the official mortality returns issued by the Army authorities. A London Coroner recently called attention to the death of an ex-soldier from heart disease, and advocated the use of a more healthy uniform. His example is worthy of imitation by brother Coroners in various parts of the United Kingdom.

Lord Iveagh and the University of Dublin.

THE appeal for funds which has been issued by Dublin University to her graduates and to all interested in her welfare has met a speedy answer from one wealthy Irishman, who is well known for his generosity. Lord Iveagh, in a letter to the Chancellor of the University, states that, as he understands, Dublin University is in need of two different sums of money—a sum of £34,000 with which to build and equip the necessary laboratories, and a capital sum sufficient to provide an income of some £2,500 a year with which to pay the professors' salaries, upkeep, &c.—he makes the following most generous offer, that, if the necessary money is subscribed to provide

the annual income, he will contribute the necessary £34,000. Such an offer should ensure the collection of the required amount. Universities at the present day are compelled, just as hospitals are, to expend largely increased sums in keeping pace with the demands of science, and must either do so or drop out of their original place. In a former annotation we called attention to the appeal which had been issued by Sir Patrick Dun's Hospital for the necessary funds to enable it to maintain its place. We did not then know that its powerful patron, Dublin University, was also about to issue an appeal, and now we venture to express the hope that while the requirements of the University are being fulfilled by powerful friends, the requirements of the associated hospital may not be neglected. Once let a similar offer be made in the case of Sir Patrick Dun's Hospital to that which has been so generously made by Lord Iveagh, and other subscriptions will be found to pour in.

Smoke Abatement.

THE mitigation of the smoke nuisance is fervently desired by all sorts and conditions of men. The lessening of the carbonaceous cloud and sulphurous atmosphere which ever hangs over our towns and cities furnishes a work in which lovers of art and practitioners of medicine can well join forces. And there are evidences which go some way to show that smoke abatement is, at all events to some extent, being accomplished. Mr. Beilby, in a recent communication, has well shown that the chief difficulties in regard to further progress lie in respect of domestic fires, which still furnish the chief contributions of dirt and darkness. There is, however, a hopeful prospect of considerably lessening the amount of factory smoke, and the supply of electricity at a moderate rate will probably do much to further smoke abatement. It is hardly likely, however, that our big manufacturing centres will undergo sudden transformation into garden cities, so we need not yet abolish our inspectors or hang up machinery for securing the prosecution of those guilty of smoke pollution.

Death of a Lady Doctor from Wound at Post-Mortem.

THE unfortunate death of a lady doctor, Miss Isobel Bryson, M.B. London, last week formed the subject of a coroner's inquiry. It appears that deceased held the post of Assistant Medical Officer at Havil Street Infirmary, Camberwell. In that capacity she made a post-mortem examination, in the course of which she pricked her finger and died subsequently of acute septicæmia. This sad occurrence recalls in a forcible measure one of the risks inseparable from examinations conducted upon the dead body. Now and then the accident must happen, and a valuable life is sacrificed upon the altar of duty. At the same time it is impossible to doubt that not a few of these lamentable results are absolutely preventable. As a matter of fact, the recklessness often displayed by persons in the habit of conducting autopsies is explicable only on the theory that contempt has been bred by long

familiarity with danger. The bacterial virus can gain access to the living body only through an abrasion of the skin. The latter may exist on the hands or elsewhere before the examination has commenced. A careful operator will previously examine his hands and seal up—so to speak—any minute abrasions by touching them with a stick of lunar caustic. Gutta-percha gloves may be worn, although most operators object to their use owing to the diminution of the sense of touch caused thereby. When an accidental cut is inflicted, instant cleansing with abundant soap and running water and the application of powerful disinfectants and antiseptic dressings will reduce the risk of septic invasion to a minimum. Lastly, it is unwise for anyone not in robust health personally to undertake a post-mortem examination. It can, as a rule, be conducted equally well under observation by an assistant.

Medical Statistics.

EVERYTHING or nothing may be proved by numbers. The ways of statisticians are past finding out. Desire and diligence will secure data for the dictation of any proposition. And probably no statistics are more worthless or utterly fallacious than those often issued in the joint interest of charity and science. We scarcely ever open a hospital report without being staggered at the amazing confusion of medical statistics. Where the personal equation must of necessity loom large, a wide margin must be allowed, but we venture to think that the time has now come when at least in all official publications every effort should be made to secure absolutely reliable statistical data. The laxness in dealing with numbers is conspicuous even among the most honest and scrupulous of men, and progress is being delayed by the slipshod way in which many responsible for an accurate presentation of medical statistics are not performing their duties. Urgent reform is needed in the preparation of all hospital returns. At present they may serve some purpose in awakening the sympathies of the generous, but they do little to furnish guidance for scientific advance.

The Hygiene of London Locomotion.

THERE is no city where the problem of locomotion is so difficult and complicated as in London, and, we might add, none where less serious attempt has been made to solve it. The crowded state of the central thoroughfares, most of them narrow and crooked, practically prevents the use of any other system of public conveyance than omnibuses; but that is no reason why the London omnibus should be the most disreputable vehicle of its kind. In few provincial cities, and certainly in no other capital, would such vehicles be tolerated—dirty, uncomfortable, and cumbrous, they have remained practically unaltered for nearly half a century. In the conditions of traffic on the local railways there is the same content with bad arrangements on the part of the passengers, which always strikes a visitor with astonishment. It is assumed as a matter of course that at certain hours of the day over-crowding is necessary, and each compart-

ment is packed to twice its nominal capacity. This, of itself, might not result in anything worse than personal discomfort were it possible to provide proper ventilation, but that is practically out of the question in underground parts, and the quantity of CO₂ in the air of the carriages rises as high as 25.6 parts per 1,000. In the most modern system—"the Tube"—one would have hoped for a better condition, but it is, if anything, worse. Since carbonic acid is entirely a human product, there being no combustion of coal or gas, it is, of course, a much more serious matter than in the case of the underground steam railways. The whole subject of locomotion in London needs the closest inquiry, and we look for a drastic reform as soon as public opinion has become properly enlightened.

The Popularity of Appendicitis.

APPENDICITIS is undoubtedly an affection of common occurrence. There is reason to believe it is met with more frequently in the degenerate race of to-day than in such giants as some would imagine were our forefathers. Any way, it is quite fashionable to be laid aside by appendicitis, and the catarrhal delinquencies of the cæcal appendix may quite properly furnish material for drawing-room gossip. In the current number of our very respectable contemporary, the *Academy and Literature*, it is stated that "last year there were about 15,000 operations for appendicitis alone in this country, of which 90 per cent. were successful." We are not in a position to deny absolutely such a startling statement, but in all fairness to surgery we think the ground for such an estimation might well have been indicated. At the present time there is a tendency on the part of many engaged even in the highest class of journalistic work to dabble in medical matters to an extent which is not only morbid and capable of exercising detrimental influence on many readers, but from the presentation of misleading statements and dogmatic assertion of altogether erroneous propositions much mental pain and bodily damage is brought about. In the interests not only of decency but of personal well-being and public health we think many of our up-to-date Pressmen would do well to allow discretion and pity more controlling influence.

Medical Privilege in France.

A CURIOUS application of the law restricting the practice of medicine to duly qualified persons recently occupied the attention of the law courts in Paris. The matter came up as an appeal from a judgment of the Court of First Instance condemning a pharmaceutical chemist for the illegal practice of medicine in that he had undertaken to diagnose disease from urinary and other analyses. The Court of Appeal held that medical diagnosis is the most difficult and responsible department of medical practice, and that, by drawing a conclusion as to the presence or absence of a malady from chemical analysis, the chemist was infringing the prerogative of the medical man. In this particular instance the offence was aggravated by the fact that after analysis and diagnosis

the chemist had declared the patient to be suffering merely from general debility, and had given him a tonic of his own devising. Of course the pharmacists are determined to fight the matter to the bitter end, but there is little likelihood of upsetting the two judgments, based as they are on common sense and public utility.

PERSONAL.

PROFESSOR G. V. POORE has been appointed Emeritus Professor of Medicine and Clinical Medicine in University College, London.

DR. PHILIP HENRY PYE-SMITH, F.R.S., has been elected Vice-Chancellor of the University of London for the academic year 1903-04.

DR. ROBERT MOFFAT, who has just been appointed Principal Medical Officer of the East Africa and Uganda Protectorates, is the son of the late Rev. J. S. Moffat, C.M.G., and is a graduate of the University of Edinburgh.

DR. IRVINE, of Muthill, N.B., has been presented with a handsome cob with harness and dog-cart, and a purse containing seventy-five guineas, by friends and grateful patients of the district in which he has practised for the last nineteen years.

DR. J. ROSE BRADFORD, Professor of Materia Medica and Therapeutics in University College, London, and Physician to the Hospital, has been elected to the Professorship of Medicine, *vice* Professor G. V. Poore, who becomes Emeritus Professor.

SIR JAMES HECTOR, M.D. Edin., for many years director of the Observatory and the Geological Survey of New Zealand, has just retired on a pension. Sir James has for forty years past been a leading scientific light in that distant but enterprising colony.

DR. HOLMAN, the treasurer of the Royal Medical Benevolent College, Epsom, has received a letter from H.R.H. the Prince of Wales expressing his satisfaction at having been supported by so distinguished a body of medical men at the festival dinner and at the warmth of his reception.

Special Correspondence.

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

SCOTLAND.

[FROM OUR OWN CORRESPONDENTS.]

LOCAL GOVERNMENT BOARD FOR SCOTLAND AND THE NOTIFICATION OF PHTHISIS.—From the recently published eighth annual report it appears that the Board, which has been approached by several local authorities as to the possibility of extending the Infectious Diseases (Notification) Act to phthisis, is of opinion that meanwhile local authorities should confine themselves to acquiring experience by a system of voluntary notification only, in order that the public and the medical profession may learn its advantages and disadvantages. The Board points out that though phthisis is an infectious disease it is not one for dealing with which the provisions of the Notification Act are suitable, since its methods are adapted to conditions of infectivity which do not exist in tuberculous cases and, conversely, are not adapted to the special risks of phthisis. It strongly urges the paramount importance of general sanitation, diminution of over-

crowding, and improved ventilation, since by these measures, apart from any specific recognition of the contagiousness of the disease, phthisis has steadily diminished, in some cases by as much as 40 per cent., in twenty-five years.

BALLACHULISH DISPUTE IN COURT OF SESSION.—Judgment has just been given in a reclaiming note by the defender in the action by the Slate Quarries Company, Limited, against Dr. Lachlan Grant for declarator that the defender's right to give professional attendance as a doctor of medicine in the district of Ballachulish under agreement between the pursuers and the defender was lawfully terminated by the letter of notice given on July 3rd, 1902, and that the defender was bound to discontinue practice accordingly. In the Outer House, Lord Kyllachy gave declarator and interdict as craved, and found the defender liable in expenses. Now the Inner House has confirmed the judgment of Lord Kyllachy, Lord Young dissenting. The leading opinion was given by the Lord Justice Clerk, who said the defender entered voluntarily into a contract with the pursuers to discharge certain duties for a certain salary, and that it was expressly stipulated that should his engagement with the pursuers come to an end, on notice by either himself or the pursuers, he should not thereafter exercise his profession in that particular district. There were no other parties to the contract, and it could only be dealt with as between the pursuers and defender. It was a legal contract, and therefore the judgment of the Lord Ordinary should be adhered to. Lords Trayner and Moncrieff expressed approval, the latter saying that the Lord Ordinary had arrived at a sound conclusion, and he entirely agreed with his reasons. It is perfectly well known that Dr. Grant has the sympathy of almost the whole population of the district with him, in which we heartily join.

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—Dr. Howard Kelly, of Johns Hopkins University and Hospital, Baltimore, who is honorary president this year of the above society, read a paper on the evening of Wednesday, 17th inst., in the Faculty Hall, St. Vincent Street, on "The History of Appendicitis," before a large gathering of members of the society, as well as other members of the profession. On the following afternoon he opened a very interesting conjoint discussion of the Glasgow Society with the Edinburgh Obstetrical Society, which was represented by Drs. Berry Hart, Brewes, Haig Ferguson, Haultain, Ritchie, and Buist (Dundee). Dr. Kelly gave a very masterly and lucid demonstration on the blackboard of the various steps in operations for the removal of the uterus and its appendages in different conditions of disease, varying the operative procedure according to the nature of the cases which were presented. Those who took part in the discussion, including Drs. B. Hart, Brewes, Ferguson, Haultain (Edinburgh), Buist (Dundee), Professor M. Cameron, Drs. Kelly and Maylard (Glasgow), without exception, expressed their admiration for the extremely clear and instructive demonstration which Dr. Kelly had just given. In the evening Dr. Kelly was entertained to dinner in the Windsor Hotel. After the usual loyal toasts had been duly honoured, Dr. Nigel Stark, president of the Glasgow Society, in proposing the toast of the guest, Dr. Kelly, referred to the brilliant services rendered to surgery by their honorary president. In his reply Dr. Kelly spoke of the cordial relationship that exists between Britain and America.

DUNDEE ROYAL ASYLUM.—The report was presented to the annual meeting of the directors held on June 15th. The number of patients under treatment was 471—52 more than last year. The percentage of recoveries was 27.8, or, deducting incurable cases, 33.3, while that of deaths was 6.4. The principal feature of the mortality was the large number of deaths due to general paralysis, this and other organic cerebral diseases accounting for more than half of the

total. The report strongly commends the plan of treating incipient cases of insanity outside an asylum. The ideal would be the establishment of a dispensary in the town where recent cases could be brought for examination and advice. A considerable number of cases could thus be treated as in ordinary dispensaries, while special wards could be set apart in the general hospitals for acute and transient cases unsuitable for dispensary management.

PORT SANITARY AUTHORITY FOR GLASGOW.—On the completion of certain formalities a sanitary authority for the Clyde will be established at Glasgow. The general effect of the change will be to place the control of the Clyde shipping, so far as public health is concerned, under two authorities only. Greenock retains its power over ships bound for its own harbour and that of Port Glasgow, while all the upper navigable reaches of the Clyde, above the tail of the bank, will be under the Medical Officer of Health for Glasgow. The Glasgow Corporation is empowered to levy taxes accordingly, not only on its own ratepayers, but on the sanitary authorities of Govan, Partick, and East Dumbartonshire, but these authorities have no voice in the management of the larger "Customs Port of Glasgow."

MEDICAL SUPERINTENDENT OF BANGOUR ASYLUM.—Dr. John Keay, Medical Superintendent of Inverness District Asylum, has just been appointed to this post, at a salary of £500 a year for two years, with increase to £800 thereafter, with house and allowances. The method of appointment was the subject of considerable criticism at a subsequent meeting of the Parish Council, when it was stated in discussion that the election had been made privately, and without inviting applications from intending candidates. It was quite clearly evidenced, however, that the malcontents were in no way averse to Dr. Keay's appointment, but only upheld the principle of the "open door" in medical appointments as in other things, which has our fullest sympathy.

Correspondence.

PUBLIC SENTIMENT AND VENEREAL DISEASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is much to be regretted that gentlemen like your able leader writer should advocate a system which is the curse of the Continent and which has been condemned by the most eminent scientists and the most learned jurists; clearly we have no right to put any class outside the pale of the common law, and no administration ought to be permitted, on sanitary grounds, to lay its hands on any human being guiltless of all legal offence and subject her to such outrages as are perpetrated under the C.D.A. Quite recently, *i.e.*, within the last few weeks, two young and highly respectable ladies, Mdlle. Forissier and Mdlle. Maugars, were grossly insulted, assaulted and arrested by mouchards employed under the C.D.A. in Paris (such things are constantly happening). These ladies' friends determined if possible to obtain redress, and were informed that the only course was to bring an action against the Prefect of Police, who is supposed to be responsible for the actions of his subordinates. It seems incredible, but they could find no solicitor with sufficient courage to serve the Prefect with notice of legal proceedings. In these circumstances, as M. Yves Guyot (formerly Minister of Public Works in the Pirard cabinet) has informed us, they appealed to the judge to nominate a solicitor for them, but he declined to do so; in fact, wherever such a system is in force these low executives can arrest any woman, respectable or not, at their own sweet will outside of all legal forms, and no redress is possible. As M. Guyot has again informed us (see his speech reported in the *Individualist* for June, 1903) "the Prefect of Police boasts that he arrests and imprisons for a time, which has no limit, save his own caprice, some 50,000 women every year" (and we must not forget that Paris

is only half the size of London), who are subjected to the monstrous outrage and great danger of repeated violations with the speculum. Surely we are not going to subject the women of this country to such a system on the utterly silly pretence that by so doing we shall stamp out disease. It is now universally admitted by all competent authorities that the State regulation of prostitution is a complete failure. How can it be otherwise; a sanitary law applicable to one sex only is not only a cruel injustice, but a mockery, a delusion, and a snare. Men are undoubtedly the most active propagators of disease. Soldiers, sailors, fast men, and the mercantile marine are the true propagators of syphilis all over the world, and so long as they are untouched and free to spread disease, it is idle to expect any so-called stamping-out of disease by dealing with women only. Besides, clandestine prostitution always has wrecked, and always will wreck, the system. Only one in ten or one in twenty of the women who are occasional sources of infection can be got on to the register at all, while those who escape conceal their diseases and become more dangerous than ever. Even those on the register cannot be forced to attend regularly or often enough; the menstrual period precludes examinations in a vast number of cases. We cannot distinguish gonorrhœa from leucorrhœa, which is so common among all classes that many authorities regard it as a normal condition; we cannot detect a discharge if it has been washed away, and we cannot say whether such discharge, even if detected, would communicate gonorrhœa or syphilis (if the patient has previously had syphilis), or whether it would prove to be quite innocuous. It is impossible to detect the initial lesion of true syphilis in a very great number of women, and it is impossible to disinfect the speculum, so that there is a great deal of danger to healthy women from its use. In short, the milder forms of venereal disease may be ignored, while the poison of true syphilis is so insidious, and lurks where least expected, so that it is impossible to keep it out.

I am, Sir, yours truly,
M. D.

PUERPERAL ECLAMPSIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your Note on above subject in last issue, I notice that favourable allusion is made to the practice of phlebotomy in these cases by the late Dr. James Isdell, Dublin. As one of his former assistants, I learned the value of the proceeding from him, and have never regretted putting it into practice, and have more than once been congratulated by him on the result when he was unable to attend.

I much regret that on more than one occasion when called in consultation on such cases, my advice to bleed at once has not been taken, and the patients succumbed. I am a firm believer in the value of phlebotomy in puerperal eclampsia, of course in conjunction with other treatment, two of the most important adjuncts being in my opinion hypodermic injection of morphia and saline transfusion or injection by the bowel.

I am, Sir, yours truly,
ALEXANDER DUKE.

Obituary.

RICHARD CREAN, M.D. BRUX, L.R.C.P., L.R.C.S.I.

THE death is announced of Dr. Richard Crean, which took place at his residence, Hanover House, Higher Broughton, on Saturday night. Dr. Crean was held in high esteem not only by members of the medical profession, but by a very wide circle of friends generally. He was recovering from an attack of influenza, and had resumed his professional duties, when pneumonia supervened, to which he succumbed. Dr. Crean, who was about 58 years of age, was gold medallist, ex-

hibitioner, and treble first-class honour man Catholic University, Dublin; a member of the Manchester Medical Society, surgeon to the 17th L.V.R., late honorary assistant surgeon to the Manchester Royal Eye Hospital, and house surgeon to the Birkenhead Borough and the Manchester Clinical Hospitals. He was the author of several works on temperament in relation to disease—"Healthy Infancy and Childhood," "The Care of Health in Old Age," etc. He obtained the degree of M.D. Brussels (honours), 1880.

FRANK NUTTALL, L.R.C.P., L.R.C.S.E.D.

WE have to record the death of Mr. Frank Nuttall, at his residence, 41, Great Bolton Street, Blackburn, early on the 13th inst. The deceased, who had been seriously ill for some weeks, was seized with pneumonia, and for a fortnight was unconscious. He rallied two days before his death, but on the following day had a relapse, which ultimately proved fatal. Mr. Nuttall was a native of Bury, and received his medical education at Owens College, Manchester. He went to Blackburn about twelve years ago, and took charge of the practice of the late Dr. Hasler. Mr. Nuttall was only 39 years of age, and leaves a widow and three children.

CAPT. JOSEPH MCARDLE, R.A.M.C.

A TELEGRAM from Khartoum, received on the 16th inst., announced the death from abscess of the liver of Captain Joseph McArdle, Royal Army Medical Corps. Distinguished during his student's career by the affectionate regard of his fellow workers and the many prizes that he won (among which was the Gold Medal in Surgery at St. Vincent's Hospital, Dublin), later by the high place he took at the Army examination, by his conduct and operative skill at the battle of Omdurman, by his being selected to fill an important post in the Egyptian service, and by the brilliant and whole-hearted way in which he discharged the duties of that position, his unexpected death at the age of twenty-six is almost as great a public as it is a private loss. To the writer of these lines and to his other intimate friends, as, indeed, to all who paused to consider him, he was known as a man of rare ability and modesty, with the highest ideals always in view and a courage that knew not personal danger.

This time last year he was in this country on short leave, recounting to his personal friends, in his own modest fashion, the story of his strenuous life at our most advanced post on the Soudan frontier, a life devoted to medical, surgical, sanitary, and administrative duties, and enlivened by all manly sports. Now we learn that his work is over and that he rests alongside one of whom he often spoke as the embodiment of all that he himself would strive to be—one whose name requires no adjective—Gordon. There must be some consolation for his brother surgeon, Mr. J. S. McArdle, and for his other relatives and friends in the thought that the one they mourn lies in such company.

"Through such souls alone
God stooping shows sufficient of His light
For us in the dark to rise by."

Literature.

FRANKLAND'S BACTERIA IN DAILY LIFE. (a)

THE greater part of this volume has already appeared from time to time in the form of popular articles in various magazines. It contains altogether seven brightly written and instructive essays. The account which the authoress gives of bacteriology in the Victorian era is extremely interesting. She traces the history of the subject from the discoveries of Latour in 1837, down to the researches of Calmette in snake poisons. In the chapter entitled "What We Breathe,"

(a) "Bacteria in Daily Life." By Mrs. Percy Frankland, Fellow of the Royal Microscopical Society; Hon. Member of Bedford College, University of London, &c. London: Longmans, Green & Co. 1903.

a careful and unbiassed *resumé* of the essential facts of this special topic is placed before the reader. The portion of the book which most interests us, however, is that entitled "Milk Dangers and Remedies." She points out that, if due care be not taken prior to milking, the milk will be loaded with bacteria, whereas a little extra care will prevent these from obtaining access to the milk. We are glad to notice that it is most emphatically stated that "the addition of chemicals is both undesirable and ineffectual." It is well to bear in mind, as the authoress says, that all so-called sterilised milk is not necessarily germ-free. For purposes of sterilisation she considers the Flaack apparatus the one most likely to yield the best results. Turning to the chapter entitled "Some Poisons and their Prevention," we find an account of Koch's investigations regarding rinderpest. In this connection we may mention that one pathologist in this country had already discovered chains of bacilli in the blood of diseased cattle prior to Koch's South African experiments, and had in consequence received a well-earned encomium from Virchow. Practitioners generally will profit greatly by reading the account given of toxins and antitoxins. Altogether, the volume before us is worthy of the highest praise, and proves its writer to be not only an enthusiastic student of her subject, but one who is able to impart her knowledge clearly and in an intensely fascinating manner.

OCULAR THERAPEUTICS. (a)

A GOOD book dealing with ocular therapeutics has long been a desideratum. The work before us gives a full and complete exposition of the action of drugs on the eye, and their use in practice. The whole subject is expounded in a masterly manner, and the treatise is a veritable monument of industry and skill. As showing the excellence of the subject-matter, and the clearness and lucidity of statement, we quote a paragraph taken quite at random (page 72):—

"As a diagnostic means, *adrenalin* is a valuable reagent. When an eye is extremely hyperæmic, one may be puzzled to know the cause of this intense conjunctival infection. A drop or so of adrenalin gives us in these cases rapid and precise indications. If the entire surface of the conjunctiva becomes pallid in a uniform and regular way, one has to do with a conjunctival affection. The redness having disappeared, it is simple to inform oneself with regard to the lesions of the mucous membrane. If granulations exist, they take the aspect of old granulomata, allowing their characteristic contents to shine through; one may even judge well enough the depth of the lesions in the tarsal cartilages. If the case is one of conjunctival or pericorneal pustules, or of lardaceous infiltrations, as in Spring catarrh, these lesions appear prominent, and, as it were, increased in size against the anæmic surface of the conjunctiva. But the effect of adrenalin is still more interesting in cases of episcleritis or of incipient iritis, while it is very useful in making an early and positive diagnosis. Under these circumstances one must observe with attention and patience, so as not to allow the most favourable moment for observation to slip by. Conjunctival hyperæmia disappears the first, and then one may see for several minutes the deep hyperæmic circle surrounding the cornea, which is characteristic of iritis, persist by itself. If this profound hyperæmia, on the contrary, is localised to a point in the sclerotic, episcleritis is present; but at the end of several minutes after a fresh instillation of adrenalin, all hyperæmia may disappear."

Mr. Sydney Stephenson is well known as one of the ablest ophthalmic surgeons in London, as he is certainly one of the most eloquent speakers of the Ophthalmological Society. His reputation as a scholar is sufficient guarantee of the accuracy of the translation, which throughout is direct and forcible. Without question this is the standard work on ocular therapeutics, being incomparably the best book that has

been produced on the subject. We believe it will be largely consulted, and, indeed, become a necessary manual not only in the library of the specialist but in that of the general practitioner as well. We cordially recommend it.

OPHTHALMIC OPTICS. (a)

WE have read with pleasure the little manual on "Ophthalmic Optics," by Dr. Fergus, and can commend it as far as it goes. It is well printed on good paper, the arguments are on the whole clear and concise, the diagrams simple and easily intelligible, and the inaccuracies few and unimportant.

It deals with the ordinary geometrical problems concerning the reflection of light by mirrors, plane and curved, refraction in prisms, and lenses, and contains an appendix on the spectrometer. A hope is expressed in the preface that it will form an easy introduction to a competent knowledge of the organ of vision from a physical standpoint, and it is also stated that the subject of physiological optics is not discussed. Under the heading of prisms, however, the author sees fit to deal with the measurement of the angle of squint and the range of convergence, but there is nothing under lenses dealing with the measurement of ametropia. There is much detail concerning the cardinal points of a lens system, but no special explanation of the formation of the retinal image, which is the only interest for medical students these points possess.

We expect something of this sort in a book whose title contains the word "ophthalmic," as also, perhaps, the optics of the ophthalmoscope in the direct and indirect methods, and in the shadow test. Certainly the properties of cylindrical lenses, the effect of a lens in front of the eye, chromatic aberration, the enumeration of lenses, and simple tests of their quality and strength should not have been altogether omitted. To be able to make the latter we regard as much more important than being able to measure refractive indices, directions for which occupy more than five pages.

Literary Notes and Gossip.

DR. ALLAN MACFADYEN contributes a valuable paper on the "Study of Bacterial Toxins" to the current number of *Nature*.

AMONG recent Parliamentary papers are valuable reports on the investigation of malaria and other tropical diseases and the establishment of schools of tropical medicine.

THE Report of the Medical Officer of Health for the City of London for 1902 has recently been issued, and contains much information regarding typhoid-contaminated shell-fish much beloved by the true Cockney.

DR. PAUL BERGONIGNAN has written an interesting *brochure* on "The Hydro-Mineral Cure of Evian" (Paris: Jules Roussett, 1903), in which the medical advantages of residence at this charming resort on the south shore of the Lake of Geneva are attractively presented.

THE "Manual of Surgical Treatment" by Prof. Watson Cheyne and Dr. F. F. Burghard has now been completed by the issue of Part VI., Section ii., making seven volumes in all, ranging from 10s. 6d. to 21s. each. The work forms an excellent encyclopædia of reference in modern surgery.

"THE Memoir of Sir Henry Acland," by Mr. Atlay, just issued by Messrs. Smith, Elder, and Company, will appeal to all old Oxford graduates in Medicine, for it deals largely with the upbringing of the modern scientific spirit in this ancient seat of learning, and well

(a) "Darier's Ocular Therapeutics." Translated by Sydney Stephenson, M.B., F.R.C.S. London: J. and A. Churchill. 1903.

(a) "Elementary Ophthalmic Optics. By Freeland Fergus, M.D., F.R.S.E. 8s, 6d. net. London: Blackie and Son.

portrays the influence of the man who for nearly forty years served as Regius Professor of Medicine.

"DEBRET's Coming Events" (London: Dean and Son, Ltd.) is an admirable monthly calendar of social and other fixtures, and should prove of much interest and value to many of our readers. Its value would be much increased if the publishers could arrange to furnish announcements of forthcoming meetings of medical and other scientific bodies, in addition to the exceptionally full record of "anticipations" already afforded.

THE small manual on "Diseases of the Eye," by Dr. Chalmers Watson, of Edinburgh, should prove of great value both to the student preparing for examination, and as a guide to the general practitioner. It is characterised throughout by simplicity of statement, and the arrangement is good. The substance of the work is accurate and full, without being overloaded with unnecessary detail. We can bear high testimony to its general merits.

THE next competition for the "Howard Medal" (1903-1904) of the Royal Statistical Society will take place in the ensuing session, subject to certain rules and conditions, particulars of which may be obtained at the office of the society, Adelphi Terrace, London, W.C. In addition to the medal, a grant of £20 will be awarded to the writer who may be the successful competitor. The subject for essays is "Improvement of Hygienic Conditions of Industrial Occupations."

MR. C. W. SALESBY, in the current number of *The Academy and Literature*, has an appreciative article on Lord Lister, in which he declares "Listerism began about thirty years ago in Edinburgh; it has three million years to run." As indicating the influence of aseptic surgery on practical arrangements, it is pointed out that "the great operating theatre in the Royal Infirmary of Edinburgh, where some of the first abdominal operations were performed, will seat six or seven hundred people. The latest of the ten tiny operating theatres which replace that one to-day, will hold eight spectators at a pinch, and not one may enter without special permission from the surgeon."

MISS TWINING has been well-advised in reprinting "Thoughts on Some Social Questions—Past and Present" (London: Elliot Stock, 1903), which are probably as well suited for to-day as when they first appeared. They deal with such matters as immorality, intemperance, charity organisation, thrift, poor-law reform and education. There also appear reprints of interesting letters on charitable institutions in Paris, hospitals in Russia, and other records of travel and observation. This modest little volume bears witness to a busy and happy life lived in great measure in the interests of the public weal.

SO-CALLED "Christian Science" has exercised a wide influence for evil in America, and now in London and other large centres in this country foolish minds are being attracted by its allurements, and not only mental and moral ill is being wrought, but needless physical suffering caused. There is need that both priests and physicians should look into this matter. We have recently received an attractive booklet by the Rev. E. W. Moore, M.A., of Wimbledon—"Christian Science: What It Is, and Whence It Comes"—in which it is shown that "Christian Science denies every article of the Christian faith"; and its pernicious influence on human life is clearly discussed in a manner which should do much to discountenance the spread of this fashionable error.

MR. ARTHUR READE, author, editor and publisher, has succeeded in presenting in a peculiarly felicitous

and racy form the chief advantages of life assurance in "The Story of Life Assurance." In a series of thirty-two chapters he deals with almost every phase of his subject in so readable a manner that even those who have no compunction in dropping the usual prospectus into the waste paper basket will be arrested and attracted, and probably converted. The poetry and pictures seem somewhat out of place in such a manual, but apparently they may be justified if they serve to enforce the excellent arguments of the text. Such a manual as this is likely to arouse interest among many thoughtless and superficial minds in a subject of both domestic and national importance. Mr. Reade is neither a perfect author nor publisher—there is no date to either preface or title-page.

Medical News.

Annual Meeting of the British Dental Association.

MORE than 300 members attended the annual conference of the British Dental Association, which opened at the Royal Pavilion, Brighton, last Wednesday. The representative character of the conference is shown by the fact that the members came from various parts of England, Ireland, Scotland, and Wales. The opening conversazione, given by the Mayor and Mayoress of Brighton at the Royal Pavilion on Wednesday, was very largely attended. The formal proceedings commenced on Thursday with a meeting of the Representative Board, followed by a general meeting of members. At the latter meeting the retiring President (Mr. W. E. Harding) gave his valedictory address; and Mr. Walter Harrison, of Hove, was elected President for the year. The Reports of the secretary and treasurer were then read and adopted. During the day various interesting papers were read, followed by discussion by members of the Association. On Thursday evening a soirée was given at the Royal Pavilion by the President and members of the Southern Counties branch, nearly 800 guests accepting their hospitality. The guests included, of course, all the members of the Association present, and their wives, together with the Mayor and many prominent townspeople and members of the Corporation. On Friday, papers were read by Mr. Chas. W. Glassington, M.R.C.S., Mr. William Guy, Mr. R. M. Hatch, Mr. Bostock, Mr. G. Brunton, &c. A paper, entitled "Comparative Notes on the Administration of Somnoform by the New Method of Drs. Rolland and Field Robinson with their Original Technic," was read by Dr. Field Robinson, and attracted considerable attention, who also read a translation of a paper by Dr. Georges Rolland on "The Influence of a General Anæsthetic (Somnoform) on the Nervous Centres—an Account of Microscopic Research into the Localisation of this Influence." The annual dinner of the Association took place in the Dome on Friday evening, and was attended by about 260 members and visitors, including several members of the medical profession. During the meeting many microscopic and other demonstrations were given. An interesting feature was an extensive exhibition of dental appliances by such well-known firms as Messrs. Ash and Co., the Dental Manufacturing Company; the Charles Phillips Chemical Company, the Harvard Company, the Flint Edge Gold Alloy Company; also the exhibit of Messrs. Bailliere, Tindall and Cox, of all the recent medical and dental books. It has been decided to hold the meeting next year in Scotland.

The National Maternity Hospital.

THE report just published of this hospital tells of a most favourable career. There were 842 patients admitted during the year to the lying-in wards; 150 to the gynæcological wards; 925 exterior labours conducted; and 4,891 patients attended the dispensary. Arrangements are made for considerably enlarging the hospital; additional accommodation has been built for the nurses; and a charter has been obtained for the institution.

The National Society for the Prevention of Tuberculosis.

THIS association held its annual meeting at the Royal College of Physicians, Dublin, on the 15th instant., and the large attendance of members of the medical profession and of the citizens generally told of the deep interest all the people feel in the well-directed efforts of the society to educate the people how to protect themselves from tuberculosis. We cannot, however, understand why the members of the Corporation do not show their sympathy with the labours of the association by putting in an appearance. We would have thought that when a question of such great importance to the poor was being discussed by the members of the association, men familiar with the most approved methods of combating this dreadful disease, from which last year 3'27 per 1,000 of the citizens died, the Lord Mayor or some member of the Public Health Committee would have put in an appearance. It is difficult for the people to recognise that an elected corporation will zealously carry out sanitary reforms when its members display such a lack of interest in the proceedings of the society. The report of the association shows that in the Dublin registration area during the year 1901 tuberculosis caused 1,871 deaths, equal to a rate of 4'99 per 1,000, of the population, while the corresponding average rate in London for the previous ten years was only 2'53 per 1,000. Withal the death rate from tuberculosis in Dublin has been reduced, the average for the last ten years was 3.4, and in 1902 it was 3'27. Some useful suggestions were embodied in Dr. James Craig's resolution; notification, isolation, a bacteriological laboratory, and the legal prevention of spitting in vehicles. But valuable as these are they do not come to the root of the evil—all these reforms may be carried out; but until the poor in the city have proper housing accommodation tuberculosis will exact its full quota of victims.

The Dublin Death Rate.

THE deaths registered during the week ending Saturday, June 13th, 1903, in the Dublin registration area represent a death rate of 23'7 in every 1,000 of the population. Tuberculous disease caused 33 deaths; diseases of the nervous system caused 18 deaths; diseases of the circulatory system caused 24 deaths; and diseases of the respiratory system caused 30 deaths. In 10 instances the deaths were uncertified; 41 infants died during the week, of whom 29 were under one year old. Within the city proper the death rate in the Summerhill district was 24'9 per 1,000; in the Liskom Street district 32'9 per 1,000; in the Kilmainham district 35'2 per 1,000; and in the Benburb Street district 36'2 per 1,000.

Royal College of Surgeons, England.

At a meeting of the Council held on the 11th inst., the following examiners were appointed:—Elementary Biology.—H. B. Lyle, W. G. Ridewood, T. G. Stevens, and H. W. Marett Tims. Anatomy (Conjoint Examining Board).—C. Addison, Arthur Keith, A. Thomson, and H. J. Waring. Physiology (Conjoint Examining Board).—T. G. Brodie, G. A. Buckmaster, and W. H. Thompson. Anatomy (Fellowship).—C. Addison, L. A. Dunn, A. Keith, and A. H. Young. Physiology (Fellowship).—De Burgh Birch, L. E. Hill, E. W. Reid, and E. H. Starling. Midwifery (Conjoint Examining Board).—G. F. Blacker, W. Duncan, A. H. N. Lewers, and J. H. Targett. Public Health.—Part I., A. G. R. Foulerton; Part II., S. A. M. Copeman. Mr. W. F. Haslam of Birmingham was also elected a member of the Court of Examiners.

Damages Claimed for Vaccination.

AN action was tried in the Bury County Court last week in which a parent sued Dr. Brindley, medical officer of the borough, for damages sustained owing to his child having been vaccinated without his consent. It appears that the child on whose behalf an exemption certificate had been obtained, was believed to be suffering from scarlet fever and was sent into the isolation hospital where, as smallpox was about, she was vaccinated. The Judge declined to hold that the medical officer had been guilty of morally reprehensible conduct

and gave judgment for the defendant, but granted leave to appeal.

Spitting in the City.

IT is stated that the Corporation of the City of London contemplate applying to Parliament for powers to enable bye-laws to be made prohibiting spitting in the streets and places of public resort.

A Disregistered Practitioner Fined.

MR. CALEB CHARLES WHITEFOORD, of Upper Marylebone Street, London, has been fined £10 with costs for falsely using the title of doctor, thus implying that he was a registered practitioner, in spite of the fact that his name was erased from the *Medical Register*. He was fined for a similar offence some years ago, but recently came out of the workhouse and started practice again. He now states his intention of giving it up, having "had enough of it."

An Obscure Epidemic.

FOR some time past an exanthematous disease has been prevalent among the young in Cambridge as to the nature of which much difference of opinion obtained. After prolonged observation the medical authorities have come to the conclusion that the disease is merely an unusually severe form of varicella, the diagnosis being based on the absence of serious constitutional symptoms in spite of a copious eruption.

Experiments on Human Beings.

THE emotion provoked some years since by the interesting but condemnable experiments carried out by Professor Neisser, in Germany, has found an echo in the Federal Council, by which body the propriety of prohibiting experiments on human beings has been urged on the attention of the Imperial Chancellor. Such experiments, we hasten to add, have been universally condemned by medical opinion both in Germany and elsewhere.

Death under Chloroform.

AN inquest was held by the Lambeth Coroner last week on the body of an alcoholic subject, aged 38, who died under chloroform administered at St. Thomas's Hospital for the purpose of an operation for the relief of empyema. The usual verdict was returned.

A Medical Libel Trial.

AN action was tried last week at the Court of Session Edinburgh in which Dr. Peter S. Sturrock, of Dunfermline, claimed £1,000 damages for alleged slander contained in a letter written by Dr. W. B. Dow to a patient. Dr. Dow denied the slander, but tendered an apology in the event of his having made use of expressions which might be held to be slanderous. The case was withdrawn on his paying the pursuer's expenses.

The New Professor of Anatomy in Trinity College, Dublin.

THE Board of Trinity College on Saturday last appointed Professor Francis Dixon, of Cardiff University, to the Professorship of Anatomy in the School of Physic, which was rendered vacant by the appointment of Professor Cunningham to Edinburgh. The new Professor of Anatomy was a pupil of Professor Cunningham, and is a distinguished graduate of Dublin University. He is well known as an anatomist for his original work, especially in embryology, and will prove a worthy successor of Professor Cunningham. We congratulate him on his appointment and the Board of Trinity College on their wisdom in making so good a choice.

THE action for slander taken by a patient against Dr. Leonard W. Sedgwick, of Gloucester Terrace, Hyde Park, was discharged last Thursday, the Lord Chief Justice telling the jury that they must find a verdict for the defendant, as all that passed on the occasion complained of was privileged, and the action ought never to have been brought. Our *confrère* has our sympathies as well as our congratulations,

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.

A NEW TEST OF DRUNKENNESS.

Drunkenness, like intelligence, is notoriously difficult to gauge with absolute certainty, in the absence of an abstract standard. That opinions may differ is shown by the reply of the corporal when remonstrated with by his superior officer for not arresting a man alleged by the latter to be drunk. "He ain't drunk, Colonel," he said, "I seed his hand move."

M.D. (Paris).—We referred your query to Mr. Percival Turner, of 4, Adam Street, Adelphi, who agrees that the sum asked appears to be rather high. Before offering an opinion, however, he would require to be placed in possession of the facts of the case.

ARMY MEDICAL REPORTS.

R. A. M. C.—You had better write direct to the Minister of War, who is in a position to obtain communication of the reports should he deem it desirable to move in the matter. It is unlikely that they would be furnished in response to the request of a private individual. We have made inquiries, and find that none of the medical libraries possess copies thereof. Some of the reports are, of course, public property, and can be obtained through any foreign bookseller.

H. E. C.—The statistics just published by the Imperial Vaccination League may answer your purpose. It appears that in the small-pox epidemic of 1902 at Bury St. Edmunds, when the disease was introduced by a tramp from Ipswich, out of 22 cases of small-pox there were eight deaths, and the cost of isolation, nursing, and disinfection reached £3,063, which exceeds the amount raised by an additional rate of 1s. 1d. in the pound. There were fees for public vaccination £378, and £54 for lymph, these two items nearly equalling another rate of 1d. in the pound; and the trade of the town was also most seriously damaged by the outbreak.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 24TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—5 p.m. Annual Oration.—Dr. Galloway: The Relations of Different Forms of Erythema, especially to Lupus Erythematosus.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Clarke: Clinique. (Surgical.) 5.15 p.m. Dr. W. Carr: Meningitis in Childhood.

THURSDAY, JUNE 25TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Hutchinson, jun.: Diseases of the Tongue.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Dr. T. N. Kelyack: The Hygienic Treatment of Pulmonary Tuberculosis. (Post-Graduate Course.)

FRIDAY, JUNE 26TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. N. MacLehose: Clinique. (Eye.) 5.15 p.m. Dr. T. N. Kelyack: Intra-thoracic Tumours.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (Society's Rooms, West London Hospital).—8.30 p.m. Prof. T. C. Allbutt: Disease of the Ascending Aorta. (Cavendish Lecture.)

THURSDAY JULY 2ND.

RONTGEN SOCIETY (20, Hanover Square, W.).—Annual General Meeting and Election of Officers.

Appointments.

Beattie, R., M.D., M.S.Q.U.I., Medical Officer of Health for Dewsbury Corporation.

Bradford, J. R., M.D.Lond., Professor of Medicine at University College, London.

Cook, J. B., M.B., M.R.C.S., House Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton.

Crisp, James Ellis, M.R.C.S.Eng., L.S.A.Lond., Medical Officer for the Lacock District by the Chippenham Board of Guardians.

Davis, Henry, M.R.C.S., Anaesthetist to the French Hospital.

Fletcher, R. Brennand, M.B., Ch.B.Vict., Resident Medical Officer to St. Mary's Hospital, Manchester.

Griffith, W. Starbuck, M.B., C.M. Edin., Medical Charge of Troops at South Hook Fort, Milford Haven.

Harris, John Henry, M.D.Durh., M.R.C.S., L.S.A., D.P.H.Camb., Medical Officer of Health for Dartmouth.

Holcroft, William Francis Lucius Austin, M.B., B.Ch. Edin., Medical Officer of Health for the Wolland District for three years by the South Molton (Devon) Board of Guardians.

Kellock, Thomas H., M.B., B.S. Cantab., F.R.C.S.Eng., Surgeon to the Hospital for Sick Children, Great Ormond Street.

Lyle, H. Willoughby, M.D., B.S. Lond., F.R.C.S.Eng., Honorary Assistant Surgeon to the Royal Eye Hospital, Southwark.

Mendes, Thomas A., L.R.C.P. and S. Edin., L.F.P.S. Glasgow, Second Assistant Medical Officer at the County and City Asylum, Hereford.

Poore, C.V., M.D. Lond., Emeritus Professor of Medicine and Clinical Medicine at University College, London.

Roche, Anthony, M.R.C.P., L.R.C.S. Irel. Lecturer on Hygiene in the Department of Technical Education and Agriculture for Ireland.

Vacancies.

Arklow Fever Hospital.—Matron and Nurse. Salary £25 per annum, with residence in the hospital, fuel and candles, but no rations. Applications to be sent to T. Birthistle, Honorary Secretary, Arklow Fever Hospital. (See advt.)

Corporation of Manchester.—Monsall Fever Hospital.—Fourth Medical Assistant. Salary £100 per annum, with board, lodging and washing. Applications to William Henry Talbot, Town Clerk, Town Hall, Manchester.

East Sussex County Asylum, Hellingly.—Second Assistant Medical Officer. Salary £200 a year, with board, lodging, washing and attendance; no alcoholic beverages. Applications to the Medical Superintendent.

East Sussex County Asylum, Hellingly.—Third Assistant Medical Officer. Salary £180 a year, with board, lodging, washing and attendance; no alcoholic beverages. Applications to the Medical Superintendent.

Kent and Canterbury Hospital.—House Surgeon. Salary £90 a year, with board and lodging. Applications to the Secretary.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications immediately to Sam B. Leicester, Secretary, 56, Vauxhall Road, Liverpool.

North Staffordshire Infirmary and Eye Hospital, Hartsill, Stoke-upon-Trent.—House Physician. Salary £100 per annum, with furnished apartments, board and washing. Applications to the Secretary and House Governor.

Royal Albert Edward Infirmary and Dispensary, Wigan.—Senior House Surgeon. Salary £100, with board, apartments, and washing. Applications to Will. Taberner, Genl. Supt. and Secy.

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Births.

PHILLIPS.—On June 16th, at Hamilton House, Peuge, S.E. the wife of Harry Harding Phillips, M.R.C.S., &c., of a daughter.

SARJEANT.—On June 17th, at 65, Parkhurst Road, Holloway, N., the wife of John F. Sarjeant, M.R.C.S., L.R.C.P., of a daughter.

WILSON.—On June 19th, at Denham House, Goldhawk road, London, W., the wife of James Wilson, M.D., of a son.

Marriages.

ANTROBUS—HOGGAN.—On June 17th, at Sefton Park Church, Liverpool, Edmund Antrobus, M.D., of the Chase, Great Malvern, to Mary Louisa, third daughter of the late Edward Hoggan, M.D., of Liverpool, and of Mrs. Hoggan, Princes Park, Liverpool.

CESAR—PARKIN.—On June 17, at Wroxham Parish Church, Richard T. Cesar, M.R.C.S., L.S.A., of Maidstone, third son of Dr. Cesar, of Bearsted, to Winifred H., only daughter of the late Rev. Dynley D. Parkin, of West Bank, Borough Green.

VIRET—FOSTER.—On June 17th, at St. John's Church, Bradford, Benjamin Pope Viret, M.B., M.R.C.S., L.R.C.P., of Bradford, to Mary Agnes, youngest daughter of the late John Foster, M.D., F.R.C.S., of Bradford, and of Mrs. Foster, of Shipley.

Deaths.

BOOTHROYD.—On June 20th, at "Basing," Vicarage Road, Eastbourne, Margaret Eliza Deakin, wife of J. S. Boothroyd, M.D., of 135, Breakspere Road, Brockley, S.E., aged 50.

MANNING.—On June 18th, at Sydney, New South Wales, Frederick Norton Manning, M.D., eldest son of the late John Manning, Milton Ham, Northampton, aged 64.

FREDDT.—On June 17th, at Castle Park, Prestonpans, East Lothian, suddenly, Clara Elizabeth Sibbald Anderson, wife of Alexander Peddie, M.D., F.R.C.P.E., of Edinburgh, aged 82.

SILLES.—On June 12th, very suddenly, at the British Club, Paris, Otto Silles, M.D., of No. 6, Avenue Montaigne, Paris, aged 73.

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SUMMARY OF CONTENTS.

| | |
|--|-----|
| ORIGINAL COMMUNICATIONS.— | |
| On the Treatment of Hæmato- | |
| colpos and Hæmatometra. | |
| By J. A. Mansell Moullin, | |
| M.D. | 637 |
| Some Remarks on Chlorosis. | |
| By William Williams, M.D., | |
| M.R.C.P. | 638 |
| A Statistical Inquiry into the | |
| Prognosis and Cure of Epi- | |
| lepsy, Based upon the Re- | |
| sults of Treatment. By | |
| William Aldren Turner, | |
| M.D., F.R.C.P. | 641 |
| On some Directions and | |
| Avenues through which | |
| Cancer may possibly be | |
| More Successfully Treated, | |
| and Perhaps Cured. By C. | |
| H. F. Routh, M.D. | 644 |
| THE OUT-PATIENT DEPT.— | |
| Great Northern Central Hos- | |
| pital | 646 |
| TRANSACTIONS OF SOCIETIES.— | |
| British Gynaecological Society | |
| Edinburgh Medico-Chirurgical | |
| Society | 647 |
| FRANCE | 648 |
| GERMANY | 649 |
| THE OPERATING THEATRES.— | |
| St. Peter's Hospital | 650 |
| LEADING ARTICLES. | |
| PHOTO-THERAPEUTICS | 651 |
| THE DETERIORATION IN NA- | |
| TIONAL PHYSIQUE | 651 |
| GENIUS AND IMPOTENCE | 652 |
| NOTES ON CURRENT TOPICS.— | |
| The Annual Election at the | |
| Royal College of Surgeons | 652 |
| Cod-Liver Oil Famine | 653 |
| Peritoneal Toilette | 653 |
| The Limitations of Diagnosis | 653 |
| "Vulgarity of Mind" | 654 |
| Health and Beauty "Doctors" | 654 |
| Brain Weight in Relation to | |
| Occupations | 654 |
| Urinary Acidification by | |
| Drugs | 655 |
| The Position of the Head in | |
| Cerebellar Disease | 655 |
| Anti-vivisectionists and their | |
| Pupils | 655 |
| Experiments on Living Ani- | |
| mals | 655 |
| Gelatine Injections in | |
| Aneurysm | 656 |
| Bogus American Degrees | 656 |
| The Military Heart | 656 |
| Lord Iveagh and the Univer- | |
| sity of Dublin | 656 |
| Smoke Abatement | 657 |
| Death of a Lady Doctor from | |
| Wound at Post-mortem | 657 |
| Medical Statistics | 657 |
| The Hygiene of London Loco- | |
| motion | 657 |
| The Popularity of Appendi- | |
| citis | 658 |
| Medical Privilege in France | 658 |
| Personal | 658 |
| SPECIAL CORRESPONDENCE.— | |
| Scotland | 658 |
| CORRESPONDENCE | 659 |
| OBITUARY.— | |
| Richard Crean, M.D.Brux., | |
| L.R.C.P., L.R.C.S.I. | 660 |
| Frank Nuttall, L.R.C.P., | |
| L.R.C.S.Ed. | 660 |
| Capt. Joseph McArdle, | |
| R.A.M.C. | 660 |
| LITERATURE | 660 |
| LITERARY NOTES AND GOSPEL | 661 |
| MEDICAL NEWS | 662 |
| NOTICES TO CORRESPONDENTS | 664 |

For SUMMARY OF ADVERTISEMENTS see page ii.
CONTINENTAL HEALTH RESORTS, HOTELS, page xxiii.

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HEALTH RESORTS, HOTELS, HOMES & ASYLUMS.

Bloomfield Residence..... 18

HEALTH RESORTS, HOTELS, HOMES & ASYLUMS (continued).

Church Stretton Asylum..... 18

Farnham House, Finglas..... 18

Hampstead—Gentlemen's Private Hospital..... 18

Highfield.—Ladies' Private Hospital..... 18

Midland Great Western Railway (Ireland) Hotels..... 22

Rostrevor Sanatorium (Co. Down)..... 18

Stewart Institution..... 18

St. Patrick's Hospital, Dublin... 18

The Retreat Private Asylum..... 18

Altadore Sanatorium (Co. Wicklow)..... 18

Ems.—Hotel and Baths..... 23

Offenbach-on-Main—Empereur Frederick Spring..... 23

St. Gervais - les - Bains (Haute-Savoie, France)..... 23

Zermatt.—Hotels Seiler..... 23

EDUCATIONAL

Clapham Maternity Hospital... 22

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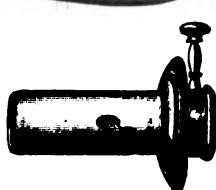
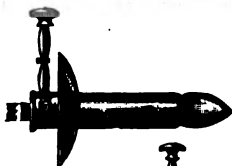
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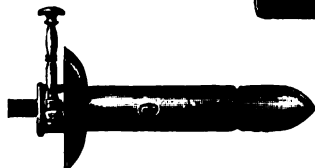
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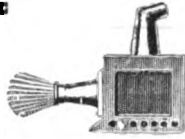


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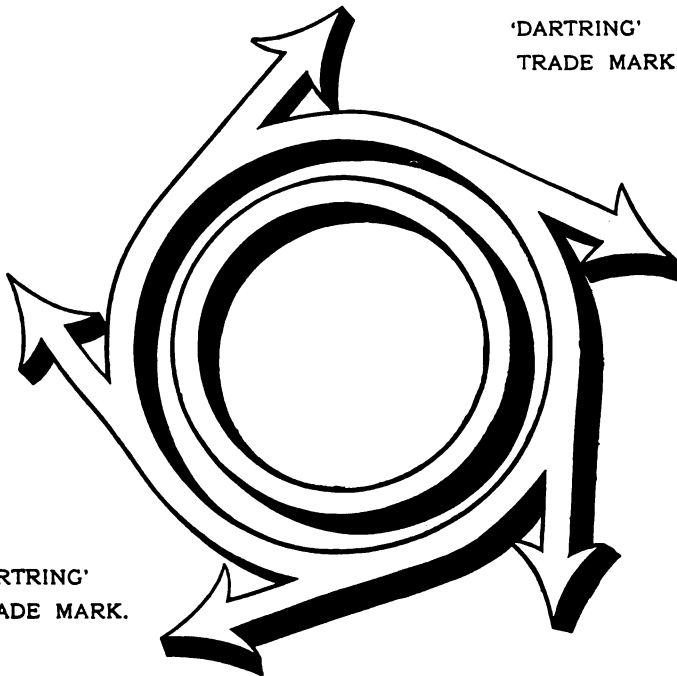
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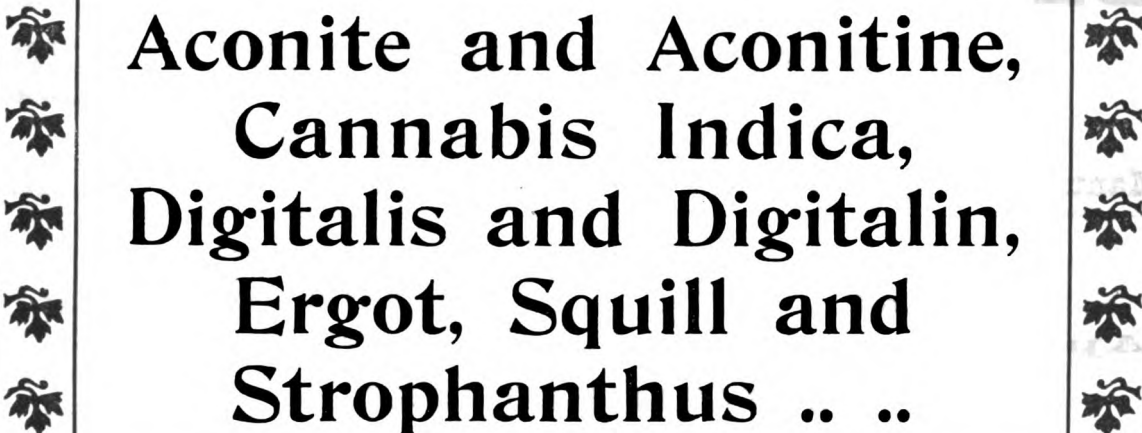
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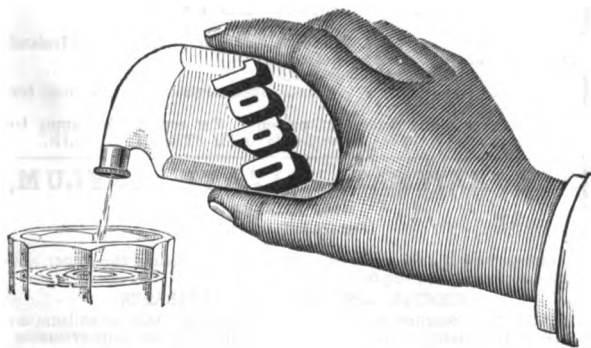
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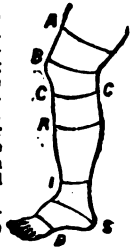
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